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Children in Special Care and Detention: Someone Else's Problem

Siobhan Young

Submitted for the Degree of Doctor of Philosophy

University of Dublin, Trinity College
Declaration

I declare that this thesis has not been submitted as an exercise for a degree at Trinity College, Dublin nor any other university and it is entirely my own work.

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Signed: Siobhan Young

23 July 2014
Summary

Detaining children has a long and turbulent history in Ireland as the publication of the Commission to Inquire into Child Abuse Report demonstrated in 2009. This was the result of a 10 year inquiry into the industrial and reformatory school system which detained thousands of children. Today, the legislative and policy emphasis is on the principle of detention as a last resort and consequently only a small number of children are detained. This thesis aims to enhance our understanding of the purpose and function of the contemporary institution by examining professional constructions of children confined there. The study focuses on two sites, special care units where children are deemed to require detention for ‘welfare’ reasons and children detention schools where children are detained for reasons of ‘criminality’. It is the first study to include empirical data from both settings and therefore adds to the limited research in this area.

In order to fully appreciate the present of organisations, it is useful to understand how history and social policy have shaped them. The literature indicates that there are two dominant themes that explain the purpose of reformatory and industrial schools.

1. The schools represented a progressive improvement on previous systems that had not considered childhood as a vulnerable period.
2. They represented an expansion of state and professional control over the behaviour of working class families.

The schools’ significance as precursors to modern child welfare and youth justice systems is also noted in the literature. Social control theories can be used to explain the rapid development of the system in Ireland as part of the wider system of carceral containment that also included prisons, borstal, Magdalen laundries, county homes and public psychiatric hospitals. Community services developed later in Ireland than in other countries; the prevailing policy view was that the industrial and reformatory schools provided the best site for reform of children’s behaviour and any suggestion of change amounted to a criticism of the religious orders which were responsible for managing
them. The Irish State slowly took over responsibility for welfare services from the 1950s but it was not until implementation of both the Child Care Act 1991 and the Children Act 2001 that we see the State take centre stage in the regulation of children. A significant development was the establishment of a new institution for errant and problematic children, the special care unit, to confine and control a small but significant number of children who had not formally breached the criminal law but who were deemed by a range of 'experts' to require confinement in their own 'best interests'.

This thesis aims to improve our understanding of the process of placing children in civil or criminal detention. The research methodology used a hybrid bottom-up approach combining aspects of thematic analysis and constructivist grounded theory. These techniques were used to examine 245 professional reports on file for 32 children placed in special care units and children detention schools in 2011 in order to "understand the systems of knowledge that have been applied to understanding the child" (McCallum and Lawrence 2008:116). Findings indicate that the children received multiple interventions by a range of social and psy-experts prior to confinement. Professionals described these children as unsuitable for services because of their behaviour. They were invariably constructed as 'someone else's problem' and shifted from service to service. Eventually they were confined in secure institutions, sometimes out of the State. The thesis aims to make a contribution to current debates by extending our knowledge of how a sample of children who were subject to civil and criminal detention were formally conceptualised by professionals working with them. It also contributes to the wider sociological debate by demonstrating that it was these professional constructions of children that prompted decisions to recommend placements of last resort despite policy and service developments which emphasise detention as a last resort.
Acknowledgements

First and foremost, I would like to express deepest gratitude to my supervisor Dr Eoin O'Sullivan for his constant encouragement throughout the past few years. Thanks are also due to Dr Helen Buckley and all in the School of Social Work and Social Policy for their help and support.

I must also thank my colleagues in the Department of Children and Youth Affairs particularly my manager Tony O'Donovan who facilitated this research in many ways. I am also grateful to the Irish Youth Justice Service and the HSE, now the Child and Family Agency for providing organisational consent for this research and to the staff in the children detention schools and special care units who facilitated access to files. Special thanks go to the parents and guardians who allowed me to read their children's files in order to do this research.

Finally I would like to thank my parents for their continuous support throughout my long and varied academic journey, especially my dad who would have been so proud.
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Chapter 1: Introduction

Introduction

The use of special care and detention for children in Ireland is framed by the State as a measure of last resort in legislation and policy.\(^1\) The formal position is that all other options must be exhausted before placement in either a special care unit or children detention school is considered for a child. For example, referring social workers must demonstrate that children have attended services in the community and had placements in foster care or mainstream residential care prior to making an application for a special care placement (Health Service Executive, 2012a). A national committee, comprising senior managers in the Child and Family Agency (previously the Health Service Executive),\(^2\) including an area manager with a social work background, a manager of a special care unit, a clinical psychologist, a psychiatrist when required and an independent chair (Health Service Executive, 2012a), considers all referrals before a High Court order is sought.\(^3\) Similarly, the District Courts must be satisfied that a children detention school is the only suitable alternative prior to remanding or committing a child,\(^4\) and many children will be made subject of a probation order prior to detention.\(^5\) This places a child under the supervision of the Probation Service for a period during which time the child must meet certain conditions which are set by the court.

However, "the process by which a child or young person is defined as in need of secure accommodation has rarely been explored" (O'Sullivan, 1998:70) nor the reasons why only a small cohort of children are sent to secure placements. By reviewing what happens before children receive a last resort placement, this thesis offers an insight into

---

\(^1\) Child Care Act 1991, s 23 A; Children Act 2001, s 96 (2).
\(^2\)The Child and Family Agency Act 2013, Part 2 provided for the establishment of the Child and Family Agency on 1 January 2014. The Agency has statutory responsibility for child protection and welfare services, previously held by the Health Service Executive (HSE).
\(^3\) Child Care Act 1991 s23, as inserted by the Children Act 2001 s16.
\(^4\) Children Act 2001, s 143 (1).
\(^5\) Children Act 2001, s 125.
how the Irish child care system operates. It examines how the State manages children who are deemed by a range of professionals to have ‘complex needs’ (Hayes and O’Reilly, 2007, Brierley and Giller, 2008), sometimes described as “troubled and troublesome” children (Laxton, 1998:18). It does this by exploring children’s pathways through services prior to confinement in special care and detention and identifying the key decision makers in the process. The objective of the thesis was to review a sample of files of children placed in special care and detention in order to understand what prompted professionals working with the children to seek their detention in a legislative and policy context that requires such options to be measures of last resort. Following Rose and Miller (2008:5), the thesis attempts to understand “the activities of so many of these little engineers of the human soul and their mundane knowledges”. Rose and Miller (2008:14) explain that an individual’s conduct needs conducting because something appeared problematic to someone and that looking at the process of “problematising” or asking “how this rendering of things problematic occurred” is useful to facilitate understanding. The thesis uses the file to understand the knowledge and techniques associated with discourses of the human sciences or what Rose (1989) labels the ‘psy’ disciplines. In reviewing files, the thesis renders visible how a group of ‘professionals’ working with children across health, education and justice construct ‘problem children’ and respond to deviant behaviour (Innes, 2003), which in turn facilitates a sociological understanding of the purpose and function of placements of last resort. In line with the legislation that governs child welfare and youth justice services in Ireland, the term ‘children’ is used throughout the thesis to refer to individuals under the age of 18 rather than ‘young people’ or ‘adolescents’.6

**Detention as a Last Resort**

The principle of detention as a last resort contrasts with the earlier policy of institutionalising children, a practice which was legislated for in the Children Act 1908

---

6 The Child Care Act 1991 defines a child as a person under 18 years of age who is not or has not been married (s 2). Similarly, the Children Act 2001 defines a child as a person under the age of 18 years (s 3 (1)).
and which endured in Ireland until the 1970s. While some children in need of out-of-home care were fostered publically or privately, known then respectively as “boarded out” or “at nurse” (Commission to Inquire into Child Abuse, 2009b:303), or indeed “hired out” (Skehill, 2003:150) where young people were sent to work on farms, the prevailing practice was to institutionalise children. Thousands of children were detained in the industrial and reformatory school system managed primarily by Catholic congregations, but funded and regulated by the State. Although the population of the schools fluctuated it remained above 6,000 from 1936 until the early 1950s and only began to decline when economic conditions improved in Ireland (Commission to Inquire into Child Abuse, 2009d) and for a range of other reasons discussed in the next chapter.

By 1970, the population was at 1,740. This was the year that the Committee on Industrial and Reformatory Schools published the *Industrial and Reformatory Schools System Report*. Known as the Kennedy Report after the Committee’s chairperson, District Justice Eileen Kennedy, one commentator noted that it offered a “comprehensive official analysis of juvenile delinquency and custodial treatment for young offenders in Ireland” (Walsh 2005:468) but it has also been criticised for its limited impact (Keating, 2014). In highlighting how widespread institutional care for children was and the lack of state involvement in the provision of child care generally, the report argued that the Children Act 1908 was inadequate in meeting children’s needs (Buckley et al., 1997). The Children Act 1908 remained the primary legislation governing child care policy until replaced by the Child Care Act 1991 and the Children Act 2001. However, implementation of new legislation in the same year the Kennedy Report was published resulted in significant reorganisation of the health service whereby the State began taking on responsibility for regulating and providing child protection and welfare services (Ferguson and O’Reilly, 2001). The Health Act 1970 introduced health boards which assumed responsibility for service provision from the National Society for the Prevention of Cruelty to Children (NSPCC) and later its Irish branch (ISPCC), which up until then had played the key role in implementing child care

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7 The Children Act 1908 streamlined legislative provision for children. For example, it brought the Reformatory Schools (Ireland) 1858 and the Industrial Schools (Ireland) Act 1868 together along with other legislation enacted in the 19th century.
legislation. Gradually over the 1970s, responsibility for child welfare and protection was colonised by community care social work teams established within the health boards under the new legislation (Skehill, 2000).

As community services developed and foster care replaced the institution as the dominant form of alternative care for children who required an out-of-home placement, the number of children placed in industrial and reformatory schools continued to decline. The majority of the 6,500 children in state care today are in foster care with only a small minority placed in residential care (Child and Family Agency, 2014a). Smaller numbers again are placed in special care, which Laxton (2000) describes as the top end of the child care spectrum. Similarly, numbers of children detained for criminal matters in the children detention schools have also declined. For example, the Irish Youth Justice Service (2012a) reports that the daily demand for places in the children detention schools has almost halved from 69 in 2004 to 38 in 2011 and that this may be due to community initiatives such as the Juvenile Diversion Programme (Duffy, 2004, Bowden and Higgins, 2000). Nevertheless, secure accommodation in the form of the special care unit and the children detention school remains a feature of the child care system in Ireland. This thesis demonstrates how these secure institutions have evolved from the industrial and reformatory schools system. While the names of the institutions have changed to special care units and children detention schools, the secure institution remains in the background catering for a “small but significant number of children” (Buckley and O'Sullivan, 2007:64) who cannot be governed within mainstream children's services (Carr, 2010b). This thesis also identifies the key decision makers in this process as social workers, psychologists, psychiatrists and probation officers who promote the use of secure institutions for these children.

The Context

While there has been relatively little research on children and childhood in Ireland (Langford 2007), the last 20 years has seen intense scrutiny of children’s services in Ireland with the publication of 17 major reports into child protection failings. As Lalor (1998) notes, child sexual abuse entered the public domain in Ireland with the
publication of a range of high profile child abuse scandals which became public throughout the 1990s and included the *Kilkenny Incest Case* (McGuinness, 1993), the *Brendan Smyth Affair* (Moore, 1995), the *Madonna House Inquiry* (Department of Health, 1996) and *Kelly Fitzgerald: A Child is Dead* (Keenan, 1996). More recent cases include the *Monageer Inquiry* (Brosnan, 2009), the *Roscommon Child Care Case* (Gibbons, 2010) and the *Report of the Independent Child Death Review Group* (Shannon and Gibbons, 2012). Most of the inquiries commented on interagency failings but McGuinness (1993) also recommended that the Irish Constitution should include a statement on children’s rights. Over the years, this recommendation has been repeated but it was not until November 2012 that a constitutional referendum concerning this was passed in Ireland. The 31st amendment to the Irish Constitution provides a mandate for the State to strengthen laws, policies and services to protect children, support families and recognise children in their own right. Abrams and Killen (2014) suggest that children who live in optimal environments with high quality parenting, access to early childhood education and economic stability are more likely to thrive and have positive outcomes than those who do not have these opportunities. These children tend to be constructed as dependent but firmly located within the private domain whereas the “public” or vulnerable child is one where services are provided (2009:265).

Social policy is premised on service providers taking decisions and courses of action that are in ‘the best interests of the child’ and to promote positive life outcomes (Department of Children and Youth Affairs, 2014). This complies with international law particularly the United Nations (1989) *Convention on the Rights of the Child* (UNCRC), which was ratified by Ireland in 1992. The UNCRC has particular relevance for professional decision making in relation to ‘troublesome’ children as it stipulates that measures should be adopted to deal with children “without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected.” The use of community interventions over secure settings to deal with “youthful behaviour or conduct that does not conform to overall social norms” is also emphasised in

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8 [27; Art 40 (3)].
international standards (United Nations, 1990).\textsuperscript{9} The United Nations (1985) *Standard Minimum Rules on the Administration of Juvenile Justice 1985 (the Beijing Rules)* advocate dealing with children without referring them to alternative services especially where the offence is of a "non-serious nature" and "where the family, the school or other informal social control institution have already reacted or are likely to react in an appropriate and constructive manner."\textsuperscript{10} The United Nations (1990) *Guidelines for the Prevention of Delinquency (the Riyadh Guidelines)* also stress that "formal agencies of social control should only be utilised as a measure of last resort".\textsuperscript{11} The Council of Europe (2010) *Guidelines on Child Friendly Justice* state that alternatives to judicial proceedings such as mediation, diversion (of judicial mechanisms) and alternative dispute resolution should be encouraged whenever these may best serve the child’s best interests.\textsuperscript{12} Member states have a duty to use diversion and alternative measures as much as possible and to assist children through all stages of criminal as well as civil procedures but according to Harris and Timms (1993b), there are times when placement in secure settings might be in a child’s best interests. International standards provide an important benchmark for services (Kilkelly, 2008) and act as a motivator for social change. In fact, it was criticism from the UN Committee on the Rights of the Child about the absence of a focused governmental approach to children’s needs that led to children’s issues becoming more visible as areas for public policy in Ireland (Langford 2007). The first national children’s strategy *Our Children Their Lives* was published in 2000 and a national office was established to oversee its implementation. This was later subsumed into the Office of the Minister for Children in 2005, an executive office in the Department of Health and Children, which unsuccessfully attempted to harmonise policy issues that affect children in areas such as health, education and justice (Carr, 2010a). A change of government in March 2011 led to the establishment of the Department of Children and Youth Affairs bringing responsibility for children’s services under one ministry for the first time in the history of the State.

\footnote{[29; para S(e)].}
\footnote{[Rule 11; commentary].}
\footnote{[29; para 6].}
\footnote{[B; 24].}
The most important publication in terms of secure accommodation for children in Ireland was published in 2009 following a 10 year inquiry (Powell et al., 2013). The *Commission to Inquire into Child Abuse Report*, commonly known as the Ryan Report after the commission’s chairperson Mr Justice Seán Ryan, provides an account of what happened to some of the children placed in industrial and reformatory schools in Ireland from 1936 until foster care replaced the institution as the dominant form of alternative care for children. It concluded that the system failed the children (Commission to Inquire into Child Abuse, 2009d) and recommended changes that would prevent future failures of this nature. There was an initial media furore, public outrage and the Government declared that the State would not fail to protect children in its care again while accepting all the recommendations in the Ryan Report. In its response to the report, the Government claimed that the landscape of children’s services had changed dramatically since the reign of the industrial and reformatory schools and attributed lower numbers in closed institutions to policy and legislative changes that prioritise foster care and community services over institutional care (Office of the Minister for Children and Youth Affairs, 2009). However, Kenny (2013:19) argues that the Government’s public declarations represent a “rush to closure” or a “quick fix” measure “so that a problem as complex as the position of vulnerable children in care can be seen to have been solved”. She argues that it is important to remember and understand what happened to these children so that history does not repeat itself. This thesis includes a historical perspective by reviewing the literature on the purpose and function of the industrial and reformatory schools system and by outlining how many children have been placed in closed institutions over the past four decades. Both areas provide a useful context for the empirical study, which addressed professional constructions of the ‘vulnerable’ or ‘public child’ (Gilligan, 2009) placed in special care or detention.

**Research Aims and Objectives**

This thesis aimed to explore professional constructions of children confined in special care units and children detention schools in order to provide a sociological understanding of the purpose and function of these institutions in the context of the policy and legislative flux outlined above. The main objective was to review a sample of
professional reports on file for children confined in special care units and children detention schools over a 12 month period in order to understand professionals' constructions of children that they deemed to need a secure placement. As such, I wanted to examine how these children were socially constructed (Hacking, 1999) or to understand how "social agents or social factors produce and control some individuals and/or the properties that they have" (Diaz-Leon, 2013:5). A significant development in the trajectory of social control has been the blurring of boundaries between the therapeutic and the disciplinary (Cohen, 1985). I particularly wanted to establish if the social control theses which underpinned the prolific use of the industrial and reformatory schools system and other Irish institutions to contain any perceived deviance historically (O'Sullivan and O'Donnell, 2012) remained relevant for the contemporary institution.

**Thesis Structure**

Chapter 1 has provided a brief overview of the context in which this study took place while setting out research aims and objectives. Chapter 2 provides a further backdrop to the study by reviewing the literature. First, I reviewed the international literature on the purpose and function of the industrial and reformatory schools system. Following this, I examined how industrial and reformatory schools have been conceptualised in an Irish context. Both accounts rely on theories of social control to explain the system. Chapter 2 also examines why the system endured for so long in Ireland well after it had been discredited in other jurisdictions. It explains that it was only as Ireland modernised from a rural economy to an industrial urban society that the institution lost favour as the predominant child care model.

Chapters 3 sets out the methodological approach that I employed, arguing that the use of a primarily inductive, qualitative approach was the most appropriate method for this research. I used a hybrid approach combining aspects of constructive grounded theory (Charmaz, 2010) and thematic analysis to develop a deeper understanding of how children are formally conceptualised prior to placement in special care or detention. As Haslanger (2003) asserts, the purpose of social constructionist projects is to make the
constructed category visible so that any facts or traits considered unjust can be challenged. My primary research methods involved reviewing files of children placed in special care and detention. Each file contained a number of professional reports. As such, they represented the ‘official record’ for children and constituted an appropriate data source, which I transcribed and analysed in order to understand how the children were constructed by the professionals or ‘psy experts’ (Rose, 1989) working with them. Chapter 3 also describes how this primarily qualitative study was complemented by a quantitative element described below. Finally, the chapter describes the five study sites, the purposive sampling method used and the lengthy period of negotiating access. This included gaining organisational approval, ethical approval, arranging local access and parental/guardian consent.

Findings are presented in Chapters 4, 5 and 6. These chapters are primarily restricted to the presentation and analysis of data while the final chapter draws the thesis together (Murray, 2011) by discussing the research findings within the context of the literature. Chapter 4 provides detail on the brief statistical review of the number of children placed in secure institutions in Ireland over the past four decades. While it does not purport to be a complete statistical analysis due to various information and data deficits (O’Sullivan, 1996, Seymour, 2006, Kilkelly, 2006, Gilligan, 2009), it demonstrates how the number of children in secure settings has declined over the past 40 years or so and that very small numbers of children are detained in Ireland today. Chapter 5 presents the findings from the early coding and category stages of data analysis while chapter 6 sets out conceptual findings. The empirical data suggests that children attend a wide variety of services across health, education and justice. The data demonstrates how professional constructions of the children as having ‘complex needs’ contributed to the view that they were not suitable for services in the community because of their behaviour despite the fact that many of the services were established to address this very aspect of children’s presentation (Bowden, 2006, Ilan, 2010, Feeney, 2012). The findings illustrate how professionals constructed the children as being too needy or too risky for their service. Detention then became not so much an option of last resort but the only option for these children. There is no doubt that the number of children held in institutions has
declined significantly but this study shows that children detained under civil and criminal law shared similar characteristics including histories of adversity, problems with school and disengagement from mainstream services (Little et al, 2004, Chitsabesan et al, 2006, McElvaney et al, 2013). Moreover, the majority had a history of behaviour which was deemed to be antisocial or criminal and it was this extreme behaviour that led to service exclusion and ultimate placement in special care or detention.

Chapter 7 concludes by arguing that the thesis has made two significant contributions to knowledge. First, it has added to the limited Irish literature by increasing our understanding of what happens to children prior to placement in special care and detention and second, it has added to the wider sociological debate by arguing that despite significant legislative and policy reform in Ireland, it is professional constructions of children that influences decision making in relation to secure placements. This suggests the presence of a punitive undercurrent beneath the surface of systems that purport to promote children’s best interests and detention as a last resort when dealing with children with ‘complex needs’.

Conclusion

This chapter has provided an introduction to the thesis by providing a brief overview of the policy and legislative context in which the study took place. It has outlined how current policy and legislation emphasises the principle of detention as a last resort in contrast to previous legislation which allowed children to be detained in the industrial and reformatory school system. The Children Act 1908 remained the main legislation in Ireland governing children’s services until replaced by the Child Care Act 1991 and the Children Act 2001. As community services developed, the number of children detained in secure institutions declined with foster care becoming the primary placement for children who need an out of home placement. However, secure care remains a feature of the modern system and children can be detained in special care units and children detention schools; both are framed in policy and legislation as placements of last resort.

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13 Children Act 2001, s 96 (12).
This thesis aims to provide a sociological understanding of the purpose and function of such institutions by exploring professional constructions of children confined there. I wanted to generate a detailed understanding of the process of children's journeys into special care and detention with a particular focus on decision making processes. The next chapter provides further context for the study by reviewing the international and Irish literature on secure institutions for children.
Chapter 2: Understanding the Institution

Introduction

Vaughan (2000) argues that Ireland had the highest number of juveniles sentenced to custody in Europe until relatively recently. Now the principle of detention as a last resort is enshrined in the Children Act 2001.\(^{14}\) Indeed, the emphasis in children’s services generally is on prevention and intervention so that out-of-home care can be avoided with the Child Care Act 1991 placing a legal obligation on the Child and Family Agency to promote children’s welfare.\(^{15}\) However, without an appreciation of the past it is often difficult to understand the contemporary position. Kenny (2013:10) suggests that engaging with the “past” of organisations is essential to “gain a deeper understanding of these entities today”. This chapter reviews the literature in relation to industrial and reformatory schools. It demonstrates how their rapid development was linked to industrialisation and population growth but how the realisation of the effects of institutional care on children soon prompted calls for reform. By the early 20th century community based solutions were emphasised over institutional care in most jurisdictions. However, the industrial and reformatory schools system endured in Ireland until well into the 20th century and the literature is examined to explain the reasons for this. The chapter concludes that while the institution is no longer the preferred model for children’s services in Ireland it remains in the background for some “troubled and troublesome young people” (Laxton 1998:18) namely, those “considered to be beyond the forms of other government” (Carr, 2010b:19) or beyond the reach of mainstream services (Teplin et al., 2005).

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\(^{14}\) Children Act 2001, s96 (2).

\(^{15}\) Child Care Act 1991, s3 (1).
The Industrial and Reformatory Schools System

Following their establishment in Britain, legislation specific to Ireland established reformatory schools in 1858 and industrial schools in 1868. Industrial and reformatory schools were not unique to Ireland and Britain with similar schools established in the United States (Parker, 1976), Canada (Houston, 1972) and Australia (Wimshurst, 1984). Once established, their popularity grew and it was not long before industrial and reformatory schools were declared a success (Barnes, 1989). Writing about the schools in the late 19th century, Watson (1896:306) notes:

The danger which menaced society some 40 years ago from the hordes of savage children prowling the streets of our cities to beg, borrow or steal and exercise all the cunning that want and a love for evil can stir up in a reckless race has, through their agency, been rooted out and removed.

The rise of the industrial and reformatory schools system coincided with the emergence of the juvenile court period of juvenile justice (Martin, 2005). Juvenile courts were established in South Australia in 1896, the United States in 1899 and the United Kingdom in 1899 (Muncie and Goldson, 2006a). The first juvenile court was established in Dublin in 1943 (Geiran, 2005). Cases falling under juvenile courts' jurisdiction included delinquent and neglected children. Courts were to act as advocates for children and base any determinations in their best interests. Merlo and Benekos (2003:277) describe the juvenile court as characterised by an informal, non-legalistic forum where "paternalism, rather than due process and best interests, rather than guilt, were established as the parameters for court procedures". A fundamental principle was the elimination of stigma from the administration of juvenile justice. These reforms coincided with the emergence of positivist criminal thought which defined juvenile delinquency as the result of environmental influences rather than free will. Positivism sought to understand biological, psychological and social factors which predisposed individuals to committing crimes, so that they could be reformed (McCallum and Lawrence, 2008). This view justified the removal of children from their families, homes and communities in an effort to correct negative influences. Moore (2008) notes that

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16 Reformatory Schools (Ireland) Act 1858; Industrial Schools (Ireland) Act 1868.
the need to counter the effects of neglectful parents on children meant that state intervention grew to be acceptable and under the Children Act 1908 children could be placed in custody for primarily welfare reasons. Amended a number of times, the Children Act 1908 formed the legislative basis for children’s services in Ireland for much of the 20th century (Raftery and O’Sullivan, 1999). While considered as progressive for its time in that it established separate juvenile courts (Dingwall et al., 1984), it was later criticised particularly in relation to the provisions relating to children’s detention (Dooley and Corbett, 2002). For example, Kilkelly (2008) argues that it allowed vast numbers of children to be incarcerated in various institutions with little or no reform of the system until 2001.

However, even by the end of the 19th century disillusionment with the industrial and reformatory schools system was beginning to show. Instead of large masses of children congregating on city streets, they were now gathered in juvenile institutions. Moreover, there was a growing consensus that the schools “had failed dismally to fix, to help, to befriend or to deter” (Armstrong, 2002:347). This was contrary to what early advocates had “confidently predicted” would take place within 15 to 20 years of “their universal diffusion” (Watson, 1896:306). Indeed, any faith in the institutions had largely disappeared within 50 years of their establishment with the realisation that incarceration did not work (Rothman, 2002). Juvenile crime had not diminished and from the 1890s onwards there was a shift towards the notion that children were better off being brought up in a family environment (Moore, 2008). Levin (1940:45) argues

17 For example, the Children Act 1908 s58 (1) allowed for children to be committed for welfare or non-offending reasons including children found begging or receiving alms (a); children found not having a home or not having a parent / guardian exercising proper guardianship (b); children found destitute where parents are in prison (c); children having a parent / guardian who by reason of reputed criminal or drunk habits is therefore unfit to have care of the child (d); is the daughter ... of a father who has been convicted of an offence of [sexually abusing his daughters (e); frequents the company of any reputed thief or of any common or reputed thief or of any common or reputed prostitute (other than the child’s mother) (g); is lodging or residing in a house used for prostitution (g); children found destitute and parents unable to support child (h). Also s 58 (4) stated “where the parent ... of a child proves to a [District Court] that he is unable to control the child, and that he desires the child to be sent to an industrial school ... the court if satisfied on inquiry that it is expedient so to deal with the child, and that the parent understands the results which will follow, may order him to be sent to a certified industrial school”.

18 The main amendments to the Children Act 1908 were the Children Act 1941, the Children (Amendment) Act 1957 and the Criminal Justice Act 1960.
that "our ideas concerning the wisdom of committing juvenile offenders have changed so radically in this century that it is difficult to realise the extent of the emphasis formerly placed on institutional care". In fact, reformers were warning of the drastic effects of institutional care on children before the end of the 19th century (Molino, 2001) and campaigning for community based solutions to problems such as youth crime. Schlossman (1995:363) goes as far as to argue that "few other criminal justice legacies of the 19th century – not even the prison – have so thoroughly lost their credibility as an instrument of sound public policy". In 1933, Britain introduced legislation which abolished the industrial and reformatory schools system replacing it with approved schools that could only receive convicted offenders.\textsuperscript{19} From this time, the provisions to lock children up were used less frequently than before (Hagell and Hazel, 2001). However, in Ireland the industrial and reformatory schools system was to endure far longer. Before addressing the Irish context specifically, it is useful to review how the industrial and reformatory schools system has been conceptualised in the international literature.

**Understanding the Industrial and Reformatory Schools**

When reviewing the literature, there is broad agreement that the establishment of industrial and reformatory schools represented a significant improvement on the earlier practice of committing juvenile offenders to prison (Lou, 1927, Teeters and Reinemann, 1950). The orthodox view was that the juvenile court and its associated institutions symbolised a progressive humanitarian movement towards a more just and caring society. This analysis explained the relationship between the State and delinquent and destitute children as the responsible practices of a modern welfare state (Eekelaar, 2003, Inderbitzen, 2006, Cunneen and White, 2007). However, others have been more critical questioning the humanitarian motives of the so called child savers (Rothman, 2002, Platt, 2009). Platt's groundbreaking 1969 publication *The Child Savers* challenged the benevolence of juvenile justice reformers as masking a class based system of harsh punishment (Platt, 2009). He views the movement as an expansionist and essentially

\textsuperscript{19} Children and Young Person Act, 1933.
coercive form of state intervention into the lives of working class children and families. He outlines how the juvenile court resulted in more rather than less children being incarcerated because behaviours such as begging, rowdiness or disobedience were no longer dealt with informally. They were defined by the ‘child savers’ as delinquent. Now, children were being locked up for ‘crimes’ such as truancy or running away which would have been ignored by adult courts. Platt (2002:180) suggests that the child saving movement comprised an “amalgam of philanthropists, middle class reformers and professionals” who believed that social progress depended on efficient law enforcement, strict supervision of children’s spare time and the regulation of illicit pleasures. The rationale was that now children coming to the courts or associated agencies’ attention were being helped and not punished. Thus, there was no need for procedural safeguards and the State and various religious organisations were able to define dependence and delinquency in their own terms. Standards for a decent home were set so high that practically any child could be declared dependent on the State while young people could come to a court’s attention for posing a problem to someone in authority – a parent, teacher, social worker or priest.

Platt’s view was that instead of the humanitarian aim of liberating children from the horrors of city streets, the reforms resulted in an increase in their supervision and control by adults. Essentially, the juvenile court was used to bring moral order to a society undergoing rapid change in the wake of industrialisation, immigration and urbanisation which resulted in a host of common social problems including an increase in crime (Larson and Garrett, 2003). As long as the children of the poor were not a threat to the social fabric they could be cared for in the community. But as soon as they became too numerous and therefore troublesome, as the influx of Irish famine victims caused in some societies (Houston, 1972), the solution was to remove them from society. Consequently, the rise of the institutions can be attributed to the twin forces of industrialisation and population growth (Hopkins, 2000, McNally, 1982). For example, within 30 years of the opening of the New York House of Refuge in 1825, more than 20,000 children were in institutions across America (Schlossman, 1995).
Forty years on from its first publication, Platt (2009) reflects on his early work as somewhat one-dimensional and crude. For example, he acknowledges that he gave the child savers too much credit for inventing delinquency and that his portrayal of the child savers as bored middle and upper class women was too simplistic. Nevertheless, at the time of its publication in 1969, its “social control perspective” (Van Krieken, 1986b:403) or revisionist account (Cohen, 1985) represented a vast departure from the progressive or “Whig view of history” (Van Krieken, 1986b:402) adopted by other writers of the time. In this context, social control is “the organised way in which society responds to behaviour and people it regards as deviant, problematic, worrying, threatening, troublesome or undesirable in some way or another” and which can appear “under many terms: punishment, treatment, prevention, segregation, justice, rehabilitation, reform or social defence” (Cohen, 1985:1). Lasch (1977) also notes the significant control juvenile justice professionals exerted over the working class. He argues the family had been undermined and taken over by professional experts, the social control function also extending to contexts outside the juvenile justice realm such as the child guidance clinic and the school. He states (1977:15):

The juvenile court ... best exemplifies the connections between therapeutic conceptions of society, the rise of social pathology as a profession and the appropriation of familial functions by agencies of socialised reproduction.

Like Lasch, Foucault (1977) expands the notion of social control beyond the institution into the wider community encompassing the school, the factory and the hospital. Foucault describes Mettray, a French reformatory, as the completion of the carceral system as it represented the disciplinary form at its most extreme. As technicians of behaviour, staff were tasked with producing bodies that were docile and capable. Mettray represented the birth of a new kind of supervision with methods which blurred with disciplinary means used to normalise and control the population in the outside world. Foucault believed that surveillance was the key to the carceral where knowledge was charted by behavioural sciences creating or defining what is normal. Punishment was made to seem natural through the judicial process and the prison became a natural progression from a society of surveillance and discipline where judges of normalcy like
the doctor, teacher, judge or social worker were everywhere trying to cure people of abnormality. Foucault’s concept of governmentality encourages us to think of power not just in terms of hierarchical, top-down state power but also the form of social control in disciplinary institutions such as schools and clinics. A “hybrid discourse” (Ben-Moshe, 2011:389) between the medical and judicial began in the 19th century and led to the creation of a new power-knowledge structure in which “doctors laying claim to judicial power and judges laying claim to medical power” (Foucault, 2003:39) set down an intertwined system of surveillance which included psychiatric reports on the incarcerated and surveillance of ‘at risk’ groups. Foucault argues that power can manifest itself positively by producing knowledge and discourses that become internalised by people thereby guiding their behaviour. This results in more efficient forms of social control as it facilitates self governance (Phoenix and Kelly, 2013). Foucault exposed the power of professional discourses in defining deviance and how it should be regulated as “the slightest deviations from the norm were now made punishable” (Foucault, 1977:178). Their power was a way of ordering, regulating or controlling but also a means of understanding and making sense of the population in question. Psychologists, psychiatrists, social workers and educationalists all came to share in what Foucault (1977) calls disciplinary power and emerged as psy-experts. Through the administration of techniques of knowledge and power, these experts attempted to regulate behaviour. Problems of control were now recast in the more neutral language of science and associated applications and transformed into technical problems for the sole attention of experts and specialists. McCallum (2007:126-127) describes how these “tutelary agencies developing from the early 20th century allowed wide arbitrary powers and in many instances low levels of accountability with a constant threat that children would be removed from families”.

In the form of various social science disciplines, these psy-experts were able to generalise their authority across ever wider populations than had been in the industrial and reformatory school system. After all, the schools had been established in the mid 19th century as a response to children who were deemed to need help when none of these ‘tutelary agencies’ existed. Social change and improved services across health,
education and justice combined to reduce their dominant role. Such developments saw
the community gradually replacing the institution as the site where children's behaviour
could be regulated with policies aiming to "govern through the family" (Donzalot,
1979:48). As Rose (1989:2) argues, the "most obvious manifestation" of the way that
children and families have become the focus of public policies in order to shape their
"private self" has been "the complex apparatus targeted upon the child: the child
welfare system, the school, the juvenile justice system and the education and
surveillance of parents". As in Foucault's theory of regulation, the exercise of political
authority was dispersed in a multitude of localised sites and relations of power (Gray,
2009). The discourse about children changed from the need for moral reform to
treatment; the goal was to correct, rehabilitate or develop the body and mind of the
subject through therapeutic means rather than institutionalisation. The ultimate goal
and effect of this discipline was to make the subject more 'normal'. An important aspect
of this disciplinary power was assessment, the collecting of test results and writing
reports and "the fixing of the individual in writing" (Foucault, 1977:185). For Foucault,
the technology of the examination marks the combination of observation and
normalising judgement, making it possible to qualify and classify the individual and to
recommend them for punishment or treatment. Government is dependent on power
and knowledge that renders the population and the inner lives of its individuals visible
"so it can be analysed, evaluated, its ills diagnosed and its remedies prescribed" (Rose,
1989:105). In this respect, Rose (2000a:333) describes how "a whole array of control
agencies – police, social workers, doctors, psychiatrists, mental health professionals –
seek to link up in circuits of surveillance and communication in a perpetually failing
endeavour to minimise the riskiness of the most risky". He refers to an increasing
emphasis on case conferences, multidisciplinary teams, record keeping and networks for
the surveillance and documentation of the potentially risky individual.

Berger and Luckman's (1966) conceptual framework of social construction is also
relevant here as it emphasises the importance of context and how norms, routines and
patterns of practice develop. The labelling perspective associated with their framework
focuses on the process by which some behaviours and certain individuals become
marked out for social disapproval, targeted by society as different and therefore requiring some form of response. This is evident in the way that psy-expertise has constructed the individual as a site of risk calculation and control (Simon, 2009) and which, according to Cunneen and White (2006), essentially absolves governments of any responsibility for social problems such as poverty and unemployment. Rather, interventions aim to achieve individual behavioural change in children while evading issues such as social exclusion (Swirak, 2013).

The fact that the industrial and reformatory schools system was ultimately used to channel vast numbers of children into prolonged periods of detention is acknowledged in the literature (Hopkins, 2000, McCallum, 2007, Gray, 2009) but the schools’ importance has also been emphasised (May 2002, Moore 2008, Arthur 2010). In fact, Moore (2008) disputes the contention that class control was the impetus behind the schools’ establishment. This view had stemmed from the writings of Marxist theorists such as Rusche and Kirchheimer (1968:50), which argued that their establishment “was not the result of brotherly love or of an official sense of obligation to the distressed”, and further elaborated by social control theorists such as Platt, Lasch and others. Social control theories have also been criticised for not considering how working class people used the industrial and reformatory schools to control their own children. For example, Van Krieken (1986a:53) concludes that the State worked “in an alliance with the working class’s struggle for respectability”. He cites Brenzel’s (1975) study, which found that more than half the girls in a 19th century industrial school were sent by their parents, as evidence that working class families were using institutions “to educate their stubborn offspring” (Van Krieken, 1986b:412). Similarly, Moore (2008:359) emphasises their protective function arguing that the industrial schools’ “importance as the first state-funded institutions for the protection of children has been ignored”. Arthur (2010) agrees that the industrial and reformatory schools system has enabled juvenile delinquency to gradually take on its modern meaning as a clearly identifiable and distinctive social problem. The important principles established by the legislation that created these schools also helped to pave the way for compulsory education and child protection legislation later in the century (Jones and Willamson, 1979, Stephenson,
Earlier work also highlighted the significant place that the schools hold in the history of how systems for children have developed. Writing in 1973, May describes the establishment of the institutions as revolutionary for the implications of the child in society (May, 2002) because the legislation demanded that the State take responsibility for children who needed care and attention and young offenders.

Thus, the dominant themes in the international literature reflect the schools as benevolent and humanitarian (Lou 1927), as agents of social control (Platt, 2009, Lasch, 1977, Foucault, 1977) but also as important precursors of modern systems (May 2002, Moore 2008). The change in perspective that saw them initially as reforming and benevolent to more nuanced accounts that critique them as ending in mass incarceration is mirrored in the wider literature on institutions and the prison (Ben-Moshe, 2011). Building on Foucault's thesis, Rose (1980), Cohen (1985) and Garland (1985) view welfare institutions and practice as complementary to penalty. Garland's influential publication in 1985, *Punishment and Welfare*, introduced the concept of penal-welfarism or “that particular fusion of legal regulation and diagnostic techniques oriented towards the rehabilitation of the offender and the range of institutions in which this rehabilitation took place” (O'Sullivan and O'Donnell, 2007:28). This array of institutions included penal institutions such as borstals and prisons but also closed welfare institutions like psychiatric hospitals (O'Sullivan and O'Donnell, 2007, 2012). Rothman (2002) argues that the entire class of custodial institutions was invented in response to widespread fears – real and imagined – of social and family disintegration. Much of the literature on these institutions has developed independently of each other but Liska (1992, 1997) argues that they should be drawn together in order to understand how the criminal justice, mental health and social welfare systems inter-relate. Therefore, in order to further understand the industrial and reformatory schools system it is useful to consider them as operating as part of a continuum from the institution to the prison. This is discussed in more detail in the next section which examines the Irish context.
The Industrial and Reformatory Schools System in Ireland

Research on Irish child welfare and youth justice systems is limited (Kilkelly, 2006c, Buckley and O'Sullivan, 2007, Seymour, 2006, Gilligan, 2009) and specifically lacking “empirical enquiry” (Seymour, 2013:2). A thematic review of the literature on children in out of home care and detention concludes that research in this area has been “largely driven by academia” comprising mainly doctoral theses, research studies and conference papers (Clarke and Eustace, 2010:i). Thus, while a body of knowledge is building in this area much of this research has been undertaken early in researchers’ careers. Similar to the international literature, some of the early literature in relation to the industrial and reformatory schools in Ireland takes a Whig perspective describing the system as an improvement on what had preceded it (Barnes, 1989, Robins, 1980). However, most of the literature has been influenced in one way or another by social control theories.

Early accounts of the system stress that it was working class children who were placed in industrial and reformatory schools (O'Sullivan, 1979, Barnes, 1989). Ferguson (2007:123) argues that the industrial and reformatory schools served a child protection function but that children placed there “were treated as the moral dirt of a social order determined to prove its purity and subjected to ethnic cleansing”. Further critical accounts are provided by those who take a Foucauldian approach to understanding the Irish welfare and justice systems. For example, Carr (2010b) and Skehill (2004) use a history of the present approach to address practices of detention and child protection social work respectively while Sargent’s (2009) history of youth justice in Ireland is strongly influenced by Rose’s interpretation of Foucault’s governmentality thesis. Skehill (2004), Sargent (2009) and Carr (2010b) view 1970 as the date that marked a new juncture in the formation of the child welfare and juvenile justice system in Ireland. The 1970 Kennedy Report is seen as a key policy report which discredited the institution thereby opening up other spaces for governing children, namely the home, school and community where ‘prevention’ and ‘early intervention’ could be used as strategies to manage ‘problem children’. Such discourses were also useful in creating space for the development of community services allowing social work to become a key player in
relation to child protection and welfare (Skehill, 2004). Skehill’s account of how social work moved from religious influenced philanthropy and voluntarism to a secularised profession is similar to its development elsewhere (Skehill, 2011) but she attributes its later development in Ireland to the influence of the Catholic Church. Gaughan and Garrett (2012:272) suggest that senior figures within the Church viewed social work as “a harbinger of modernity” and only when the Church’s influence declined was social work gradually able to become more secular and professional. The Church was particularly fearful of what it saw as social work’s potential ability to intervene in the ‘private’ sphere of family life (Skehill, 2004, Skehill, 2005). The State’s increasing role as provider of health and social services, particularly with the passing of the Health Act 1970 and the introduction of professional training and employment opportunities, also contributed to the development of the social work profession in the first part of the 20th century. Sargent (2009:313) also considers social work but as part of a range of “governmental rationalities” that have shaped the Irish youth justice system since the mid 19th century. He describes how children ‘at risk’ were institutionalised in Ireland due to their life circumstances as opposed to criminal behaviour. Again, the Church’s influence was significant as it meant that pre-delinquent children were targeted based on calculations of ‘moral risk’ rather than any risk of offending. This reflected an existing preoccupation with the fear of proselytism and was also evident in the activities of numerous Catholic philanthropic organisations dealing with issues of health, welfare and education. In the context of the child welfare and youth justice systems, the governmental rationalities of psychology (Swan, 2013), probation (Geiran, 2005) and youth work (Hurley, 1992) also began to gain prominence in the 1970s.

Sargent (2009) argues that these ‘government rationalities’ were not suddenly invented but they were able to gain prominence when space was created for them. These rationalities found expression in a variety of initiatives that govern young people by counselling, diverting, mediating, supervising, shaming and reintegrating, cautioning and detaining them. Children’s services in general represent “numerous strategies aimed at managing a population of offenders and potential offenders in accordance with calculations of risk” (Sargent, 2009: 317), which give certain ‘experts’ license to
intervene in young people’s lives. Sargent suggests that it is no longer a question of classifying individuals deemed to be delinquent but argues that a sophisticated sliding scale of risk has developed and is used by various ‘experts’ who determine degrees of risk in an endless number of sites along the continuum from the cradle to the grave. Technologies have been designed that detect, define, classify and eliminate risk wherever it becomes visible and can be seen in initiatives that have developed to improve parenting skills, tackle early school leaving, counsel teenagers abusing drugs and alcohol, manage aggressive behaviour, increase employability and improve self esteem etc. It is the development of such technologies that facilitated a decline in the numbers of children sent to the industrial and reformatory schools. However, Carr (2010b:237) argues that “there remain problem subjects for whom the institution continues to be the de-facto response”. She suggests that while detention of children is now a marginal practice within the overall child welfare and youth justice system it still happens because “various intersections of power and knowledge are deployed to bring visibility to subjects for whom it is argued such interventions are necessary” (Carr, 2010:15-16). In this way, the sites and rationales for containing children are configured and reconfigured over time. Thus, the closed institution has not been replaced completely. Rather, it combines with the range of alternative sites that have developed outside the institution; together they form a regulatory grid or a continuum of government (Sargent, 2009) that comprises the child welfare and youth justice system in Ireland.

Extending these Foucauldian interpretations, O’Sullivan and O’Donnell (2012) take Garland’s (2001) culture of control thesis and apply it to Ireland’s network of non-penal institutions. This application was appropriate because penal welfarism existed in Ireland through a variety of sites other than the prison (Kilcommins et al 2004). Building on earlier work (Raftery and O’Sullivan 1999, Kilcommins et al 2004, O’Sullivan and O’Donnell 2007), O’Sullivan and O’Donnell’s (2012:276) “rural fundamentalism” analysis offers a unique perspective on why the industrial and reformatory schools system thrived in Ireland until well into the 1970s. They argue that existing accounts fail to explain institutionalisation in Ireland as they confine themselves to individual sites or focus on the State (Arnold, 2009, Maguire, 2010), the Church (Lee, 2009) or the family
(Maguire and O'Cinneide, 2005) but generally fail to address them together. Instead, they suggest an integrative framework that views the industrial and reformatory schools system as part of a wider infrastructure of "coercive confinement" (O'Sullivan and O'Donnell, 2007:32) which persevered because of Ireland's economic status. Ireland remained a predominantly agrarian society until well into the 20th century.

Ireland did not modernise until the late 1950s following a restructuring and reorientation of economic policy (Kilcommins et al, 2004). Kilcommins et al conclude that the Irish welfare state, in terms of increased expenditure and improved social services, was only emerging as other countries were placing less emphasis on them. Ireland's lack of industrial development meant that it remained a relatively insular society until recently. Low levels of immigration resulted in a largely homogeneous population (Seymour, 2006:119) that did not question the Church. The Catholic Church's influence was clear in conservative social policies such as the ban on contraception, in place until 1980, and divorce, in place until 1995. Another reason for the Church's powerful social, cultural and political influence was that allegiance to Rome rather than to England was as much a nationalist as a religious issue for many Irish people (Skehill, 2004). Thus, the Catholic Church was able to establish control over key social services in Ireland particularly within health, education and welfare. As we know, the most dominant form of child welfare from the late 19th century was institutional care in the form of industrial schools (Kearney and Skehill, 2005). Indeed, the Church's preference for the institutional model of care extended beyond the industrial and reformatory schools. Discussing the Magdalen laundries, Smith (2008:42) asserts that "by 1922, when Ireland gained its political independence, this 19th century paradigm for social control was already an anachronism, even though in Ireland it would continue to operate for decades". By the 1920s, the laundries had long departed from their original mission to rehabilitate women back into society:

Rather, they were seamlessly incorporated into the State's architecture of containment – the nation's institutional response to various populations of problem women and children that also relied on the existence of mother and baby homes, county homes, industrial and reformatory schools and insane asylums. Moreover, as part of the
nation's containment infrastructure, these religious asylums appear to have become emphatically more punitive in nature (Smith, 2008:42).

Raftery and O'Sullivan (1999:66) claimed "it is abundantly clear that the Irish reformatory and industrial schools were designed for the children of the poor who were perceived as a threat to social order". They further argued that girls were particularly vulnerable due to the Catholic Church's views on sexual modesty and traditional roles. The social risk model of child care, which prioritised the system over children's individual needs, was made possible by the perception that these children did not have any particular value or status (Ferguson, 2007). The industrial and reformatory schools took care of deviant children – children with challenging or criminal behaviour, children of parents who were deemed morally or socially inadequate, children who had been abused, children who were born to single parents or children who were poor. This model of child care confined children with complex needs rather than treating them or supporting them. This was facilitated by the Department of Education in post independent Ireland, which showed complete faith in the religious orders' ability to contain and morally educate deviant children thereby allowing the Church to establish and maintain an effective power base.

Smith (2007) argues it was inconceivable to the vast majority of politicians, civil servants and members of the judiciary to publicly challenge the Church's moral authority. To do so was to challenge the very relationship binding Irish national identity and Catholicism. Smith argues that the partnership between Church and State encouraged institutions to adopt a punitive and carceral function as opposed to their original rehabilitative, philanthropic function. He views the State as complicit in the operation of the institutions as it provided direct and indirect funding and also found ways to ensure the institutions were populated "to maintain and perpetuate the congregations' expansive enterprise" (2008:47). Raftery and O'Sullivan (1999) agree that the increasing prominence of the Catholic Church facilitated the rapid expansion of the reformatory and industrial school system in Ireland. They argue that while the industrial and reformatory school system was clearly an efficient means of maintaining maximum control over children in its care, there were also clear economic advantages. It was
cheaper to gather large numbers of the 'deserving poor' under one roof with considerable economies of scale becoming possible in the case of large institutions. As outlined, religious congregations managed most of the industrial and reformatory schools in Ireland and although they were subject to state inspection, the managers of the schools resisted any state interference (Barnes, 1989). In fact, one of the problems in Ireland was that school inspections were not stringent enough after the establishment of the Free State. The reforms that were occurring in Britain in terms of rethinking institutional care for children were partly attributed to the competent, non-political inspection staff who had the power to refuse certification when schools did not measure up to prerequisite standards (Myers, 1933). In 1922, following the Anglo-Irish Treaty of 1921, there were four reformatory schools and 52 industrial schools in the south of Ireland containing just under 6,000 children (Kilcommins et al., 2004). These mainly represented destitute children as evidenced by an early 20th century writer:

Certified industrial schools are regarded as institutions for poor and destitute children rather than for semi-criminals probably because there is no other way of compelling street urchins to attend school. Consequently, young children who are criminal to a very slight degree and in England would be sent to industrial schools are sent in Ireland to reformatories and the older more criminalised children do not appear in them at all (Balfour, 1903:10).

Following their review of a random sample of files from the Irish Society for the Prevention of Cruelty to Children (ISPCC), Maguire and O'Cinneide (2005) conclude that Irish families used the institutions to their own advantage, similar to what was happening in other jurisdictions. They reviewed files relating to 750 children and found that 66 percent of 62 children committed to industrial schools were there at their parents' request. This was also the case across "Ireland's architecture of containment" according to Smith (2008:2) who argues that Irish families themselves were responsible

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20 The ISPCC was set up in Ireland in 1956 when it separated from the National Society for the Prevention of Cruelty to Children (NSPCC). The NSPCC had been established in London in 1889 and covered England, Ireland and Wales; it was governed by the 1889 Prevention of Cruelty to and Protection of Children Act which enabled children who had been treated cruelly to be removed from their parents' custody and given by order of the court to designated persons or institutions (Ferguson, 2004). The ISPCC employed inspectors to carry out its child protection and welfare role - a role they held until the Health Act 1970 established health boards, which delegated this responsibility to social workers. This was significant as it demonstrated the Irish State taking on primary responsibility for welfare services (Ferguson and O'Reilly, 2001).
for sending female family members to institutions such as Magdalen laundries. This was generally to do with perceived sexual immorality whether as a result of unmarried motherhood, rape, incest or sexual abuse but Smith also posits an alternative explanation; family members considered of limited intelligence and therefore “deemed a potential encumbrance on scarce family resources” were sent to institutions (Smith, 2008:31). This fits in with O’Sullivan and O’Donnell’s (2012:276) “rural fundamentalism” analysis whereby deviant individuals were confined in institutions in the interests of economic stability. They estimate that approximately one percent of the population were institutionalised in 1950’s Ireland in “a massive interlocking system” of state funded institutions including formal sites of incarceration such as prisons, borstals and reformatories but also psychiatric hospitals, homes for unmarried mothers and various residential institutions for children placed by the courts (Raftery and O’Sullivan 1999:19). The institutions were linked in that the same religious orders ran them and they helped to sustain each other. For example, girls from the industrial and reformatory schools often ended up working in the Magdalen laundries (Smith, 2008). In order to understand the industrial and reformatory schools, Raftery and O’Sullivan suggest that it is necessary to view them as part of the larger system of “coercive confinement” (O’Sullivan and O’Donnell, 2007:32) in place until well into the 20th century.

O’Sullivan and O’Donnell (2007) outline the vast range of places of detention in Ireland in the 1950s. As well as the reformatory and industrial schools, there were five prisons and one borstal, ten Catholic Magdalen laundries, county homes in every county and public psychiatric hospitals that “served as repositories for the difficult, the deviant and the disengaged” (2007:33). Osborough (1975) provides a historical account of the borstal which was replaced by St Patrick’s Institution in 1956. Smith (2007) describes how Magdalen laundries were established from the middle of the 18th century and were managed and funded in the main by female Catholic religious congregations with little or no regulation from the State. County homes were originally built as workhouses in the 1840s. The workhouses remained in place until 1923 until legislation was introduced which brought the administration of public assistance formally into the Irish
Free State. It provided that each county would retain one workhouse building as a county home where all the non-medical inmates were lodged (Commission to Inquire into Child Abuse, 2009d). Finally, public psychiatric hospitals held over 18,000 involuntary patients in 1951 (Brennan and Brennan, 2010, Brennan, 2014). This figure had been rising since the foundation of the State and reached a peak in 1956. These hospitals were entirely funded and managed by the State.

In industrialised nations, early 19th century reformers had viewed the asylum as the cure for all social ills and deviant behaviour; if the breakdown of social order was the cause of deviance, then a well ordered environment would be its solution (Conrad and Schneider, 1992). However, the development of such a range of institutions is not typical of a country like Ireland with little or no industrialisation. Kilcommins et al (2004) argue that the sheer range of institutions that confined men, women and children in the name of treatment, care and rehabilitation in Ireland seemed suggestive of the penal-welfarism that characterised criminal justice policy from the 1890s to the 1970s in Britain and America (Garland, 2001). Indeed, Kilcommins et al (2004) argue that the development of these specialist institutions made it appear that the Irish penal system was developing in a progressive and welfarist direction as had occurred in industrialised nations such as Britain and America. For example, separate provision was made for young offenders in 1906 with the establishment of a specific penal institution in the form of a borstal (Osborough, 1975). However, the borstal in Clonmel, County Tipperary provided accommodation for only 54 boys. The system never expanded nor was a borstal for girls ever established (Reidy, 2009). The borstal system operated until 1956 when the Department of Justice established St Patrick’s Institution, Dublin as the single institution to accommodate young offenders aged over 16. Kilcommins et al (2004) suggest that this is significant in evaluating the degree to which penal-welfarism penetrated Ireland. They argue that the penal system was a marginal area of public policy and that the increasing use of other institutions for the regulation of deviance led to the borstal’s demise as opposed to Osborough’s (1975) argument that it was because of declining numbers. Similarly, Rogan (2011:51) suggests that prisons were under-

populated because “the sharp edge of social control that the prison system could otherwise provide was rendered essentially useless in a system that had so many other mechanisms of securing compliance or containing deviant populations”. Overall, Kilcommins et al conclude that theories of criminal justice development, such as Garland’s (1991:119) “sociology of punishment” framework, do not fit Ireland’s profile in terms of its late industrial development. O’Sullivan and O’Donnell (2012) agree that 1950’s Ireland was an era of low recorded crime but high perceived deviance where any non-compliance with social norms met with an institutional response. While these sites of containment also existed in other countries, it was the volume of individuals institutionalised including in the industrial and reformatory schools system that was “disproportionately high in Ireland” (O’Sullivan and O’Donnell, 2012:257).

Beyond the Institution

O’Sullivan (1979) suggests that it was only from the late 1960s that a developmental model of child care displaced the social risk model which had influenced policy for the previous century. Disillusionment with the industrial and reformatory schools system was growing. In a later work, he argues that the “most public target of the child advocacy movement” in Ireland “was the plight of children and the nature of childhood in the industrial and reformatory school system” and that this resulted in the “establishment of the deprived ‘invisible’ child in institutional care as the prototype ‘distant other’ for the period under question” (O’Sullivan, 2005:245). The discourse of the ‘depraved’ child who needed to be reformed became a discourse of the ‘deprived’ child who needed help. There was a realisation that the deprived child had needs that could be met outside the institutional setting. Feeney (2012) advises that a good deal is now known about the industrial and reformatory schools system but that less attention has been paid to examining the alternatives. Such alternatives or “non-carceral measures” (Ilan, 2010:27) began to develop in Ireland from the 1950s across the health, education and justice sectors. For example, the first state funded child guidance clinic was established in Dublin in 1955. Now known as child and adolescent mental health services (CAMHS), these clinics espoused a medical rather than a punitive model thereby challenging “traditional responses to troublesome children” (Feeney, 2012:848).
The 1950s also saw the establishment of a “justice based solution” (Bowden, 2006:15) for children with behaviour problems in the form of the Garda Diversion Programme. In his history of youth justice in Ireland, Sargent (2009) notes that the Garda Diversion Programme was originally established in 1953, formalised in 1963 and placed on a statutory basis with the enactment of the Children Act 2001.\(^2\) According to the *Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme 2012*, the programme offers a system for cautioning young people who accept responsibility for criminal behaviour and aims to divert them from further involvement in the criminal justice system\(^3\) (Garda Youth Diversion Office, 2013) and ultimately from a period of detention. In addition to the Diversion Programme, there are a number of youth justice projects that work directly with young people who are at risk (Bowden and Higgins, 2000). Rising crime levels in large, urban estates on the outskirts of Dublin, particularly in relation to joyriding, vandalism and youth crime generally, posed a crisis of authority for the Irish State (Mulcahy and O'Mahoney, 2005) and led to the establishment of garda special projects, now called garda youth diversion projects (Bowden, 2006, Kilkelly, 2006c). Ilan (2010:26) argues that these projects are a means by which “the State, through interventionist youth justice, attempts to impose an idealised set of values downwards predominantly on the young disadvantaged males perceived of as requiring it”. Similarly, Sargent’s (2009) view is that garda youth diversion projects are a significant governmental strategy to regulate children and akin to various other strategies aimed at the protection and welfare of the ‘at risk’ child.

This regulation or control function could just as easily be attributed to any of the welfare services that developed for children in post 1950’s Ireland. For example, Feeney (2012) suggests that the rationale for child guidance clinics was to prevent juvenile delinquency by addressing antisocial behaviour. Concerns about “troubled and troublesome young people” (Laxton 1998:18) were shared by professionals across education, health and justice but now behaviour problems and risk of becoming involved in crime were

\(^{22}\) Children Act 2001, Part 4 was enacted in May 2002 (SI no 151 of 2002).

\(^{23}\) Children Act 2001, s19.
attributed to underlying psychological or other difficulties. Feeney (2012:851) describes the emergence of the “psychological child” in the context of juvenile justice in Ireland. As community services developed, numbers in institutional care began to decline. Sargent (2009) describes how rationalities such as social work, psychology and probation began to gain prominence in the 1960s as the dominant religious discourses faded. The concept of the child ‘in need’ or ‘at risk’ versus the ‘normal’ child was developed and reinforced by the emerging psy-experts in Ireland who determined which children met the criteria for their service; in other words, “who should be saved, diagnosed, treated or managed” (Geiran, 2005:97) and who should be excluded. Indeed, Swan (2013:124) argues that the impetus for this came from statutory employers who tried to define the role of emerging psychologists in Ireland in narrow or psychometric terms so essentially they became “testers” determining where children should attend services.

This new psy-expertise held that a child’s outcomes could be shaped by changing their behaviour through a range of interventions across a variety of sites including the home, school, the clinic and the community. Today, statutory services represent a range of government techniques aimed at changing young people’s behaviour so that they can ultimately become productive citizens, as outlined in The Agenda for Children’s Services (Office of the Minister for Children, 2007) and the recently published policy framework Better Outcomes Brighter Futures (Department of Children and Youth Affairs, 2014). Through various interventions, young people are encouraged to become more aligned with behavioural norms. While not strictly synchronised or networked, the range of government technologies work together to maintain order. For example, Skehill (2004:344) suggests that child protection and welfare social work in Ireland has “come of age as a psy-expert” and attributes this to its construction as an expert strategy and mediator in the “social” - the space between the State and the family. As Payne (2006) suggests, one function of social work is as an agent of social control and some interventions with children and families are designed to get them to conform to what is deemed to be accepted norms and morals for family life. Similarly, interventions by psychologists or psychiatrists are designed to compensate for any deviance the child might have such as a learning disability or mental health disorder. The developments in
community services since the 1950s are indicative that the site of governance for problematic children has shifted from the institution to the community (Sargent 2009). This community focus is reflected in legislation; the Children Act 2001 focuses on diversion from the criminal justice system and rehabilitation (Kilkelly, 2011). In doing so, it attempts to shift the emphasis away from residential or custodial care to care in the community with detention the option of last resort.24

Back to the Institution

Despite the emphasis on community services and detention as a last resort, the institution remains in the background for some children. According to Buckley and O’Sullivan (2007:69), the Children Act 2001 describes “three sites for the incarceration of children”:

1. Children detention schools,
2. Children detention centres,
3. Special care units.

The principal objective of the children detention schools is set out in the Children Act 2001 as providing children in custody with appropriate education and training programmes in order to promote their reintegration into society (Kilkelly, 2003).28 Kilkelly (2006b) suggests that the Act represents the most comprehensive reform of the Irish youth justice system in 100 years. She argues that the Youth Justice Review undertaken by the Department of Justice, Equality and Law Reform in 2006 focused attention on what was needed to implement the Act in full. This included development of youth justice policy, the establishment of local multidisciplinary teams and the streamlining of services within a new youth justice service29 and was accompanied by “an optimism that the momentum generated” by the review would “finally achieve the much needed reform of the Irish youth justice system once and for all” (Kilkelly, 2007:1).

24 Children Act 2001, s96.
26 Children Act 2001, s150.
27 Children Act 2001, Part IV A.
28 Children Act 2001, s158.
29 The Irish Youth Justice Service was established in December 2005.
However, before the Act was fully implemented it was substantially amended via the Criminal Justice Act 2006 (Kilkelly, 2007).

One amendment included provision to transfer responsibility for the detention of children from the Department of Education, which had administered the industrial and reformatory schools system, to the Department of Justice. There was also provision made to continue the detention of males over the age of 16 in ‘places of detention’ (i.e. the prison system) until arrangements could be made for their transfer to the children detention schools. At this time, males aged 16 and 17 were detained in St Patrick’s Institution, an adult prison. Kilkelly’s (2007) view was that writing St Patrick’s Institution into the legislation\(^3^0\) in this way was regrettable without setting a deadline for ensuring an end to detention of males under the age of 18 in the prison system. Since 1 May 2012, boys aged 16 have been placed in the children detention schools but boys aged 17 are still remanded to custody\(^3^1\) in St Patrick’s Institution. This is despite the fact that the Irish Prison Service announced its intention to close it by the end of 2013 amid concerns about inmates’ safety as reported in the Irish Times (Corcoran, 2013). According to the Irish Youth Justice Service (2013), the first phase of a new national detention facility was to have been ready in mid 2014 which would accommodate all children under the age of 18 ordered to be detained by the courts. At the time of writing, St Patrick’s Institution remains open and the new facility is not ready. The initial plan for 167 places has been revised to 90 and according to the Irish Youth Justice Service (2013), this national facility will provide the full range of remand, assessment and detention services for all young offenders remanded or detained by the courts. Finally, special care units are secure settings where non offending children can be detained on foot of a High Court order.\(^3^2\)

Brierley and Giller (2008) note that the original provisions of the Child Care Act 1991 did not permit access to secure treatment accommodation for children and secure care could only be accessed in the industrial and reformatory schools system. This led to a number of lawyers from the Children’s Legal Centre taking challenges to the High Court

\(^{30}\) Children Act 2001, s150 (1).

\(^{31}\) Males aged 17 who have been sentenced are detained in Wheatfield Prison.

\(^{32}\) Child Care Act 1991 s23, as inserted by the Children Act 2001 s16.
on behalf of the young people who were not receiving services from the statutory authority. Whyte (2002) outlines how judicial engagement began in this area in 1994 when a judgment was made that the Eastern Health Board had failed to promote a young boy's welfare and to provide appropriate accommodation. Over the course of the 1990s, a number of similar cases were taken on behalf of children at risk. A case eventually came before the Supreme Court; the High Court had ordered protective detention for a young person in St Patrick's Institution for young offenders because there was no suitable place for him. As this was not the first time that the penal system had been used to provide accommodation for children at risk the court was forced to take extreme measures because of the State's failure to act (Whyte, 2002). Whyte argues that the courts had initially been reluctant to become too involved leaving the detail of the solution to the relevant agencies but "the State singularly failed to tackle this issue thereby provoking one judge, Kelly J., into taking strong action against the executive branch of government" (2002:183). In fact, Whyte notes that persistent delay on the part of the authorities eventually led to Kelly J. threatening the ministers of Education, Health and Justice with contempt of court if they failed to provide secure accommodation for "one particularly disturbed teenager, a move which provoked a hostile reaction from the political establishment" (2002:89).

Carr (2008) attributes health boards' reluctance to establish secure units to the particular social and political context of the time. She suggests that the cases coming before the High Court coincided with a period where state services for children were coming under intense and unprecedented scrutiny due to many cases of institutional abuse becoming public knowledge. In 1999, the Government had established the Commission to Inquire into Child Abuse and issued an apology to children who had

33 See footnotes 35, 38, 39, 40.
34 PS v Eastern Health Board (unreported 27 July 1994) High Court, Geoghegan J.
35 As required under the Child Care Act 1991, s3.
36 Child Care Act 1991, s5.
grown up in industrial and reformatory schools. A short time later, the Redress Board was set up to provide compensation for anyone who had been abused as a child in an institution. Following the legal challenges, the Department of Health and Children appointed an independent consultant to provide advice. Two reports followed: *On the Requirement and Necessity for Special Care and High Support Residential Child Care Provision in Ireland* (Laxton, 1998) and *The Principles and Policies underpinning the Development of Special Care and High Support Provision in Ireland* (Laxton, 2000).

Laxton (1998, 2000) explains that a special care unit provides a form of secure care while a high support unit is open but with a high ratio of staff to children. Both were established for non-offending children whose behaviour was too challenging for mainstream residential units. The Children Act 2001 amended the Child Care Act 1991 to allow for applications for special care to be heard at District Court level. However, the relevant sections of the Children Act 2001 were never fully enacted and Carr (2010a:63) advises that "the practice that had been established since the 1990s, where the High Court has exercised its 'exceptional jurisdiction' to order the detention of children in order to vindicate their Constitutional rights has continued to operate in the absence of a statutory framework". The Child Care (Amendment) Act 2011 provides that the High Court will continue to hear applications for children to be detained for special care to be provided to them by the HSE, now the Child and Family Agency; the process will not be devolved to the District Court as originally intended. Carr suggests that this may be related to the experience and expertise that has been developed with the High Court's administration of these orders over the past 15 years. The Child Care (Amendment) Act 2011 sets out the processes to be followed from consideration of the child for special care, the application for the order, the care of the child under the order right through to discharge of the order.

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40 Children Act 2001, s71 (1) (a).
41 Child Care (Amendment) Act 2011, s 23 F.
42 Child Care (Amendment) Act 2011, s23 G.
43 Child Care (Amendment) Act 2011, s23 C.
44 Child Care (Amendment) Act 2011, s 23 NE.
Special care has been described as a relatively new phenomenon in terms of residential child care provision in Ireland (Ryan et al., 2004) resulting in limited published research (Carr 2008). The Special Services Residential Board, later the Children Acts Advisory Board, commissioned three studies; the first was a two year study that looked at the impact of a special care placement on young people’s wellbeing (Ryan et al., 2004), the next study researched the application process and characteristics for applications for special care made between January and June 2007 (Brierley and Giller, 2008) and finally, the third study expanded on this by researching the rest of the applications made in 2007 and tracing and tracking outcomes up to November 2009 (Brierley, 2010). The first study found that special care units have a positive effect on young people’s wellbeing. Special care units are noted to provide a focused intensive therapeutic intervention offering respite to young people along with education, coping strategies and containment from harm (Ryan et al., 2004). However, problems with discharge plans are noted in the later reports. The research identifies difficulties that social workers have in accessing mainstream residential placements or high support placements for young people following special care. This means that children end up staying in special care for longer than social workers deemed necessary because of follow-on placement issues. The third research report notes that this “is an extremely important issue” as children are “deprived of their liberty when the professionals involved felt that there was no justification to do so” (Brierley, 2010:vii).

A clear theme running through the research is that girls are more likely to be admitted to special care than boys. Research on the 36 special care applications made between January and June 2007 confirms that girls are more likely than boys to be the subject of an application for a special care placement and admitted (Brierley, 2010). Brierley highlights the presence of potential practice issues in terms of whether risk taking behaviour is more likely to be tolerated in males than in females particularly behaviours relating to sexual behaviours and risk. Earlier reports also refer to this; Laxton (1998:14) notes that “the assumption is that most” of the children who require secure care on non-offence grounds are “girls considered to be in moral danger”. This was also a feature of the industrial and reformatory schools (Ferguson, 2007, O’Sullivan, 1998).
Ferguson (2007:125) describes the “profoundly gendered nature of the system as industrial schools catered overwhelmingly for girls – the tendency being to commit them generally for reasons of protection – and sought to regulate and control female sexuality while reformatory schools regulated deviant boys whose identities were constructed in terms of criminality”. Finally, Brierley (2010:73) argues that “males are struggling to access special care but are more likely than females to end up in juvenile criminal detention”. This supports research undertaken in the Children Court whereby Kilkelly (2006a) found that all but one of 35 children subject to a remand or detention order were male. Brierley also notes that there is little evidence of joined up thinking between youth justice and child protection and welfare systems “to assess and act on a multidisciplinary basis where children in care were at risk of offending” (2010:viii). Rather, children are either in the welfare system or the justice system. This fits the international picture as closed accommodation for children and young people is generally located in the framework of either youth justice or child protection (Poso et al., 2010). However the reality is that children do not fit neatly into categories and there is significant movement of children and young people from formal welfare systems into juvenile justice systems and vice versa. 

Welfare and Justice Systems

Glisson and Green (2006:481) suggest that the overlap between the populations served by child welfare and juvenile justice systems has “created confusion and disagreement in the research literature for at least a half-century about the similarities and differences between children served by the two systems”. McGhee and Waterhouse (2007:107) argue that systems of classification are ultimately social institutions that are developed from and maintained by social institutions and operate to order human interaction but have “profound influences on individual human lives” as they “inevitably oversimplify”. This over simplification is seen in most child welfare and youth justice systems where children are typically classified as either vulnerable children needing help or as young offenders needing punishment or control (Goldson, 2007). Images of children tend to be extreme, “at one end are children as innocent and victimised and at the other, children as evil and dangerous” (Piper, 2013:199). Moreover, it is often chance that determines
which system detains children (O’Neill, 2001, Goldson, 2002, Clarke and Eustace, 2010) with many children detained in welfare and justice systems at different times. Children are also conceptualised based on what stage of the system they are at and in the criminal justice system they are sometimes viewed as ‘offender’ first and ‘child’ second (Hollingsworth, 2013).

An ongoing dualism between the ‘deprived’ and the ‘depraved’ is played out in the welfare-justice debate (Stephenson, 2007). Muncie and Hughes (2002:1) argue that youth justice policy has historically been riddled with “ambiguity” with paradigms of ‘welfare’ and ‘justice’ prevailing at different times. Buckley and Gibson (2009) suggest that the opposing ideologies of welfare and justice services often hinder responsive, integrated service provision despite the fact that children are often at their interface. Welfare and justice models are usually considered as being at opposite ends of the spectrum and as representing quite different approaches to dealing with young people (Cunneen and White, 2007) but in practice secure accommodation represents aspects of both models as it is “coercive, but not simply coercive” (Harris and Timms 1993b:71). Indeed, Vincent et al (2012) argue that there has been a shift in culture recently with the contemporary focus on risk rather than the old concepts of ‘welfare’ and ‘justice’. Case and Haines (2009) note the most influential risk factor research in the UK and possibly around the world is the Cambridge Study, initiated by Donald West and carried on by David Farrington, and which has resulted in excess of 100 publications. This research is based on a longitudinal study of 411 working class males born in London in the early 1950s which concluded that a number of risk factors appear to correlate with offending including low intelligence (Farrington, 2000, Farrington and Welsh, 2007). The research has led to a number of similar projects known collectively as the risk factor paradigm (Briggs, 2013), which has influenced policy and practice over the last two decades in the UK and Ireland (O’Mahoney, 2009, Briggs, 2013) whereby children are increasingly perceived as being at risk or posing a risk (Armstrong, 2004, Case, 2006).

Ellis (2012) suggests that it is concern about children’s physical, sexual or moral development that has driven government policy and professional practice throughout
history to closely monitor children and young people prompting Rose (1989:121) to describe childhood as “the most intensely governed sector of personal existence”. Some commentators blame the risk factor paradigm for perpetuating this type of social control (Case, 2006, Kemshall, 2008, Case and Haines, 2009, O'Mahoney, 2009, Creany, 2013). This has resulted in interventions being “inflicted on young people for their own good” (Case and Haines, 2009:304) with governments individualising risk by placing responsibility for social problems such as poverty and unemployment onto children and essentially absolving themselves of any responsibility (Cunneen and White, 2006, McAlister, 2008). McAra and McVie (2012) also show how decisions to exclude children from formal institutions such as school are based not just on a child’s challenging behaviour but on factors such as social deprivation, family factors and previous behaviour. In this way, certain “categories of young people – ‘the usual suspects’ – become propelled into a repeat cycle of referral into the system whereas other equally serious offenders escape the tutelage of agencies altogether” (McAra and McVie, 2007:319). The cumulative effect of systemic contact over many years results in stigmatising and criminalising these children rather than having a positive effect on their behaviour (McAlister, 2008, McAra and McVie, 2010).

Goldson (2002) argues that children with complex needs represent a high risk area of practice so professionals seek secure placements as they are afraid that they will be blamed if a young person seriously harms themselves or others. Therefore professionals “choose their story, deciding whether the child is, for the time being at least, devil, mucky angel, neither or both” to “persuade the courts” that criteria for admission apply (Harris and Timms 1993:71) but in doing so they fail to use custody as a last resort (Pratt, 2002, Bateman, 2012). This risk-averse climate means that the demand for expensive secure provision remains high and scarce resources are channelled into containing children rather than preventing difficulties from escalating or supporting community alternatives, which would fit with the principle of detention as a last resort (Kilkelly, 2006). Ungar et al (2012) argue that children with complex needs tend to have multiple service involvement but services are poorly coordinated and delivered in departmental silos across education, child welfare, mental health and youth justice despite social
workers' efforts to act as case managers. This contributes to the view that these children are beyond the reach of mainstream services (Teplin et al., 2005). Moreover, there is evidence that early contact with some community services such as child welfare or special education provision in schools can result in earlier contact with juvenile justice systems (Malmgren and Meisel, 2002).

Muncie (2008:108) attributes high use of child custody to a “punitive turn”, a trend which has been seen in western Europe (Junger Tas, 2006) and which suggests an American inspired “institutionalised intolerance” (Muncie, 1999:147). This has resulted in children in trouble being “systematically demonised” (Goldson, 2000:257) because the balance between care-welfare and control-punishment has been “heavily tilted towards control, regulation, correction, retribution and punishment”. As Bateman (2005:98) asserts, front line staff are not “immune from the punitive vice that has gripped the youth justice system”. He describes four reasons for this punitive turn: the first is an increased public concern about the nature and extent of youth crime reflected in and reinforced by media representations of crimes such as the Bulger case in England in 1993, the second is the political response to public disquiet, the third is the reaction of the courts and other decision makers “who, as representatives of the spirit of the times, instinctively respond to the political soundings and finally legislative change, which encourage more intrusive responses to young people in trouble and loosen criteria associated with deprivation of liberty” (Bateman, 2011:118). Scraton (2002) agrees that it is often moral panic that leads to social policy, law reform and professional interventions, which amount to a strengthening of the social control apparatus of society. This fits with Stanley Cohen's (1972) thesis that processes which sustain moral panics are made easier when the objects are structurally weak – as children are (Cohen, 2011).

The international literature on secure units tends to focus on young people's characteristics and is unanimous that the children across welfare and justice systems share common characteristics (Glisson and Green, 2006) particularly their levels of unmet need (Kendrick and Fraser, 1992, Harris and Timms, 1993b, O'Neill, 2001,
Goldson, 2002, Little et al., 2004, Teplin et al., 2005, Chitsabesan et al., 2006, Bryan et al., 2007). Issues such as poor or non-existent data collection and variance in the legal definition of 'child' have contributed to the dearth of comparative research (Clarke and Eustace, 2010, Muncie, 2011). Given the repeated calls for further research in an Irish context (Kilkelly, 2006c, Buckley and O'Sullivan, 2007, Seymour, 2006, Gilligan, 2009), it is not surprising that this area has not received much attention in this country. Despite the significant changes which have occurred over the past 50 years or so, a "research vacuum" exists (O'Sullivan, 1996:5) and what literature there is tends to be descriptive focusing on the impact of legislative changes (e.g. Kilkelly, 2006c, Seymour, 2006, Walsh, 2005), the children's rights agenda (e.g. Kilkelly, 2008) and characteristics of the young people (Hart, 1970, Hayes and O'Reilly, 2007, Carroll and Meehan, 2007, McElvaney et al., 2013). For example, Clarke and Eustace (2010) found little rigorous Irish evidence but noted that outcomes for these children are generally poor in a range of spheres such as education, employment, recidivism, homelessness, reintegration and independent living.

The Foucauldian inspired accounts provided by Skehill (2004), Carr (2010b and Sargent (2009) provide critiques of the child care system in Ireland particularly how it has dealt with "troubled and troublesome young people" (Laxton 1998:18) and how the focus has shifted from the institution to the community allowing for increased surveillance and intervention into children's lives by statutory authorities in education, health and justice. Gilligan (2009:265) describes "the apparatus of state control" which regulates some children's lives defining the public child as one "whose private world has in some sense become public business attracting attention because concern has been aroused about his or her care or safety". In some ways the research mirrors the classification of the systems into discrete elements as most of it to date has focused the youth justice system or the child welfare system but not both. For example, Carr (2010b) provides an extensive critique of child detention in Ireland but empirical data from special care is not included. This thesis aims to address this by examining data from special care units and children detention schools thereby addressing both the welfare and justice systems.
Conclusion

This chapter has examined theoretical accounts on the purpose of the industrial and reformatory schools system and demonstrated that whatever humanitarian motives prompted their establishment, the system soon became a mechanism to channel thousands of children into prolonged detention in institutions which were penal in nature. The literature also demonstrates the schools' significance as the legislation that established them was the first to recognise the child in need and young offender as separate entities. Therefore, they paved the way for modern child welfare and justice systems. However, the realisation that children were better off being brought up in a family environment prompted the development of community responses and saw widespread closure of industrial and reformatory schools. In most industrial societies, the late 19th century saw "the growth of 'informal power' as a means to achieve a moderation of behaviour and overall wellbeing of problem children and families" (McCallum, 2007:114). Power was now conceived in terms of psy-interventions, a form of regulation that puts the family in a position where it becomes in its own interests to conduct itself according to social norms in such matters as education and the healthy upbringing of children. Advances in the treatment of deviance were accompanied by a growth in the powers of this new disciplinary agent – the teacher, the medical expert, the social worker, the psychologist. However, the prevailing view in late 19th century Ireland was that the industrial and reformatory schools provided the best site for reform of children's behaviour. In fact, the slow development of community services in Ireland has been attributed to the longevity of the school system which endured until the 1970s (Raftery and O'Sullivan 1999, Skehill 2005, Feeney 2012). Thereafter, the focus shifted from the institution to the community. Despite child care legislation emphasising a welfare approach, service delivery was directed "into a more narrowly focused child protection framework" (Buckley et al., 1997:18), which resulted in "a small but significant number of children" whose needs were not met by existing mainstream services (Buckley and O'Sullivan, 2007:64). The institution remained in the background ready to contain these children who did not fit mainstream service provision.

45 Child Care Act 1991, s3.
Chapter 3: Methodology

Introduction
This chapter outlines my research methodology. In this context, the term ‘methodology’ refers not only to discussion of methods used but also consideration of the philosophical issues that separate the many approaches to social research (Hammersley, 2011). Hammersley (1992) suggests that researchers must choose a research strategy that reflects their own philosophical and epistemological beliefs. However, he argues that it is more than an “ideological commitment to one methodological paradigm over the other” (1992:163) as decisions must reflect the nature of what researchers are trying to describe and the resources available to them. In this chapter, I set out the methodological framework that I used to answer the research question and meet the aims and objectives of the study. The chapter explains how I used aspects of constructivist grounded theory (Charmaz, 2010) to explain professional constructions of children.

Grounded theory refers to a particular set of data collection and analysis techniques used to formulate a substantive theory on an area of interest. However, rather than produce a fully worked-up grounded theory analysis, I followed Braun and Clark’s (2006:81) call to use “a named and claimed thematic analysis” alongside some of the principles of grounded theory, namely simultaneous data collection and analysis. Thus, while my methodological approach was influenced by grounded theory it would be better described as a “hybrid approach to qualitative analysis” (Floersch et al., 2010:421). While primarily qualitative, my approach also included a quantitative component. For example, I provided context for the study by reviewing available statistics on the number of children placed in secure facilities over the period from 1970 to 2013. Whatever methodology is used, the literature calls for researchers to be explicit (Bringer et al., 2006, Braun and Clarke, 2006, Dey, 2007, Silverman, 2010, Charmaz, 2010); this chapter outlines my decision making process before moving on to describe the research methods that I used in detail. I discuss my rationale for doing a
comprehensive, qualitative file review to answer my research question and meet the aims and objectives of the study. The chapter also sets out the procedures for negotiating access to young people's files including organisational approval, ethical approval and parental/guardian consent. Two stages of empirical data collection are then described. The first stage comprised a review of files of all young people placed in detention in 2011. I felt that it was important to provide a profile of young people in detention to contextualise my more detailed analysis of a sample of children's files in children detention schools and special care units. The chapter closes with a section outlining the data analysis process used in order to answer my research question and facilitate a detailed understanding of how professionals construct the child that is placed in special care or detention.

Research Paradigms

The first question researchers often face is whether to use quantitative or qualitative research methods (Silverman, 2010). Quantitative research methods are influenced by the positivist perspective. This is derived from the sciences and is characterised by testing hypotheses developed from existing theories. This theory testing method is described as deductive. The positivist position assumes that the social world exists objectively and knowledge is only valid if it is based on observations of this external reality. Theoretical models are developed that can be generalised to external settings; they can explain cause and effect and can be used to predict outcomes. Quantitative research emphasises using numbers and figures while qualitative research favours language and description. Qualitative research emphasises understanding through examining people's words, actions and any patterns of meaning that emerge. Qualitative research methods are influenced by an interpretivist or constructivist position. In this case, people make sense of situations based on their unique experience, memories and expectations. Meaning is constructed over time and continuously reconstructed through experience resulting in multiple interpretations. Under this paradigm, the aim is to discover and understand these meanings and the contextual factors that influence and determine them. The interpretations reached by different people create multiple realities (Denzin and Lincoln, 2003). Unlike theory testing, this
type of approach is inductive or theory building. The researcher works alongside others to understand their views and interpret their experiences. This type of research is contextual and thus not easily generalised to other settings.

Guba and Lincoln (1994) suggest that the basic beliefs that define a particular research paradigm may be summarised by responding to three fundamental questions:

1. The ontological question – what is the form and nature of reality?
2. The epistemological question – what is the basic belief about knowledge or what can be known?
3. The methodological question – how can the researcher go about finding out whatever he or she believes can be known?

Answering the first two questions on a personal level can determine the researcher’s worldview and indicate what research paradigm might be appropriate. Ontology describes our view on the nature of reality in terms of whether it is an objective reality that really does exist or a subjective reality created in our minds. Like most people, researchers have a number of entrenched ontological assumptions which affect their view of the world. Epistemology considers appropriate ways to enquire into the world and how knowledge can be produced. Guba and Lincoln (1994) argue that the central question of a methodology is how a researcher can discover what he believes can be known. In order to do this, it is important that there is a fit or a match between a researcher’s own belief system, the research paradigm and the research methodology. Darlaston-Jones (2007:19) suggests that “the ability to identify the relationship between the epistemological foundation of research and the methods employed in conducting it is critical in order for research to be meaningful”. She argues that because most courses focus on research methods the epistemology, theoretical frameworks and methodologies that influence them remain hidden from view. To overcome this, researchers need to be explicit about the reason for their chosen methodology. Holding a particular world view influences a person’s behaviour, their professional practice and ultimately the position they take in relation to their research. It is important that any underlying assumptions are identified and considered.
I subscribe to an interpretivist or constructivist world view. My ontological belief is that all social phenomena are socially constructed and as such must be positioned in time, space and culture. My epistemological stance is that knowledge is also created and constructed. For me, reality and knowledge are shaped by whatever historical, political and social norms are in place. Reality is different for each of us based on our own unique understandings of the world and our individual experiences (Berger and Luckmann, 1966). My philosophical position makes qualitative research the obvious research paradigm. Moreover, I have a clinical background in speech and language therapy and post graduate training in linguistics so the emphasis on language and description in qualitative, interpretivist research is appealing. Ungar (2003) describes five characteristics of qualitative research that are valid to my research.

1. Discovery of Unnamed Processes: A qualitative approach allows for lengthy engagement with participants, files or institutions that places the researcher sufficiently close to his data to identify patterns which may not be evident otherwise. My research examined how professionals construct children who are sent to special care units and children detention schools.

2. Contextual Specificity: Qualitative research seeks to provide thick and deep descriptions of a particular reality construction and so is more likely to produce data that reflects views of marginalised populations. I did not expect my research to generalise to the wider population.

3. The Power of Marginalised Voices: Qualitative methods allow for multiple truths to emerge allowing for the co-construction of meaning. Researchers and participants engage in a dialogical reciprocity. I was aware that what happened to children prior to their confinement in special care or detention might reflect multiple realities.

4. Transferability: It is a reader’s responsibility to determine if the research transfers to another setting; my task was to provide a thick, deep description of the phenomenon in this area.
5. Researcher Standpoint Bias: As the research instrument, the researcher must deconstruct his relationship with participants and make explicit any subjectivity that contributes to their findings. At the time this research took place, I worked for the Irish Youth Justice Service, which is responsible for policy development in the children detention schools.

Following Silverman (2010), I reflected on my research question which reinforced my decision to use a primarily qualitative research methodology. I determined that I wanted to focus on what happens to children before placement in either a special care unit or a children detention school. I wanted to study this phenomenon in detail in order to focus on the process of children’s journeys into detention particularly how the children were formally conceptualised. The qualitative methodology literature soon brought me to grounded theory. This was not surprising given that it is the most widely used qualitative research methodology in the social sciences, psychology, nursing and health care (Bryant and Charmaz, 2010).

**Grounded Theory**

Grounded theory developed in the 1960s at a time when quantitative research was considered the gold standard of research methodology. Quantitative research was scientific, objective and empirical; everything that qualitative research was not. The publication of Glaser and Strauss’s influential work *The Discovery of Grounded Theory* in 1967 challenged the view that qualitative research was inferior to quantitative research. In this, Glaser and Strauss argued that qualitative research could produce strong theories that were grounded in the data and not anecdotal, impressionistic or biased. Charmaz (2010) explains that grounded theory brings together two contrasting and competing traditions in sociology as represented by Glaser and Strauss. The epistemological assumptions, logic and systematic approach reflect Glaser’s quantitative training at Columbia University. The emphasis on meaning, action and process reflects Strauss’s qualitative background at the University of Chicago. Despite fighting the dominance of positivistic quantitative research, grounded theory became known for its rigour and usefulness but also for its positivistic assumptions (Charmaz, 2010). Creswell
(1998) outlines the main aim of grounded theory, which is to generate or discover a theory. Theory is derived directly from the data, which is acquired through means such as interviews, observations and document review. Data analysis is systematic and begins the minute data is available. Data analysis begins with coding, identifying categories and connecting them. Further data collection or sampling is based on emerging concepts. These concepts are developed through constant comparison with additional data. The resulting theory can be reported in a narrative framework or as a set of propositions. Essentially, grounded theory aims to “generate hypotheses using theoretical constructs generated from bottom-up data” (Floersch et al., 2010:409).

At first glance, grounded theory appears straightforward and has “immediate appeal” (Dey, 2007:24). Classic grounded theory texts (Glaser and Strauss 1967) and Glaser (1987) provide explicit guidelines for researchers to follow; the researcher is separate from the process and discovers theory as it emerges from the data. However, Glaser and Strauss's (1967) work has been criticised as being too abstract, thus making it difficult for new researchers to follow (Dey, 2007). This was not a problem initially; researchers using grounded theory tended to be supervised by Glaser or Strauss and the methodological approach was passed on by word of mouth. As the approach gained in popularity a number of explanatory texts were published. For example, Strauss collaborated with Corbin, a former student to develop more explicit guidelines (Strauss and Corbin 1990). Their work was criticised by Glaser (1992) for being too prescriptive and forcing the theory. Glaser’s debate with Strauss and Corbin typifies the controversy that exists about grounded theory (Floersch et al., 2010). In fact, “grounded theory has evolved into a constellation of methods rather than an orthodox unitary approach” (Charmaz, 2008:161). Floersch et al (2010) suggest that for Glaser, the constant comparative method generates theory which emerges from the data rather than being forced. This means that researchers must set aside any preconceived ideas as the theory is present in the data and no additional framework is necessary.

The later model by Strauss and Corbin (1990) provides a coding paradigm to help researchers order theoretical relationships. In this model, the theory emerges from the
data and from the researcher's interpretations of the data. Charmaz (2010) proposes another model which she calls constructivist grounded theory. Constructivist grounded theory differs from classic grounded theory in how it takes researchers' positions and the research context into account. She views grounded theory as a set of principles and practices as opposed to prescribed criteria and emphasises "flexible guidelines not methodological rules, recipes and requirements" (2010:9).

Grounded theory serves as a way to learn about the worlds we study and a method for developing theories to understand them. In the classic grounded theory works, Glaser and Strauss talk about discovering theory as emerging from data separate from the scientific observer. Unlike their position, I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We construct our theories through our past and present involvements and interactions with people, perspectives and research practices (Charmaz, 2010:10).

Does Grounded Theory Fit?

With its emphasis on discovery, grounded theory is useful in generating theory on an area where little is known. My area of study had been identified as a research gap; Clark and Eustace (2010) recommended that pathways into care or detention should be examined "with a view to informing the development of preventative strategies and good practice care interventions". The question was at which “point on the methodological spiral of grounded theory” (Mills et al., 2006:7) my ontological and epistemological position would fit. I was particularly struck with the constructivist revision of grounded theory. Charmaz (2010) recognises that researchers are not separate observers divorced from the process; they bring their own experience and perspective to the data. I felt that this was important as my previous work with children had stimulated my interest in this area. Prior to moving to work in a policy area I managed a multidisciplinary assessment service for children in the HSE (now the Child and Family Agency). Some of the children that attended this service were subsequently placed in special care. Therefore, I felt it important to acknowledge that I was not a detached observer or divorced from the process. At the time this research took place, I worked in the Irish Youth Justice Service which is responsible for policy development in the children detention schools. I was also mindful of Dey (2007:24) who cautions that "grounded theory, and any claim to make use of it, raises more questions than it
answers”. He argues that its commitment to theory forces researchers to face up to basic questions about the very nature of research which in turn requires reflection on what they are doing and why. I returned to my research question to reflect on the purpose of my research. I acknowledged that my aim was to inform policy development. I could do this by developing a detailed “conceptual framework” (Miles and Huberman, 1994:18) which would explain the key concepts and variables involved in professional constructions of children in special care and detention rather than developing a substantive theory. I also had to consider practical issues (Silverman, 2010). Working full time meant that I was under time constraints and did not have the luxury of returning to the field multiple times to achieve theoretical saturation. However, there were areas of grounded theory which resonated strongly such as the bottom-up approach with its simultaneous data collection and analysis and constant comparison to develop codes, categories and concepts. What I needed was a “hybrid approach to qualitative analysis” (Floersch et al., 2010:421) which did not require me to “subscribe to the implicit theoretical commitments of grounded theory” (Braun and Clarke, 2006). Braun and Clarke (2006) define thematic analysis as a method for identifying, analysing and reporting patterns within data that leads to a detailed account of it. They argue that thematic analysis is widely used in qualitative research yet rarely acknowledged and that it should be recognised as a research method in its own right. Floersch et al (2010) suggest that while philosophical paradigms such as interpretivism and positivism cannot be mixed, thematic analysis and grounded theory techniques can be used together to produce a conceptual framework for understanding a research area.

**A Hybrid Approach**

Aronson (1994) outlines the procedure for performing a thematic analysis following data collection using interviews. The data is examined to identify patterns of experience which come from direct quotes or paraphrasing common ideas. The next step identifies all the data that relate to the already classified patterns and combine and catalogue them into subthemes. Themes that emerge from informants' stories are pieced together to form a comprehensive picture of their collective experience. The related literature is used to build a valid argument for choosing the themes. Once the themes
have been collected and the literature reviewed, the researcher can formulate theme statements to develop a story line. When the literature is interwoven with the findings, the story that the researcher constructs is one that stands with merit (Aronson 1994). Braun and Clarke (2006:79) argue that thematic analysis is widely used yet "poorly branded". Like grounded theory, thematic analysis seeks patterns in data but unlike grounded theory, it is not tied to any pre-existing theoretical framework. This means it can fit with a constructivist method which examines the ways that events, realities, meanings and experiences are affected by various discourses operating within society. Braun and Clark (2006) argue that it is important that the theoretical position of a thematic analysis is made clear but more often than not it is left unsaid. This call for researchers to be explicit echoes the literature on grounded theory (Dey, 2007) and should be considered prior to and during the research process.

Wilson and Hutchinson (1996) direct readers to examples in the literature where chosen methodology is explicit and well thought through. For example, Hitchcock and Wilson (1992) outline how they developed a grounded substantive theory to describe how gay women disclose their sexual orientation to health care providers. Similarly, I wanted to read about studies that had used thematic analysis effectively. Fortune et al (2009) adopted a thematic approach to their study on staff and service user perspectives on new services for personality disordered offenders. Foersch et al’s (2009) study was particularly useful as it combined both methodologies. They provided a detailed example of how they used thematic analysis and grounded theory principles to study adolescent psychotropic treatment. Their study utilised thematic analysis in the first stage to describe a descriptive view of adolescents’ medication experience. They then used grounded theory techniques in the second stage to compare and sort six themes into broader, interrelated conceptual categories.

My Research Methodology

Comparing thematic analysis and grounded theory reveals that they share certain similarities. Both are used in situations where little is known about a topic or problem
area. Both were suitable for my research question which addressed how professionals construct children prior to recommending a placement a special care unit or a children detention school. The steps for collecting and analysing research data are similar as both allow for constant comparison. The power of grounded theory lies in its depth of analysis but many researchers fail to achieve a fully worked up grounded theory (Wilson and Hutchinson, 1996). Rather than contribute to this "methodological fray" (Charmaz, 2010:xii), I used general principles of grounded theory (Robson, 2007) along with thematic analysis. In this way I achieved a data-driven inductive approach (Fereday and Muir-Cochrane, 2006) without the theoretical commitments required of a fully worked up grounded theory. My methodology was guided by Berger and Luckman's (1966) concept of social constructionism and took a constructivist approach to grounded theory (Charmaz, 2010). Such an approach allowed an iterative and somewhat subjective process of analysis and understanding which was primarily concerned with gaining insights into perspectives of those who work with children. These insights were gained by reviewing 245 professional reports on file for 10 children in special care and 22 in detention. As Charmaz emphasises, I brought my own history, experience, values and ideas to the process of interacting with my data. My research methodology was sufficient to provide me with a deep insight into the real issues associated with the process associated with children's placement in closed institutions.

My hybrid approach used concurrent data collection and constant comparative analysis, both emphasised in grounded theory. However, sampling was purposive (Patton, 1990) rather than theoretical. Theoretical saturation was not necessary as this study aimed to provide a detailed understanding of the process by which a child is deemed to need secure accommodation rather than a fully worked up grounded theory. In addition, I engaged with the literature prior to data collection and analysis which is not typical of a strict grounded theory study (Dunne, 2011). Chapter 2 outlined how secure institutions for children have been conceptualised over the years in the international and national literature. It also described several Irish studies which used governmentality as an analytical framework including Skehill (2004), Sargent (2009) and Carr (2010b). Researchers using a governmentality framework tend to use it alongside a standard
qualitative method such as textual analysis (Kendell and Wickham, 1999). Like Sargent (2009), I found the works of British sociologist, Nikolas Rose to be particularly influential on my thinking about how to examine professional decision making in relation to children at risk. For example, Rose (1999a:21-22) questions:

Where do objects emerge? Which are the authorities who are able to pronounce upon them? Through what concepts and explanatory regimes are they specified? How do certain constructions acquire the status of truth?

Rose is especially concerned with “devices of meaning production” or “grids of visualisation, vocabularies, norms and systems of judgement” (Rose, 2000b:314) and the ways in which these produce experience and personhood. In order “to govern”, Rose (1999b:36) asserts “it is necessary to render visible the space over which government is to be exercised”. An understanding of discourse as “a technology of thought” is central to a governmentality approach according to Miller and Rose (1990:5) who state that analysis of government rationalities should devote:

Attention to the particular technical devices of writing, listing, numbering and computing that render a realm into discourse as a knowable, calculable and administrative object. ‘Knowing’ an object in such a way that it can be governed is more than a purely speculative activity: it requires the invention of procedures of notation, ways of collecting and presenting statistics, the transportation of these to centres where calculations and judgements can be made and so forth. It is through such procedures of inscription that the diverse domains of ‘governmentality’ are made up, that ‘objects’ such as the economy, the enterprise, the social field and the family are rendered in a particular conceptual form and made amenable to intervention and regulation.

For Rose, one of the defining features of 19th century liberalism was the new relation between government and ‘expertise’. Rose et al (2006) argue that states make use of a whole array of non-political actors such as social workers and mental health professionals to govern individuals from a distance. As such, Rose’s work provided critical context for this research, which was concerned with how professionals ‘construct’ children and the criteria in which they come to be seen as ‘problematic’.

Further context was provided by the review of available statistics on children detained in secure institutions from 1970 to 2010, undertaken to determine any trends or patterns and important considering the data deficits identified in Ireland (Kilkelly, 2006c). My data analysis also included a limited quantitative component as I employed an analytic
component described by Johnson et al (2010:649) whereby some segments of textual data were coded in such a way that it allowed for "rough numerical counts or proportions" which were reported alongside quotations typical for qualitative analysis. While descriptive and not statistically significant, these served to contextualise and complement the qualitative data.

As with any research, mine had limitations. Some have already been described such as the time I had available for data collection due to working full time. Access to files was also limited and is further discussed later in this chapter. In my view, the biggest limitation was that the third setting where children under the age of 18 can be detained in Ireland was not included as a study site. At the time of data collection boys aged 16 and 17 were detained in St Patrick’s Institution, managed by the Irish Prison Service. It is a closed, medium security institution for young males aged 16 to 21. The prison can accommodate over 200 prisoners and accepts both remand and sentenced prisoners. Since 1 May 2012, boys aged 16 have been placed by the courts in [CDS 1] or [CDS 2] but boys aged 17 remain in the prison system. There are plans for the children detention school model to be extended to all boys under 18 when building work is complete at the [Lacken] campus. The number of males under the age of 18 in prison custody is low according to the Irish Prison Service’s annual reports, which provide a census figure on 30 November of each year. On this date in 2013, there were eight 17 year olds in custody (Irish Prison Service, 2014). In 2012, there were 19 males aged 17 in custody (Irish Prison Service, 2013) and in 2011, the same number of 17 year olds were in custody on 30 November as well as four 16 year olds (Irish Prison Service, 2012). Healy (2010) used a file review to undertake a baseline study of young people committed to St Patrick’s under sentence. She concluded that young people there have similar characteristics to other children in detention such as coming from socially deprived areas, having troubled family backgrounds, poor educational attainment and substance use problems (Freeman, 2008, Carroll and Meehan, 2007) and that they commit relatively minor offences as found by Geiran (1999) and Carroll and Meehan (2007). Healy was not given direct access to files for her research, which was the reason that I
did not include St Patrick’s Institution as a study site. Instead, Healy had to rely on staff working within the prison to facilitate her research.

I also did not interview the professionals that wrote the reports as suggested by Satka and Skehill (2011) or indeed the young people themselves and this might be considered a limitation of the research. While these are certainly areas of potential research that would contribute to knowledge in this area, my research sought to use the child’s official record as its data source. I deemed this to be appropriate because professional reports represent powerful accounts of children and professional decision making. Reports are filed and stay with the children from service to service and from placement to placement. As such they are permanent records of how children were viewed by professionals at a given time often staying with them long after the professionals that wrote the reports have moved on. They provide a useful means of gaining an insider perspective of the meanings behind certain professional practices in the context of the child welfare and youth justice sector. This thesis explores the written word which Silverman (2010) suggests can reveal external realities because the written text documents what participants are actually doing in the world and as such are not “research provoked” (Ten Have, 2004: 88). Also, reports have the potential to reflect how professionals participate in social processes within particular contexts over time and can demonstrate if work practices become institutionalised and taken for granted (Berger and Luckman, 1966). Therefore, I was happy that such an approach would offer a valuable insight into how children were constructed by the professionals working with them.

Research Methods

Research generally begins by specifying a research problem. As described previously, my work with children had stimulated my interest in this area. My role within the HSE had involved children who were later placed in special care while my subsequent role within youth justice concerned the children detention schools. The publication of the Ryan Report in May 2009 and the associated media coverage prompted reflection on recent changes in Irish legislation and policy - specifically the principle of detention as a
last resort. The ethos of children’s services is to keep children at home with their families if at all possible. The majority of the 6,500 children in the care of the Child and Family Agency are in foster care (Child and Family Agency, 2014). A small minority of about 30 children are placed in special care each year. Similarly, the majority of children who come into conflict with the law are diverted from further involvement with the criminal justice system (Garda Youth Diversion Office, 2013) with only a small number detained in a children detention school for criminal matters. I wanted to know more about the young people sent to special care units and children detention schools particularly why the professionals working with them believed that they needed a secure placement.

It is only after researchers have decided on a topic, refined it and specified objectives that they will be able to consider how to collect data (Bell, 2007). Once I had completed this stage, I decided that a file review would provide me with enough information to answer my research question and meet the aims and objectives of my study as the file contains details about the children. Bowen (2009) argues that document analysis can be used as a stand-alone data source in qualitative research. Moreover, I had previously used this method to inform my work within youth justice and knew that children's files contained a wealth of information in the form of professional reports.

**Using Files in Research**

Robson (2007:28) uses the term “inadvertent sources” for documents that have not been prepared for the research in question. Unlike transcriptions of interviews with research participants, such “natural documents” are not “research provoked” (Ten Have, 2004:88) but have advantages in terms of increasing accessibility to marginalised subjects (Bailey 1994). Silverman (2010:229) agrees that written texts provide “marvellous data” and lists several advantages including richness, relevance and effect. He argues that analysis of written text can reveal external realities as written texts document what participants are actually doing in the world without them having to be asked by researchers. Files were popular in early ethno-methodological studies (Garfinkel, 1967, Cicourel, 1976). Ethno-methodology is not in itself a research method
but comprises studies that "seek to treat practical activities, practical circumstances and practical sociological reasoning as topics of empirical study and by paying to the most commonplace activities of daily life the attention usually accorded extraordinary events seek to learn about them as phenomena in their own right" (Garfinkel, 1967:1). Cicourel's work was particularly relevant to my research as he demonstrated how police and probation officers transform their conversations with young people into written reports "in order to dramatise and justify their participation and decisions" (1976:16). In this way, Cicourel demonstrated how the concept of delinquency is constructed by the juvenile justice system. He concluded that the official statistics and records kept by police and probation departments "contained normal idealisations of the complex events that came to be aggregated and called rates of delinquency"(1976:ix). He argues that the focus on discourse and text is necessary "if we are to understand how the agencies responsible for detecting, processing, reporting, adjudicating and disposing of persons called delinquent document their claims about juvenile delinquency and juvenile justice" (Cicourel, 1976:ix). The method of communication – in this case written records and reports – is important in ensuring "the appearance of orderly activity" (Skidmore, 1979:245).

Record keeping is often considered a routine and bureaucratic task but written records are complex and vital to support a network of communication about individuals (Prince, 1996). In a study of criminal defence files, Kozin (2008:38) describes how he initially viewed the files as boring and mundane but on closer examination realised that they "were much more intricate, important and cunning than they had appeared the first time around". He describes how closer examination "brought into relief a complex network of relations with various crossroads for different legal practices, actions and institutional figures" and how files were used "to organise these relations into a coherent and purposive whole". Prior (2008:833) concludes that it is essential that we focus on documents' function as well as their content; he argues that they are "vital objects" that "can drive and shape political, economic and scientific activities just as much as do humans". Thus, documents can be seen as an important source of research information. While McNabb (2008) argues that researchers must be clear that
documents may not provide an objective truth. Smith (2001:170) contends that “texts are foundational to the existence of organization” and that they “are not a discrete topic but. . . they enter into and co-ordinate people’s doings” (Smith, 2005:228).

Hannah-Moffat and Yule (2011) demonstrated this in their review of how parole boards use files to determine if prisoners should receive parole. Case files included the criminal record, police report, pre-sentence report, risk/need assessments, and psychology/psychiatry reports. They found that while the case file contained abundant information about the parole candidate, it did not include a cumulative summary of overall progress. Hannah-Moffat and Yule concluded that it was often the case that early characterisations of an offender’s criminogenic risk/need, offence cycle and social history were often repeated verbatim in subsequent reports in the file and ultimately in the decision narrative. This suggests that what professionals write in case files and reports can have long term implications for those involved. Skehill et al (2012:57) agree that what is written in a case file can influence professionals’ management of a case. They give the example of a child diagnosed with attention deficit hyperactivity disorder (ADHD) and suggest that as soon as this is written in a case file, the child “will be provided with new kinds of services and he probably receives more empathy than before. In other words, the simple application of a word ADHD to the person’s file results in different practices, attitudes and responses” (Skehill et al, 2012:62). In considering how useful documents are for research, Ten Have (2004) argues that it is important to consider the context in which they have been produced. In special care units and children detention schools, many of the documents on a young person’s file relate to services they have attended in the past and reports prepared for the courts. Therefore, I considered them to be an appropriate resource for examining professional constructions of children and decision making prior to a child’s confinement in special care or detention.

**Files in Special Care Units and Children Detention Schools**

Documents on file include social work reports, probation reports and reports by other professionals such as community psychologists or child and adolescent mental health
service (CAMHS) practitioners. Ten Have (2004:89) describes this use of natural documents in a research setting as “secondary usage” or “reframing the original document”. I believed that the wealth of information in these documents could be used to understand “the systems of knowledge that have been applied to understanding the child” (McCallum and Laurence 2008:116) in child welfare and justice settings prior to their placement. Baxley and Bowers (1992:37) argue that “reports inform the world” about professions. If this is the case, reports allow professional processes, practices and norms to become real. The report writers show how they have acquired the ways of thinking and doing inherent in their profession. I wanted to use the information in the reports as an instrument for creating a vision of the world through the authors’ particular lens. I wanted to know how those working with these young people ‘constructed’ them in order to determine what services they needed. In this way, the reports could be used to demonstrate how the professionals made sense of the children’s lives. The reports provide narratives that explain young people’s experiences and actions and the service responses that are provided. In doing so, they construct subjective realities about what has happened to the children, what is happening to them now and what needs to happen. Following Charmaz (2000), I sought to go beyond the surface in seeking meaning in the data or the written text in the reports, searching for and questioning tacit meanings about values, beliefs and ideologies. According to Charmaz (2000:523):

A constructivist grounded theory recognises that the viewer creates the data and ensuing analysis through interaction with the viewed. Data do not provide a window on reality. Rather, the ‘discovered’ reality arises from the interactive process and its temporal, cultural and structural contexts. Researcher and subject frame that interaction and confer meaning upon it. The viewer then is part of what is viewed rather than separate from it.

Due to the small number of children detention schools and special care units in Ireland, I opted to use each as a study site. My study sites included the three children detention schools and two of the special care units. The third special care unit closed in June 2011 for refurbishment and the young people there were transferred to other special care placements or to onward placements. The centre remained closed throughout the rest of 2011. Thus, I had five study sites – three children detention schools (ICDS 1, ICDS 2, ICDS 3) and two special care units.
and [CDS 3]) and two special care units ([SCU A] and [SCU B]). My work within youth justice facilitated access to files in the children detention schools but I knew that there would be many barriers to accessing files in special care units. The literature describes young people in these settings as vulnerable with complex needs (Chitsabesan et al., 2006, Buckley and O'Sullivan, 2007) and research with such populations “is often fraught with difficulties” (Penrod et al., 2003:100). Given this, access to these centres to review files required time and planning. I selected a 12 month period between January and December 2011 as the timescale for the study. I planned to review the files of any young person placed in a children detention school or a special care unit in 2011. This arbitrary timeframe was chosen so that there would be enough data to derive a detailed understanding of the process of the journey or pathway into detention.

I encountered many of the same difficulties that Abrams (2010:536) describes during her research with “incarcerated youths”. She notes the length of time researchers must spend building connections with gatekeepers to negotiate “various key permissions with agency directors, bureaucracies and sometimes the courts” (Abrams, 2010:542). While my research did not need court approval, the process was extremely lengthy and bureaucratic. Ten Have (2004:110) suggests that the research phases of negotiating access and the actual field work overlap because maintaining access requires “constant relational management”. This was true of this study but for the purpose of the chapter, I have divided them into two sections:

1. **Negotiating Access:** This section deals with the lengthy process of negotiating access to the children detention schools and special care units from organisational approval to parental/guardian consent.

2. **Data Collection and Analysis:** This section outlines how I reviewed children’s files in the children detention schools and special care units and the subsequent process of synthesising the data and making sense of it.
Negotiating Access

Organisational and Ethical Approval

My first task was to seek organisational approval from the HSE, now the Child and Family Agency and the Irish Youth Justice Service. I had meetings with senior management in both agencies to explain the research and rationale. Subsequently, I had meetings with the directors of the children detention schools. My position within the Irish Youth Justice Service meant that I had worked with the directors in a policy role and I was a regular visitor to the children detention schools. The three directors provided approval for me to proceed. Next, I met the managers of the special care units at a meeting chaired by the national manager for alternative care in the HSE (now the Child and Family Agency). This meeting took place in August 2010 and thus predated the appointment of the national director for Children and Family Services which occurred in January 2011. While I did not get individual letters of approval from each special care manager, the national manager for alternative care signalled his preliminary approval in an email, subject to me gaining ethical approval (Appendix 1). The then HSE’s support for this research was particularly welcome given its reluctance to share information in the past due to legislative restrictions. This has resulted in public criticism of the HSE by senior state officials. I was fortunate that the ‘in camera’ rule did not prevent access to files for children in special care. Recent legislative changes have allowed better access to child care proceedings but understandably access remains subject to certain restrictions such as protecting children’s identities. I had over 20 years’ experience of working with children and families, most of it as a clinician in the HSE, and I believe that this facilitated confidence that I would handle children’s information professionally.

See Appendix 1, 2 and 3 for organisational approval from the HSE and IYJS.

Child Care Act 1991, s 29 states that proceedings under parts III, IV and VI shall be heard ‘otherwise than in private’ and is known as the ‘in camera’ rule.


Once I had organisational approval, I applied for ethical approval from the Research Ethics Approval Committee, Department of Social Work and Social Policy, University of Dublin. When I received ethical approval, I was able to move on to the next step which involved contacting the study sites, the children detention schools and the special care units, in order to negotiate local access and parental/guardian consent. While formal permission for research must be sought from organisations and parents / guardians, child focused research should also confirm the child’s own consent to participate in the research in order to respect them as individuals (James and James, 2012). I discussed seeking children’s consent with parents, guardians and centre managers and took their lead in relation to this. One parent asked that I discuss the research with her daughter, which I did. On reflection, I should have ensured that I sought consent from all the children involved. While I did get parental / guardian consent as required for research involving children, “good practice also requires the child’s agreement to participate” (Department of Children and Youth Affairs, 2012:2). In this way my research would have acknowledged that children should be respected as people, able to give and withdraw consent at all stages of the research process.

Local Access

Children Detention Schools

My next contact was with the three operational managers in the children detention schools. I discussed the research and my plans to answer my research question by utilising a file review. I had previously used this method to do work projects and so this was not an unusual request for me to make. However, the requirement for parental consent was new as my position within the Irish Youth Justice Service allowed me to access young people’s files. For example, I had previously analysed information in files to inform a report on mental health needs within the children detention schools (Irish Youth Justice Service, 2009c). While this research aimed to inform policy, it was also going to be used for a doctoral degree. Such research deservedly attracts scrutiny in order to protect participants, the major ethical concerns focusing on the protection of privacy and the minimisation of risk. To overcome these concerns, I enquired if it would
be possible for the children detention schools to give me anonymised information. Given the extra work that this would impose on staff, I was not too surprised when this request was denied.

Buchanan and Bryman (2009) emphasise that research methods must be flexible while acknowledging how problematic this can be given ethical requirements. As I had done several times throughout this process, I returned to my research question while also reflecting on how to protect privacy and minimise risk. Regidor (2004) discusses the moral justification for using personal data without informed consent in research. He concludes that it is justified in situations when subjects are not physically present and won’t ever have contact with the researchers. He argues that the obligation to protect confidential information should not mean that data cannot be used as any potential harm is more theoretical than real as an individual’s autonomy is not violated if confidentiality is maintained. By using data that already existed and performing secondary analysis there was clearly minimal risk to participants in my study. Moreover, I could maintain confidentiality by not recording any identifiable information in my records. I was also comfortable that my professional background ensured that I was qualified to review the information and deal with it appropriately. In the end, I opted to take a two-pronged approach. I reviewed each file in the children detention schools to provide a general profile of young people in detention while seeking consent for more detailed analysis. The general profile was used to establish how many of the young people in the children detention schools were also known to child protection services and to identify the reason for their detention. A summary report of this information was written up for the Irish Youth Justice Service (Irish Youth Justice Service, 2012b). The more detailed information was used to construct a more nuanced understanding of young people’s actual service pathways to placement in special care and detention. Once I had a picture of the children’s journeys into detention I was able to develop an understanding of the decision making process and professionals’ construction of the child who required a secure placement.
I sent an initial letter of introduction to parents shortly after young people were placed in a children detention school followed by a more detailed information leaflet and consent form a week later.\(^{50}\) As I received consent forms, I began data collection. By the end of the year I had received 12 consent forms representing almost 10 percent of the 122 young people in detention in 2011 and by the end of March 2012, I had consent to review 22 files in the children detention schools. Given that the literature describes this population as hard to reach (Abrams, 2010, Penrod et al., 2003), I considered this response rate to be good and in any case had never intended my sample to be representative of the general population. I had known that getting parents/guardians to return consent forms was always going to be challenging (Baker et al., 2001, Smith et al., 2000). Given my policy role, I was also somewhat removed from the research settings and in a situation described by Abrams (2010:543):

Researchers themselves may not even have access to parents in a routine way, forcing them to expend a great deal of energy just to reach the parents, let alone to secure their consent.

Given that special care units are managed by the Child and Family Agency (previously the HSE), I was a step even further from parents of young people placed there.

**Special Care Units**

I also sought written parental/guardian consent, sometimes described as “opt in” consent (Felzmann et al., 2010:51) for the 38 young people in special care in 2011. This stage proved extremely time-consuming and involved multiple contacts with social workers in the HSE, now the Child and Family Agency. This information is included in line with Smith et al’s (2000) argument about the importance of reporting parent/guardian consenting procedures as a methodological feature of research with adolescents, particularly the numbers excluded due to researchers’ difficulties collecting this consent. My first contact was with the managers of the special care units. They provided contact details for each child’s allocated social worker. Prior to contacting

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\(^{50}\) See Appendix 4 for Initial Letter of Introduction, Appendix 5 for Information Leaflet for Parents/Guardians and Appendix 6 for Parent/Guardian Consent Form.
social workers, I notified the HSE’s national lead for research and the newly appointed national director for Children and Family Services to ensure that they were aware of my research. I requested a formal letter of approval and contact details for principal social workers. The Office of the National Director, Children and Family Services, HSE provided these contact details but not the letter of approval. I attributed this to a busy workload rather than any disapproval of the study particularly since I had received organisational approval albeit prior to the national director’s appointment in January 2011.

I sent information about the research to all the principal social workers and requested that they discuss it with social work team leaders and social workers in their areas. A fortnight later, I began to contact social workers on the list that special care managers had provided. I contacted the special care managers every two months or so to find out if any new young people had been placed in special care and to get their social workers’ contact details. I telephoned each young person’s social worker to explain the research and request that they contact parents to seek consent or provide consent themselves. I followed each phone call up with written information outlining a research summary, information leaflets and consent forms. Despite the fact that I had circulated information about the research to principal social workers, all the social workers reported that they would have to discuss my request with their line manager, the social work team leader. In one case, a team leader telephoned me for more information and then advised that she had to discuss it with the principal social worker. Other social workers requested that I contact their principal social workers to provide further information. In one case this led nowhere; after several months attempting to make contact with the principal social worker I managed to speak to her. She advised she would consider the request but after that I was unable to contact her. In another case, the principal social worker requested further information in writing which I provided. He then contacted the national office to confirm their approval. Finally, I received a signed consent form but it illustrates the bureaucratic nature of the process. In some cases where the child was on a full care order, the social worker signed the consent form. In other cases, they discussed the request with the young person’s parents. In
several cases, social workers reported that parents refused to provide consent because of the difficult relationship they had with parents.

Hood et al (1996) suggest that some parents might be reluctant to consent to research that might expose their parenting or leave them open to criticism. Berrick et al (2000:126) identify gaining consent as a particular challenge of conducting research in this area as it “can hijack the research enterprise at every turn” and advise careful planning although the process can be time consuming and arduous (Baldwin Tigges, 2003). In one case, the social worker advised me that a young person’s parents had agreed to sign the form but after several weeks I had not received the form. When I telephoned her again, she advised that the young person’s mother had recently had a new baby but that she would contact her again and remind her to sign the consent form. When I contacted the social worker several months later she responded that the parent had refused consent. In some cases, the social workers advised immediately that they would not provide consent. For example, one young person’s parents were deceased and the social worker reported that she did not feel comfortable providing consent. In another case, the social worker reported that the child’s parent was serving a long sentence for a high profile murder and that it was not appropriate to seek consent for the research from the parent. One social worker provided a parent’s contact details and asked that I contact her myself. It took several weeks to make contact with the young person’s parent but I eventually received a signed consent form eight months after initial contact with the social worker. Finally, a small number of social workers did not respond to telephone messages or emails. In these cases, I posted information to their office but did not hear back.

As I received consent to review files I began data collection and analysis. However after almost 12 months and despite considerable time and effort I had consent to review just eight files in special care units. Buchanan and Bryman (2009:8) describe the consequences of this “layered permissions” process as delaying the start of data collection and potentially compromising research objectives and methods if access is not granted. While I began my data collection once I received my first signed consent form,
it was time to re-evaluate. In the course of my work I had met one of the national director’s advisors. He requested a meeting to discuss my research prior to a review on special care that the national office was planning. This presented another opportunity to request formal approval so that I could re-contact social workers with a new mandate for the research. This time I did receive a formal letter of approval from the national director of Children and Family Services, HSE (Appendix 3). I sent this letter to all the social workers that I had been engaging with around consent but unfortunately only received another two signed consent forms. This meant that in total, I reviewed professional reports in 32 files – 10 in special care and 22 in the children detention schools. In order to protect the privacy of the young people concerned, I allocated a pseudonym to each file. However, it was not possible to guarantee complete anonymity given that there are only three special care units and three children detention schools in Ireland. Consequently, the information leaflet for parents/guardians stated that there was a small risk that someone might be able to identify their child when reading the research findings (Appendix 5). I was happy that the risk was very slight as any risk would be similar to someone identifying a child from the Social Services Inspectorate’s inspection reports for special care units and children detention schools, which are available online on the Health and Quality Authority’s (HIQA) website. Children are identified numerically on these publicly available inspection reports.

I opted to use pseudonyms in an effort to personalise the information but I anonymised the information before it was stored in a locked cabinet. All children’s names were replaced by pseudonyms as set out in Table 1. I indicated any other altered text by using square brackets. In some cases, I replaced the name of the location (e.g. [Lacken]); in others I used descriptors (e.g. [residential care home] to refer to children’s placements prior to special care or detention). Finally, when presenting my findings I referred to the child’s placement as ‘detention’ or ‘special care’ rather than being more specific.
Table 1: Pseudonyms for Reports relating to Children and Young People in Special Care and Detention

<table>
<thead>
<tr>
<th>Pseudonyms (CDS 1, 2 &amp; 3)</th>
<th>Pseudonyms (SCU A &amp; B)</th>
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<tr>
<td>Andrew</td>
<td>Áine</td>
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<td>Colm</td>
<td>Anne</td>
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<td>David</td>
<td>Catherine</td>
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<td>Eoin</td>
<td>Daniel</td>
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<td>Evan</td>
<td>Gráinne</td>
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</tbody>
</table>

22 (18 male and 4 female)  10 (4 male and 6 female)
Data Collection and Analysis

Data Collection

Empirical data collection comprised two phases. The first phase aimed to provide a context in which my research question might be better understood. I wanted to gain an understanding of children in detention with a particular focus on any overlap with child protection and welfare services. The second phase aimed to use 245 professional reports on children's files to explore professional constructions of the children confined in special care units and children detention schools in order to provide a sociological understanding of the purpose and function of these institutions.

Phase 1: Profile of Young People in Detention

The first phase of this study involved reviewing all the files for the 122 young people detained in a children detention school in 2011 in order to provide a context for the research findings. I felt that it was important to do this given the information deficits in this area (Seymour, 2006, Kilkelly, 2006, Clark and Eustace, 2010). Also, international research suggests that there is a considerable overlap in the populations served by child welfare and youth justice systems (Herz et al., 2010). These young people are often referred to as “crossover cases” as they move between child welfare and youth justice systems or are known to both simultaneously (Nash and Bikhchik, 2009:23). Some consider young people who are involved in both systems as being punished twice - by virtue of being in state care in the first place and again by being placed in detention (Morris and Freundilch, 2004). Reports written in the context of youth justice services in Ireland have emphasised “the significant links” that exist between youth justice and care and protection (Department of Justice Equality and Law Reform, 2006:8) and how “vulnerable children who cross between protection and welfare services of the HSE and the youth justice system” have “a complex mix of welfare and justice problems” (Irish Youth Justice Service, 2009b:7). However, we do not have accurate statistics on the actual number of children known to both systems in Ireland despite some attempts to address this. For example, the 2009 Social Services Inspectorate, HIQA inspection
reports on the children detention schools refer to children in care (Social Services Inspectorate, 2009) but later ones do not (Social Services Inspectorate, 2010, Health Information and Quality Authority, 2011, Health Information and Quality Authority, 2012). The 2009 reports suggest that 20 children in detention were also in care over the 12 month period from November 2007 to November 2008 while a further 60 had an allocated social worker:

- [CDS 1]: None of the 17 young people remanded and 24 young people committed were in HSE care. Four young people had an allocated social worker.
- [CDS 2]: Nine young people of 61 young people placed on remand and 12 on committal were discharged to the care of the HSE. There is no information on the number who had allocated social workers.
- [CDS 3]: Four of 37 young people detained were in the care of the HSE while 22 had an allocated social worker.
- Finglas Child and Adolescent Centre: Seven of the 50 young people on remand and nine on committal were in the care of the HSE while 34 had an allocated social worker (this centre closed in March 2010).

It is difficult to get an exact overview of the situation because the information is presented in different ways in the individual inspection reports. The report on [CDS 2] provides information on young people discharged to the care of the HSE, now the Child and Family Agency while the others refer to young people in care presumably at the time of placement. Moreover, as the information was not captured routinely by any of the children detention schools it is likely that these figures are not entirely accurate. For example, it is surprising that none of the young people in [CDS 3] were in care and just four had allocated social workers. The purpose of this stage of my data collection was to get precise information over a 12 month period on the number of young people who were in the care of the HSE at the time they were placed in detention. As young people may have an allocated social worker without being in care, information was also sought on the number of young people who had an allocated social worker at the time of detention.
I designed a template to ascertain the number of children in the HSE’s care on admission to detention and the number with an allocated social worker but not in care. I also wanted to see if young people in care presented with the serious levels of criminality that research has shown to be a feature of young people in detention in Ireland (Hayes and O'Reilly, 2007). Therefore, I also reviewed the charge sheets on file to determine the reasons that young people were remanded or committed to the children detention schools with a particular focus on children in care. I visited each of the children detention schools and spent several days on site reviewing files. Table 2 illustrates how I reviewed 138 files representing 96 boys and 26 girls (16 boys were placed in both [CDS 1] and [CDS 2]).

Table 2: Number of Files Reviewed in the Children Detention Schools

<table>
<thead>
<tr>
<th>Children Detention School</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>[CDS 1]</td>
<td>43</td>
</tr>
<tr>
<td>[CDS 2]</td>
<td>69</td>
</tr>
<tr>
<td>[CDS 3]</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>138</strong></td>
</tr>
</tbody>
</table>

As I read through files in the children detention schools, I transcribed information from them by hand. While this proved time consuming, it ensured that I became very familiar with the data. This descriptive information profiling the young people in detention is presented in the next chapter before the research findings.

**Phase 2: Detailed File Review**

The second phase of data collection involved me reading professional reports on file for 32 young people in special care and detention (see Table 3). The main focus was reports from health and justice sectors given the study settings but some files also had copies of educational psychology reports. Again, I read files on site and spent several hours reviewing each and transcribing information by hand.
In total, I did a detailed review of 32 files (22 in the children detention schools and 10 in special care). These files contained 245 reports as indicated in Table 4 which categorises reports according to whether the report writers were employed in the health, education or justice sector. The fact that there were so many professional reports on file for these children is perhaps a measure of how complex the professionals deemed these young people’s needs to be. Not surprisingly, the majority of reports reflected services in the HSE indicating children’s service pathways prior to placement in special care or detention. Files also contained copies of reports relating to previous involvement with educational psychology and justice services. Of note was that many of these professional reports had to be accessed privately. For example, nearly half of psychiatric and psychological reports on file were by private practitioners - 45 per cent of the psychiatric reports on file were by private practitioners (19 of 42) while 46 per cent of the psychology reports (18 of 39) were private. In most cases, these services were commissioned by social work departments or children detention schools when there were no services available or when service providers had discharged children.
Table 4: Number of Reports by Professionals in Health, Justice and Education Sectors

<table>
<thead>
<tr>
<th>Report</th>
<th>Health</th>
<th>Justice</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor (GP / Paediatrician)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Welfare Conference</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardian ad Litem</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>26</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>16</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Probation</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Social Care</td>
<td>10</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>70</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>93</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

I made the decision to end data collection in July 2012; by this stage I felt that I had enough data to answer my research question and if I had not achieved data saturation I had certainly achieved “data sufficiency” (Harsh, 2011:73). In any case, sampling was purposive rather than representative (Bowen, 2009) as I was not trying to statistically generalise any characteristics of children in detention or special care to the wider population.

Data Analysis

**Phase 1: Profile of Young People in Detention**

The first phase of empirical data analysis was primarily quantitative and the small sample size allowed me to analyse it manually. I imported the data into Excel spreadsheets to generate visualisations of the data. While reviewing files to generate the quantitative data required several preliminary themes became apparent. Histories of abuse, mental health and learning needs, drugs and alcohol, and loss were all themes...
that emerged and that I felt might need further exploration in Phase 2 to form a more comprehensive picture of the children's collective experience. These themes also resonated with the extant literature (Chitsabesan et al., 2006, Hayes and O'Reilly, 2007, Ungar et al., 2012, McElvaney et al., 2013) and my practice experience with this client group. In further exploring these areas, I wanted to see what service responses had been provided for the children on the journey to their placement in special care or detention.

Phase 2: Detailed File Review

I used a software package specifically developed for the purpose of supporting qualitative data analysis for some of the analysis in Phase 2. I selected NVivo 9 because of NVivo's wide use in qualitative studies and reported benefits (Richards, 1999). Computer assisted qualitative data analysis software (CAQDAS) can aid the organisational aspects of managing qualitative data (Hutchison et al., 2009, Bringer et al., 2006) by facilitating thematic analysis. Strauss and Corbin (1998:13) describe this stage of research as the "interplay" between the researcher and the data. My first task was to read clinical reports on young people's files in the children detention schools and the special care units. I made notes and copied relevant sections long hand. Later, I typed the transcriptions into MS Word and imported them into NVivo 9 to make up 32 source documents called case files. While this was time consuming it allowed plenty of time for preliminary reflection which meant that analysis began as soon as I transcribed clinical reports from the first file reviewed. I did not use a traditional grounded theory approach to coding of open, axial and selective coding (Strauss and Corbin, 1990). Rather, following Charmaz (2010:57) my initial coding stuck close to the data moving to more focused coding by using "the most significant and/or frequent earlier codes to sift through large amounts of data". The next stage involved developing categories and subcategories showing the links between them. This hierarchical framework of categories, subcategories and links reflected how I made sense of the data and developed an understanding of professional conceptions of children and the services that they attended prior to placement in special care or detention. Finally, I organised the data into several concepts. Throughout the stages of data analysis, I used a constant
comparative method which meant that I inspected and compared all the data fragments from individual cases and also tested emerging hypotheses or themes with other cases.

Coding

Once I had some empirical data, I began the process of coding the data to reflect the various issues represented within. My coding strategy involved several sequential stages beginning with initial coding where I examined the raw data and coded them through a process which separated the data into discrete threads or preliminary themes. This process involved examining the data without exclusion as I looked for patterns that would ultimately lead to a conceptual understanding of what was happening. I coded each source document on screen using coding stripes to keep track of what codes had been used and where. At this stage, my goal was to generate as many codes as possible to fit the data using the codes to name what was happening in the data. As I reviewed more files and transcribed more data, I found some codes recurring more than others while other codes collapsed. After several rounds of coding and recoding data, I ended up with 52 initial codes (see Figure 1). Charmaz (2010:15) argues that "what we bring to the study also influences what we can see" and I brought my experience of working with children and young people at risk and the preliminary themes that had emerged during my broader file review. While this certainly influenced my coding, I tried to allow themes to emerge from the data as I reviewed the source documents again and again.

Figure 1: Open Codes

Nodes compared by number of items coded

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Categorising

As I moved to the second level of coding, I grouped codes into categories that best fit the codes combined. For example, I coded professional concerns about young people under several categories which were revised a few times and finally became “Behaviour”, “Family”, “Harm”, “Peers” and “School”. Throughout this stage I continued to use the principle of constant comparison as advocated by Glaser and Strauss (1967). I did this by looking for similarities and differences across units of data and reflecting on what was happening in the data. So by comparing source documents with each other, I was able to gauge if any patterns were emerging and then to compare them to existing categories to look for fit. Therefore, I coded only the most pertinent sections of data at this stage in contrast to the first coding stage where everything was coded. Through coding, I was able to accumulate data into categories which were most relevant to the study. At this stage, I was examining data with a view to understanding children’s journeys prior to being placed in special care or detention. I paid particular attention to how professionals described children and was not surprised when “Risk” became a core category. Recoding and sorting was facilitated using NVivo which enabled me to gather text under each category which could then be read and reviewed. I printed these out and read them. Each subcategory had several underneath. For example, the category “Harm” comprised subcategories entitled “Abuse”, “Loss” and “Trauma”. However, behaviour was the biggest indicator of risk according to professional reports and as illustrated in Figure 2. There were three overlapping subcategories under the category “Behaviour”: “Substance Misuse”, “Antisocial and Criminal Behaviour” and “Sexualised Behaviour”.

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Once the data had been sorted by category, I reflected on the bigger picture by determining how each category was related to each other and what was happening in the data. In this way, I was able to develop an understanding of the story of children’s pathways to a placement in special care or detention. My analysis ended up with two overarching categories entitled “Risk” and “Service History”. Professional concerns about risk were matched with a service response so I coded data to various service providers across health, education and justice to build up an understanding of how services respond to risk and what services children attend before placement in special care or detention. During this phase, my data analysis was a combination of manual analysis and CAQDAS. For example, after I had completed a few rounds of coding I re-read the source documents and then did text searches within NVivo using synonyms to make sure each source was accurately coded. For example, I used several text searches like “garda”, “gard”, “guard”, “gardai”, “police”, “An Garda Síochána”, “AGS” etc to ensure that source data were coded appropriately to the category under “Service History” called “An Garda Síochána”. Again, this was time consuming but it ensured that all instances of usage were found. Thus, I found NVivo worked best when I also scrutinised the data manually. This also gave me confidence that the data had been thoroughly interrogated.
While I tried to continually reflect on the data and begin the conceptualisation process I found it hard to move beyond this stage of data analysis which by its nature was descriptive. However, I felt that it was important to get an absolute understanding of children's lives before they were placed in detention. What emerged were early histories of abuse, significant loss and trauma and behaviour problems. These behaviour problems are described in detail in the reports on file for the children. Rather than addressing the behaviour problems, children ended up being shunted from one school to another, from one service to another and from one placement to another until they ended up in special care or detention. It seemed that no-one was able to cope with their behaviour. All of this echoed with the literature about what is known about these children and had particular resonance with the "small but significant number of children" (Buckley and O'Sullivan 2007:64) whose needs could not be met within mainstream services (Teplin et al., 2005). Once I had finished this stage of data analysis, I had a framework or model of service pathways to special care and detention which is illustrated in Figure 3. I now had an understanding of how professionals across health, education and justice framed risk and the service responses. However, I was conscious that there was nothing new here. I was only confirming what we already know about these children in terms of their 'complex needs' and multiple service responses. It was time to go back to the data and take another look, this time with a more analytical stance while looking at the bigger picture. I re-read the transcripts again this time focusing on how children came to end up in special care and detention. Instead of focusing on their journey to special care or detention, this time I focused on the how's and why's. In other words I re-read my data paying particular attention to how professionals constructed the child they were working with and why they determined that a placement in special care or detention was required.
Developing a Conceptual Understanding: From Categories to Concepts

I began the conceptualisation process by taking a step back from the data. The categorisation phase had been time consuming and several times throughout the process, I found myself immersed in the data and caught up with describing what was happening rather than thinking conceptually. I found it helpful to stand back and consider the data again. In other words, it was important for me to re-read the source documents and reflect on what was happening to individual children and service responses. This macro level analysis was important to keep me focused on identifying the core problem and core variable related to the study. I focused on this by re-reading all of my source documents asking “what is the basic social process?” or “what is happening here?” However, I needed to move from individual stories to a more composite understanding of what happens to children prior to placement in special care or detention. As the coding and categorisation stages before this had worked to fracture the data and cluster them according to categories, this stage brought everything back together again to conceptualise causal relationships between the themes derived.
through coding and categorising. I achieved this stage of "synthesising" or merging several narratives (Morse 1994:30) by beginning the writing process. I stopped using NVivo partly because I wanted to take a step back from the coding and categorisation process and partly because I found the software frustratingly slow. Instead, I began to write a narrative of what I knew so far as advocated by Charmaz (2000) in order to facilitate the analytical process. I returned again and again to my source documents to see if there was anything that might enhance my interpretation.

This final step in the process involved identifying key concepts that reflected the meaning attached to the data. I had to determine from the data what meaning I thought could be found. It was this constant re-reading and re-writing that led me to a more conceptual understanding of what was happening. As I re-read my source documents I began to see how children were constructed as too bad for services because of their behaviour. The predominant pattern was to list various behaviour problems and then outline reasons that the child was more suitable for another service or another placement so that in effect the child became "someone else's problem". This ended up becoming my core concept, an "indisputable requirement" of grounded theory (Holton, 2009:280). In the end, I came to understand the process of a child's pathway to a secure placement as starting with early identification of risk leading to multiple service responses. The child was constructed by professionals as not suitable for services due to a variety of reasons but primarily due to extreme behaviour problems. A process began to find a diagnosis to explain the child's behaviour. Ultimately, there was no other option but to seek a secure placement first to protect the child at risk but then to protect others from the risk posed by the child. But even the perfect placement didn't work and the child was moved on to another secure placement and on and on perhaps eventually leading to an out-of-state placement. These findings are presented in more detail in Chapters 5 and 6 which set out codes and categories, and conceptual findings respectively. Chapter 4 sets the context for this by addressing numbers of children detained in secure accommodation for the past four decades.
Conclusion

This chapter has acknowledged calls in the literature for researchers to be explicit in their decision making process. It began by identifying how my ontological and epistemological positions prompted me to select a qualitative research methodology. I reviewed the literature on grounded theory and determined that aspects of constructivist grounded theory were appropriate to answer my research question. I identified that my aim was to inform policy development rather than develop a fully worked up grounded theory. My preferred research methodology would best be described as a hybrid bottom-up approach using thematic analysis and certain aspects of grounded theory. Thematic analysis allows initial coding or identification of patterns in data. Grounded theory helps to see how the patterns relate and connect. I used the techniques together to develop a detailed conceptual framework for understanding children’s pathways into detention. The nature of such a bottom up methodology meant that it was difficult to map every detail but a certain amount of preliminary planning and reflection on the methodology was useful (Erlandson et al., 1993). Having determined an appropriate research strategy, the next stage was to develop a detailed research plan. I used a qualitative file review to develop a detailed understanding of how professionals construct the child who requires a placement in special care or detention. The chapter has also addressed issues such as ethical approval and the complex task of negotiating access to client files. It provided details of two stages of empirical data collection; the first comprised a review of all children placed in the children detention schools to contextualise my more detailed analysis of a sample of children’s files in special care units and children detention schools. Finally, I detailed how I completed the data analysis process using an inductive, content driven approach which searched for themes within textual data in order to come to a conceptual understanding of how service providers from health, education and justice construct the child who ends up placed in special care and detention. The next three chapters present my research findings beginning with a statistical review of available information in Chapter 4 followed by analysis of empirical findings with codes and categories presented in Chapter 5 and conceptual findings outlined in Chapter 6.

Introduction

The lack of information on both the child care and juvenile justice sector was raised over four decades ago in *The Reformatory and Industrial Schools System Report* (1970) or the Kennedy Report, which recommended a programme of continuous research to address information deficits. Since then, this theme has been revisited in the literature (O’Sullivan, 1996, Walsh, 2005, Seymour, 2006, Kilkelly, 2006, Clark and Eustace, 2010) and in various reports. For example, the *Report on the Youth Justice Review* indicates that “there are gaps in the data set on youth justice and historical weaknesses and inconsistencies in information gathering” (Government of Ireland, 2006:11). Kilkelly (2006c) suggests that the lack of a central agency with responsibility for collecting and analysing data on young people in conflict with the law contributed to this. The Irish Youth Justice Service, established in December 2005, now has responsibility for this. However, Kilkelly’s argument that information collected by state agencies focuses primarily on their own involvement with young people rather than on young people as individuals remains pertinent for secure facilities. The Irish Youth Justice Service collates statistics for children in detention but not for children in special care, which relates to civil rather than criminal detention of children.

This chapter presents statistics held by various bodies on children detained in various institutions in Ireland between 1970 and 2013. The publication of the Kennedy Report in 1970 is generally regarded as the beginning of the end of the industrial and reformatory school system in Ireland (Skehill, 2004, Sargent, 2009, Carr, 2010b) and so this was selected as an appropriate year to begin looking at the numbers of children detained. The Kennedy Report highlighted the inadequacies of the school system and
recommended that children should only receive an out-of-home placement when there was no other alternative. This is now enshrined in the Children Act 2001, which emphasises detention as a last resort.  

The number of organisations involved with children in detention over the years mirrors the disorganisation in the overall structure, administration and control of children's services in general. As a report published by an advocacy group called the Campaign for the Care of Deprived Children (CARE) in the early 1970s stated:

> It is a complex picture with no rationale. Three government departments have responsibility in this area and many other authorities, and a great deal of initiative rests with the voluntary bodies including religious orders. There is no means of formulating a coherent comprehensive policy at the top; there is no means of coordinating services at the bottom (CARE, 1972:25).

The Departments of Health, Education and Justice continued to be responsible for children's services until June 2011 albeit in different ways than the time of the CARE memorandum. The Department of Education held administrative responsibility for the special schools (former industrial and reformatory schools) from 1924 until 2007, although the schools themselves were managed mostly by religious orders. The Department of Education's annual reports are a key source of data on the industrial and reformatory schools as they hold information on the numbers of children in detention and the reasons that children were sent there. On 1 March 2007 when relevant sections of the Children Act 2001 were enacted, the Irish Youth Justice Service assumed responsibility for the children detention schools.  

Previously an executive office of the Department of Justice and Law Reform, the Irish Youth Justice Service has been part of the recently established Department of Children and Youth Affairs since November 2011. Non-offending children are placed in special care units. Special care units also fall under the remit of the Department of Children and Youth Affairs as they were managed by the health boards, which became the HSE in 2005, and the Child and Family Agency in January 2014. The first and only central database was collated by the Children Acts

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51 Children Act 2001, s 96 (2).
52 Children Act 2001, s 159 (3) (a).
Advisory Board and figures are available for children in the children detention schools and the special care units but only for the period between 2004 and 2008. The Children Acts Advisory Board was subsumed into the Office of the Minister for Children and Youth Affairs in November 2008 and later ceased to function. Therefore, central statistics are no longer collated for special care and detention with the Child and Family Agency collecting statistics on children in special care and the Irish Youth Justice Service responsible for statistics for children in detention. The Department of Education remains involved with children detention schools and special care units but today their involvement is limited to responsibility for education provision. Thus, figures for children in detention since 1970 are available from the three government departments that held responsibility for children’s services – Education, Health and Justice.


Information on children held in industrial and reformatory schools, now designated as children detention schools under the Children Act 2001, is available in annual reports from the Department of Education until 2005. The Department of Education’s Statistical Reports indicate that institutions for young offenders were reclassified as ‘special schools’ in 1970 although they remained designated as industrial and reformatory schools under the Children Act 1908. The schools “often had a haphazard history, opening, closing and changing names or locations” (Commission to Inquire into Child Abuse, 2009c:269) The institutions initially designated as ‘special schools’ were:

- St Joseph’s, Limerick (reformatory school for girls),
- St Anne’s, Kilmacud, County Dublin (reformatory school for girls),
- St Conleth’s, Daingean, County Offaly (reformatory school for boys),
- St Joseph’s, Letterfrack, County Galway (industrial school for boys),
- St Lawrence’s, Finglas, Dublin (industrial school for boys),
- St Joseph’s, Ferryhouse, Clonmel, County Tipperary (industrial school for boys).

53 Part 6 of the Child Care (Amendment) Act 2011 provided for the dissolution of the Children Acts Advisory Board.
Only one of these schools remains open today but no longer accommodates young offenders. St Joseph's in Clonmel ceased to operate as an industrial school in March 2007.\textsuperscript{54} It is now an open residential centre managed by the Child and Family Agency under the Child Care Act 1991.

In 1999, St Lawrence’s merged with St Michael’s Assessment and Remand Unit. St Lawrence’s had opened in 1972 with St Michael’s opening on the same site in Finglas in August 1973 (Interdepartmental Committee on Mentally Ill and Maladjusted Persons, 1974). The two schools become the Finglas Children’s Centre, later the Finglas Child and Adolescent Centre. The Finglas Child and Adolescent Centre remained open until March 2010, certified as an industrial school until re-designated as a children detention school under the Children Act 2001.\textsuperscript{55} In March 2008, the government announced the development of one national children detention facility to be based in [Lacken] following the Expert Group on Children Detention Schools (2007) Report; the services provided by Finglas were transferred to the [Lacken] campus in April 2010.

The [Lacken] campus began its involvement with young offenders in January 1974 when Scoil Árd Mhuire was certified as a reformatory school. Scoil Árd Mhuire replaced the reformatory at Daingean which closed in the school year 1973/1974. St Joseph’s in Letterfrack also closed that year while St Joseph’s in Limerick closed a year later in 1975/1976. In 1983, the [Lacken] campus was extended when [CDS 1] opened as a closed unit to manage a group of children that could not be managed in existing placements based on the recommendation of the Task Force on Child Care Services (1975) and (1980). The task force stated that the family group home as advocated in the 1970 Kennedy Report “did not measure up to the demands of caring for a sizable but changing group of the most difficult children with whom the child care services were dealing” (Task Force on Child Care Services, 1980:184). [CDS 1] is now certified as a children detention school under the Children Act 2001\textsuperscript{56} with operational capacity for 16

\textsuperscript{54} Children Act 2001, s 159 (3) (b).
\textsuperscript{55} Children Act 2001, s 159 (2).
\textsuperscript{56} Children Act 2001, part 10.
According to the Ryan Report, its opening was significant as it was the first reformatory school to be managed directly by the Department of Education as opposed to one of the religious orders (Commission to Inquire into Child Abuse, 2009d). The Ryan Report chronicles the history of the industrial and reformatory school system noting that the Government's direct role became essential as the religious orders began to withdraw. In 1983, the Oblate Order announced that they would be withdrawing from Scoil Árd Mhuire. The Department of Education was unsuccessful in finding another religious order to assume management and the school closed in 1985. The Sisters of Our Lady of Refuge of Charity requested that St Anne's in Kilmacud cease its certification in July 1984. This led to the opening of Cuan Mhuire, Whitehall as a reformatory for girls. Cuan Mhuire only remained open for a few years and was replaced by [CDS 3] in 1991. [CDS 3] was certified as a reformatory school and a remand and assessment unit for girls. [CDS 2] opened as a reformatory school and place of detention for boys in the same year. [CDS 2] and [CDS 3] are both certified as children detention schools today with operational capacity for 24 boys and six girls respectively.

Together, the three children detention schools have official capacity for 54 children (46 male places and eight female places) according to their certification under section 195 of the Children Act 2001 but operational capacity is currently 46 (40 male places and six female places). According to the Irish Youth Justice Service, the intention is to amalgamate the three children detention schools to become one national children detention facility in [Lacken] with capacity for 90 children.

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58 Children Act 1908, Part IV.
59 Children Act 1908, Part IV.
Numbers of Children detained in ‘Special Schools’

The Commission to Inquire into Child Abuse (2009d) collates the information from the Department of Education’s statistical reports and provides detailed information on the reasons for young people’s detention in residential homes and special schools (formerly industrial schools and reformatories). It indicates that prior to 1978 the Department of Education only kept statistics for children committed by the courts (i.e. children who were needy, offenders or non school attenders). More detailed statistics are included from 1978 and include children on remand, children admitted under the Health Act and children admitted voluntarily (this category is only included in reports for two years: the school years 1977/1978 and 1978/1979). A section on Special Schools for Young Offenders (Industrial and Reformatory Schools) is included in statistical reports presented by the Department of Education until 2005. The figures provided represent a census of the number of children in the schools on 30 June of each year. Figure 4 confirms that the number of admissions to reformatories and special schools began to decline after 1971. It peaked at 250 in 1971 to less than 100 in 2005. An increase in numbers was also seen in 1993 and 1994. This is likely to do with increased attention on children’s services following the publication of the Kilkenny Incest Case (McGuinness, 1993) and judicial engagement in the area (Whyte, 2002, Carr, 2008) as described in earlier chapters.
Reasons for Detention

The Commission to Inquire into Child Abuse (2009c) indicates that committal by the District Court was the main pathway to detention for children. The majority of children were committed to the schools because they were “needy” (Commission to Inquire into Child Abuse, 2009c:41). The next most common grounds for entry were involvement in a criminal offence or non school attendance. However, children could also be placed in an industrial school without the involvement of the courts if they were sent on a voluntary basis by their parents or guardians or by a health authority under the Health Act.

Placement by Order of the District Court

Part IV of the Children Act 1908 provided the constitutional basis for industrial schools and reformatories. The 1908 Act continued to be the primary legislation for vulnerable children in Ireland until it was amended by the Child Care Act which became fully operational in 1996 and the Children Act 2001 which became operational in March 2007. The largest category of children were committed to schools under section 58 of the Children Act 1908 whereby a child could be sent to an industrial school if he or she was 'needy' or required care and protection. Often these children had not committed any offence. For example, section 58 (4) of the 1908 Act allowed children who were deemed
to be out of their parents' control to be sent to an industrial school. In some cases children were remanded for the purpose of assessment; boys to the Finglas Child and Adolescent Centre for boys and girls to [CDS 3]. This practice of remanding children for assessment was addressed in the Children Act 2001, as amended by the Criminal Justice Act 2006, which states "the court shall not remand a child in custody... if the only reason for doing so is that the child is in need of care or protection". This provision was intended to end the practice of detaining children in schools for young offenders if they had not committed an offence, a practice which had attracted criticism from advocacy groups (Dooley and Corbett, 2002).

The second largest category of children committed were those who had been involved in criminal behaviour. In general, age determined whether a child was sent to an industrial school or a reformatory school. Children who were under 12 when they were convicted of an offence could be sent to an industrial school under section 58. Section 57, amended by section 9 of the Children Act 1941, dealt with the committal of young offenders aged between 12 and 17 years to reformatory schools. After 1941, a child of 12 to 14 could be sent to an industrial school if he or she was a first offender and there were special circumstances and the child would not "exercise an evil influence over the other children". It was concern that girls who had been "morally corrupted" and who therefore might be considered a risk to other children that led to St Anne's in Kilmacud opening in 1944 "to accommodate girls who were considered a risk to other children because of sexual experience" (Commission to Inquire into Child Abuse, 2009a:43). Girls were usually sent to the reformatory until their 16th birthday despite the fact that when the Children Act 1941 took effect the legal period of detention was between two and four years (section 16 (a) as amended by section 11 (1) of the Children Act 1941). In fact, boys committed to reformatories tended to stay for around 12 months. Furthermore, children who were committed to industrial schools were usually sent there until their 16th birthday. The Commission to Inquire into Child Abuse (2009a:46) states "the justification offered for this anomaly was that committal was seen not as a

64 Children Act 2001, s 88 (10) (a).
65 Children Act 1908, s 58 (3).
punishment but as a period for which the child or young person needed protection (or education) until they were old enough to fend for themselves”. As shown in Figure 4, more boys than girls were committed to special schools. It seems that reformatories catered for boys while the industrial school system catered for girls. Barnes (1989) argues that this reflected public concern for destitute girls; the Commission to Inquire into Child Abuse (2009a) suggests that the imbalance may be a reflection of the Catholic Church’s concern with sex and sexual temptation.

Non school attendance was also addressed in the District Court. Parents were required to send children up to the age of 14 to school. In 1972, the school leaving age was raised to 15. If the parent was convicted of a second offence within three months of conviction for the first, the court could send the child to an industrial school. The Act allowed school attendance officers to bring cases to the District Court and children could be remanded for assessment. The Education (Welfare) Act 2000 reformed the legislation as it aims to promote and improve school attendance rather than to punish children for not attending.

Non-Court Placement

Neither of the remaining two routes into an industrial school involved the courts. The first was when children were placed on a voluntary basis by their parents or guardians. Finally, the Health Act 1953 allowed a health authority or health board to place a child in an industrial school. Section 55 (1) of the Health Act 1953 empowered a health authority to provide for the assistance of a child by boarding the child out or by sending him to an industrial school approved by the Minister for Health.

Figure 5 is taken from the Commission to Inquire into Child Abuse (2009c) report and shows the decrease in children committed to special schools through the courts and the Health Act.

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66 School Attendance Act, 1926.
The Commission to Inquire into Child Abuse (2009d) outlines that further information was available in relation to the reasons for children's committal from 1978. From that time, grounds for committal included indictable offences, school attendance and lack of proper guardianship. Figure 6 illustrates that the majority of children were committed for indictable offences.
Secure Placements for Non Offending Children

While the majority of children were committed for indictable offences, it is clear from Figure 6 that children were also committed for welfare or non offending reasons. Various sections under the Children Act 1908 allowed this including:

- Children found begging or receiving alms – section 58 (1) (a),
- Children found not having a home or not having a parent / guardian exercising proper guardianship – section 58 (1) (b),
- Children found destitute where parents are in prison – section 58 (1) (c),
- Children found destitute being an orphan – section 133 (17),
- Children having a parent / guardian who by reason of reputed criminal or drunk habits is therefore unfit to have care of the child – section 58 (1) (d),
- Children found destitute and parents unable to support child - section 58 (1) (h).

Children could also be committed when they were deemed uncontrollable; section 58 (4) allowed for children to be committed when the parent was unable to
control the child and desired the child to be sent to an industrial school. The Children Act 1908 was the governing legislation concerning children's welfare in Ireland for over 80 years. In fact, Ferguson (2001) suggests that the history of child welfare in Ireland is one of public neglect epitomised by the fact that the Children Act 1908 endured for so long. Along with the Health Acts 1953 and 1957, it was replaced by the Child Care Act 1991 and the Children Act 2001 as the primary statutory legislation for the care and control of children. The Child Care Act 1991 represented significant reform and placed a statutory duty on health boards, later the HSE and now the Child and Family Agency, to protect children.\(^67\) Ferguson (2001) states that the introduction of the Child Care Act in 1991 meant that there were more developments in child care, legislation and policy in the decade following its implementation than had occurred in the previous 80 years. Ward (2002) argues that while the 1991 Act represented a significant improvement in child protection legislation it was deficient in a number of areas. He highlights the “legislative void” that meant there was no provision for secure placements for disturbed children who needed care (2002:ix). In the absence of state provision this void was filled by the High Court as several judgments led to the development of special care by the Department of Health and Children in conjunction with the health boards (Whyte, 2002, Carr, 2008).\(^68\) By 2005 three special care units had been established with an approved capacity of 30 (Commission to Inquire into Child Abuse, 2009d) but never operated to maximum capacity. Today, there are 17 special care places across the three units but the intention is to double this number by the end of 2015.\(^69\)


Statistics on children in care were available from 1999 to 2004 on the Office of the Minister for Children’s website. Similar to the Department of Education’s statistics, these were based on the returns supplied by each of the then health boards of statistical

\(^{67}\) Child Care Act 1991, s 3 (1).

\(^{68}\) See footnotes 35, 38, 39, 40.

information on the number of children in care on 31 December of each year and so provide a census figure. In 1999, information was provided on residential care split into two categories: general residential care and special residential care. This information indicated that there were 520 children in general residential care and 75 children in special residential care on 31 December of that year. However, as [SCU A] was the only special care unit open in 1999 this cannot refer to special care units. To date there have been three special care units in Ireland. The first unit opened in 1995 and remains open today; [SCU A] has capacity for four girls and operates as a regional resource taking referrals from the south east, mid west and the south. [SCU B] opened in 2000 initially as a regional resource for the three health boards in the then Eastern Regional Authority (i.e. Dublin, Kildare and Wicklow) but by 2001 it was operating as a national facility (Social Services Inspectorate, 2001). It has capacity for 10 boys and girls and remains open despite a history of difficulties in the unit (Social Services Inspectorate, 2009) and despite the HSE announcing its closure in December 2009. The third special care unit, [SCU C] opened in Limerick in 2003 but closed some months later due to staffing difficulties. It reopened in 2007 as a national five-bed unit catering for boys and girls. Ongoing staffing difficulties has meant that [SCU C] has generally catered for two young people at a time (Social Services Inspectorate, 2008) with capacity now set at three (Child and Family Agency, 2014a).

A new database was developed in 2002 by the Office of the Minister for Children to improve the standardisation of information on children in care. New categories were added to reflect the changing shape of residential care for children in Ireland. The category entitled 'Residential Special Care' captures the number of children by health board region who were in special care while 'Residential High Support' captures the number of children in high support (see Figure 7). As above, it refers to children who were in special care on 31 December of each year. Statistical reports for this time period are available on the HSE's website as statistics were collated centrally by the Performance Management Office, Health Service Executive. From 2007, an age breakdown is included but even a cursory look indicates that there are errors in the data presented. For example, returns from 2007 indicate that a boy aged five in Dublin North
East and two boys aged nine and 10 years from the HSE West were in special care whereas according to “practice guidelines jointly issued by the Children Acts Advisory Board and the HSE, the age had been set at 11 years with a preferred lower age limit of 12 years” (Carr, 2010a:65). Figure 7 illustrates the number of children in residential care in 2002 to 2004. It clearly shows that very few children are detained in special care; this fits with Laxton’s (2000) view that it is the end of the child care spectrum.

![Figure 7: Number of Children in General Residential Care, Special Care and High Support 2002 to 2005](Graph)


A central dataset for children in detention was developed by the Special Residential Services Board, which was established on a statutory basis in November 2003 under the Children Act 2001. Under this Act, its functions included the provision of policy advice to the ministers for Health and Children and Education and Science on the remand and detention of children in detention schools and special care units. The Special Residential Services Board (SRSB), later the Children Acts Advisory Board (CAAB) reported on the
numbers of children detained in both the children detention schools and the special care units in their annual reports (Special Services Residential Board and Children Acts Advisory Board, 2004 to 2008). In October 2008, the Government announced its decision to subsume the Children Acts Advisory Board into the Office of the Minister for Children and Youth Affairs in accordance with government policy on efficiency savings and the need for rationalisation of state agencies. Consequently the central database is only available for the period 2004 to 2008.

Children Detention Schools
According to SRSB/CAAB annual reports, there were five children detention schools in the State in 2004 with a bed capacity of 114 between them. At that time they remained certified under the Children Act 1908 as industrial schools (i.e. Finglas Child and Adolescent Centre and St Joseph’s in Clonmel) and reformatory schools (i.e. [CDS 1], [CDS 2] and [CDS 3] all based on the same campus in [Lacken]). Part 10 of the Children Act 2001, as amended by the Criminal Justice Act 2006, sets out the role of the children detention schools and was commenced in March 2007. The Children Act outlines the role and function as providing residential facilities for children remanded or sentenced to detention by the courts. The Act states that the schools' objective is to provide for the care and educational needs of the young people and to address offending behaviour in order to prepare them for their return to the community as quickly as possible. On 1 March 2007, responsibility for the schools was transferred from the Department of Education and Science to the Irish Youth Justice Service, then an executive office of the Department of Justice and Law Reform and now part of the Department of Children and Youth Affairs. Responsibility for St Joseph’s School, Clonmel was transferred to the HSE, now the Child and Family Agency. The Special Residential Services Board’s annual reports had noted that the majority of beds in St Joseph’s were occupied by non offending children who were placed there for their own care or protection either voluntarily or through the courts via referrals from the HSE. The transfer of St Joseph’s to the HSE meant that it ceased to operate as a children detention school on 1 March

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70 Child Care (Amendment) Act 2011, Part 6.
71 Children Act 2001, s 158.
2007. Finglas Child and Adolescent Centre also accommodated non offending children. In 2008 the bed capacity in the children detention schools decreased again to 61 as capacity in [CDS 1] decreased from 27 to 17 beds in preparation for building works.

Special Care Units
The SRSB/CAAB annual reports note that there were three special care units in the State in 2004 managed by the regional health boards, later the HSE and now the Child and Family Agency. [SCU B] was the largest with a capacity of 18 beds for boys and girls followed by [SCU A] with a capacity of seven beds for girls and [SCU C] with capacity for five boys. Thus, there was a bed capacity of 30 in special care. Numbers are provided in the Special Residential Service Board’s annual report for [SCU C] in 2004 as two boys were detained there. In 2005 figures are provided for [SCU A] and [SCU B] which obviously reflects the fact that [SCU C] closed in April 2004 due to staffing problems. The HSE was established in January 2005 and in January 2007 special care was reconfigured from a regional to a national service. This prompted the establishment of a central admissions framework – the National Special Care Admissions and Discharge Committee and the appointment of a national manager for special care and high support (Carr, 2010a). In 2007, the three units were noted to have a total bed capacity of 25 beds. [SCU B] had a capacity of 15 beds, [SCU A] had five and [SCU C], which reopened in May 2007, also had a capacity of five beds. The following year [SCU B] was noted to have capacity for 12 beds; [SCU A] remained at five while [SCU C’s] capacity had dropped to a capacity of three beds.

Figure 8 shows the number of children detained by gender between 2004 and 2008. What is immediately evident is that more boys were detained in children detention schools and more girls were placed in special care. This reflects the trend where reformatories and special schools confined significantly more boys while more girls were accommodated in industrial schools (Barnes, 1989). It also indicates that the number of children in detention was low particularly children in special care. There were in and around 130 children detained in children detention schools each year and approximately 30 children detained in special care units each year during this period.
Figure 8: Number of Children detained in Children Detention Schools and Special Care Units by year and gender.

Irish Youth Justice Service and the Health Service Executive/Child and Family Agency (2009 - 2013)

As the Children Acts Advisory Board is now defunct, there is no longer a central dataset for children detention schools and special care units. Statistics are published by the Irish Youth Justice Service for the children detention schools and by the Child and Family Agency for special care (previously the HSE).

Children Detention Schools

In 2009, there were four children detention schools but the closure of the Finglas Child and Adolescent Centre in March 2010 reduced the number to three. [CDS 1], [CDS 2] and [CDS 3] are based on the same campus and the intention is to amalgamate them to one national facility. As described above, the children detention schools are provided

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for in Part 10 of the Children Act 2001. Earlier sections of the Act provide legislative provision for court decisions in relation to remand in custody\textsuperscript{73} or detention orders.\textsuperscript{74}

Irish Youth Justice Service annual reports indicate that:

- 114 young people were placed in the children detention schools in 2009 (76 male and 38 female). Daily average occupancy was 39.
- 125 young people were placed in the children detention schools in 2010 (99 male and 26 female). Daily average occupancy was not provided.

Reason for admission is not provided in the 2009 annual report but numbers on remand or committal were provided as indicated in Table 5, which shows that more children were remanded to the children detention schools than committed. Table 6 indicates a similar pattern for 2010. Finally, information on offences or reasons for admission are provided in the 2010 annual report which indicates that the majority of children were remanded or committed for theft offences. The next highest category for admission was criminal damage followed by assault followed by public order offences.

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|}
\hline
 & Male & Female & Total Individuals \\
\hline
Remand & 72 & 37 & 109 \\
Committal & 21 & 9 & 30 \\
Total Individuals & 76 & 38 & 114 \\
\hline
\end{tabular}
\caption{Numbers of Individual Young People admitted to Children Detention Schools in 2009}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|}
\hline
 & Male & Female & Total Individuals \\
\hline
Remand & 80 & 24 & 104 \\
Committal & 45 & 11 & 56 \\
Total Individuals & 99 & 26 & 125 \\
\hline
\end{tabular}
\caption{Numbers of Individual Young People admitted to Children Detention Schools in 2010}
\end{table}

\textsuperscript{73} Children Act 2001, s 88.
\textsuperscript{74} Children Act 2001, s 142; s151.
Tables 7, 8 and 9 reflect numbers of children admitted to children detention schools in 2011, 2012 and 2013. Statistics for 2011 were gathered as part of this study while statistics for 2012 and 2013 were provided in draft format by the Irish Youth Justice Service with advice that they had not been verified. Given the data deficits within the youth justice sector (Seymour, 2006, Kilkelly, 2006) it is concerning that the Irish Youth Justice Service has not published an annual report since 2010.

### Table 7: Numbers of Individual Young People admitted to Children Detention Schools in 2011

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand</td>
<td>77</td>
<td>18</td>
<td>95</td>
</tr>
<tr>
<td>Committal</td>
<td>45</td>
<td>11</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>26</td>
<td>122</td>
</tr>
</tbody>
</table>

### Table 8: Numbers of Individual Young People admitted to Children Detention Schools in 2012

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand</td>
<td>87</td>
<td>14</td>
<td>101</td>
</tr>
<tr>
<td>Committal</td>
<td>35</td>
<td>7</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
<td>16</td>
<td>114</td>
</tr>
</tbody>
</table>

### Table 9: Numbers of Individual Young People admitted to Children Detention Schools in 2013

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand</td>
<td>97</td>
<td>8</td>
<td>105</td>
</tr>
<tr>
<td>Committal</td>
<td>39</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>104</td>
<td>8</td>
<td>112</td>
</tr>
</tbody>
</table>
Special Care Units

Special care is defined as a type of care that is provided to children and young people under Section 23 C (a) and (b) of the Child Care (Amendment) Act 2011 (Health Service Executive, 2012b). The Act provides that in determining whether a child requires special care, the HSE (now the Child and Family Agency) must be satisfied that the behaviour of the child poses a real and substantial risk to his or her life, health, safety, development or welfare. The Agency must assess the child’s care requirements and be satisfied that care other than special care cannot address the child’s needs. The Act provides for the Agency to consult the child’s parents or a person acting in loco parentis and to convene family welfare conferences. The Act also allows the Agency to apply to the High Court for a special care order for a child between the ages of 11 and 17. If the High Court grants the order the child will be detained in a special care unit. Young people are admitted to special care, described as “purpose built secure locked facilities”, because they need “a short term period of safe and secure care in an environment where their emotional and behavioural needs can be met” (Health Service Executive, 2012b:58). A capital development plan was established in 2011 to increase capacity (Health Service Executive, 2012c). Refurbishment of the facility at [SCU B] was completed in 2011 with capacity set at ten. There were plans to add special care beds at two national high support units to provide eight further beds and two emergency places and [SCU A] was to be redesigned to provide eight beds and two emergency beds (Health Service Executive, 2012b). However in October 2013, the HSE announced its intention to decommission high support units and to increase the number of special care places.75

Figures for the three special care units are included in the Review of Adequacy for Children and Family Services reports (Health Service Executive, 2011, Health Service Executive, 2012b, Health Service Executive, 2012c, Child and Family Agency, 2014b). Unfortunately, information on gender breakdown or average daily occupancy was not provided. However, the reports indicate that applications for special care are higher for

75http://www.hse.ie/eng/services/news/HSE_announces_plans_to_close_Rath_n%C3%93e_High_Support_Unit.html (accessed 18 October 2013).
females than for males and this presumably is reflected in those who are sent to special care units. The reports indicate that:

- 20 children were placed in special care in 2009,
- 32 children were placed in special care in 2010,
- 39 children were placed in special care in 2011,
- 35 children were placed in special care in 2012.

The Child and Family Agency has not published the 2013 Review of Adequacy for Children and Family Services yet but the Minister for Children and Youth Affairs recently reported that 32 children were admitted to special care in 2013.\footnote{Parliamentary Questions [13233/14] and [13234/14] at http://www.kildarestreet.com/wrans/?id=2014-03-25a.2270&ss=special+care+units+2013#g2276.r (accessed 6 July 2014).}

Policy documentation states that owing to the exceptional nature of this intervention, the number of special care units and places should be strictly limited and the supply of beds and their use should be closely monitored (Children Acts Advisory Board and Health Service Executive, 2008). This oversight or ‘monitoring’ role was specified in the Children Act 2001 with the Special Services Residential Board, later the Children Acts Advisory Board, established specifically to fulfil this role as well as providing policy advice to the Minister for Children (Carr, 2010a). However, Carr argues that new legislation in the form of the Child Care (Amendment) Act 2011 removes this independent oversight function as it allowed for the dissolution of the Children Acts Advisory Board leaving the national committee’s decisions more or less unchallenged.\footnote{Child Care (Amendment) Act 2011, Part 6.}

This has prompted concerns about the transparency of the committee’s decision making process (Brierley, 2010). Not surprisingly, this has also attracted media attention with reports that the committee rejects more applications than it approves. Writing for the Irish Examiner, Hough (2011) reports:

- In 2008, 18 placements were approved while 34 were denied (total number of applications: 52),
• In 2009, 26 placements were approved while 34 were denied (total number of applications: 60),
• In 2010, 31 placements were approved while 38 were denied (total number of applications: 69).

Apart from statistics such as those presented in the Review of Adequacy for Children and Family Services reports, information on special care is not widely available. This chapter has highlighted that statistics presented in these reports can be inaccurate. Certainly, the numbers do not tally with the numbers reported by Hough (2011) and this is concerning in view of the small numbers involved. The reports indicate that there were 48 applications for placement in special care in 2008, 57 in 2009 and 69 in 2010 (Health Service Executive, 2012b). While the numbers are not too far apart it is difficult to ascertain exactly how many children are in special care each year. I contacted the National High Support and Special Care Service, HSE to confirm these statistics and requested information on actual numbers of children in special care since the units opened. I was provided with information for 2011 but despite several follow up telephone calls and emails I did not receive information for other years.

Figure 9 shows the number of children placed in special care units and children detention schools between 2009 and 2013. The number of children is less than 150 for each year suggesting that the number detained in these settings has remained broadly stable over the last decade when compared with Figure 8.
Decline in Numbers

This chapter has presented available statistics on children held in secure placements from 1970 until 2013. Because information has been collated and published by various bodies it is difficult to aggregate the data and while it is clear that the number of children placed in secure facilities has declined since the 1970s, it is not possible to be more precise. For example, the Department of Education's statistics represented a census figure or a snap shot of one particular day each year, which peaked at 250 in 1971. The Irish Youth Justice Service (2011) reports that the average occupancy of children detention schools has dropped dramatically over the last decade; figure 6 illustrates that there was daily average occupancy of 90 children in detention in 2000 while in 2010 the average was 34 (Figure 10).
However, these average occupancy figures are not always presented in annual reports. In 2009, the Irish Youth Justice Service provided a daily average occupancy of 39 but it was not provided in 2010. It is also difficult to compare numbers of children across health and justice as the Child and Family Agency publishes limited information on special care. As there are 17 special care places in the system and 46 detention places, it is possible to surmise that there might be 63 children at most in special care and detention on a given day whereas in 1971 it reached 250. This decline has been evident since the 1970s and coincided with the publication of the Kennedy Report reflecting a shift from a social risk model of child care to a more developmental model of child care (O'Sullivan, 1979). This new model emphasised children's emotional and psychological welfare as opposed to the institutional model's focus “almost exclusively on the physical needs or moral behaviour of the child” (Buckley and O'Sullivan, 2007:63). The decline in numbers can also be understood in the context of deinstitutionalisation which occurred across the broad network of institutions in Ireland from the mid 20th century (O'Sullivan, 1979, Raftery and O'Sullivan, 1999, Kilcommins et al., 2004, Smith, 2008, Sargent, 2009, Illan, 2010, Feeney, 2012, O'Sullivan and O'Donnell, 2012, Brennan, 2014) with the exception of the prison where numbers are increasing despite falling crime rates (Rogan, 2011). Youth crime is also decreasing according to the *Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme 2012* (Garda Youth Diversion Office, 2013) which notes a drop in the number of children coming to the attention of An Garda Síochána for the sixth year in a row. This report indicates that
12,246 young people were referred to the Diversion Programme in 2012 in relation to 24,069 incidents whereas over 20,000 were referred in 2007. In 2012, the majority of children referred were admitted (80%) while 15% were deemed unsuitable and returned “to local garda management with a view to initiating a prosecution before the courts” (Garda Youth Diversion Office, 2013:23). Given that only about 100 or so end up in a children detention school, it is clear that the Diversion Programme is meeting its stated objectives (Kilkelly, 2011).

The small number of children in closed institutions in Ireland contrasts with the UK, which has a “conspicuous affinity with custodial institutions” according to Goldson (2006:139). Similarly, the US is often criticised for the high number of children that are incarcerated (Junger Tas, 2006, Muncie, 2009). This statistical review suggests that the policy and legislative emphasis on detention as a last resort in Ireland is working. Indeed, the whole focus of children’s services in Ireland has shifted from a historic focus on institutionalisation to keeping children at home with their families if at all possible. Statistics for March 2014 indicate that 92% of the 6,504 children in care under the Child Care Act 1991 were in foster care placements (Child and Family Agency, 2014a). Less than 500 children were in residential care with just 17 children in special care representing 0.3% of children in care. This chapter confirms the small number of children in special care indicating that approximately 30 children are subject to civil detention each year. Similarly, the number of children in criminal detention is low with around 100 children detained each year. The question that arises is how and why these 130 or so children end up in special care units and children detention schools each year. What is it that determines their pathway to detention?

Conclusion

This chapter has presented the available information on children placed in secure facilities such as children detention schools and special care units over four decades from 1970 until 2013. It indicates that the numbers of children in secure settings in

78 Children Act 2001, s 96 (2).
Ireland have been in decline since the 1970s and are more or less stable since 2009 with approximately 130 children sent to special care units and children detention schools each year. This brief quantitative review sets the context for the empirical phase of this research. The next two chapters address stages relating to the three Cs of data analysis – coding, categorising and concepts (Lichtman, 2013) while the final chapter discusses the research findings in the context of the extant literature and presents study conclusions.
Chapter 5: Findings - Codes and Categories

Introduction
Chapter 3 identified my research questions and described the methodology used to provide data to investigate them. This chapter presents statistics on the number of children in special care units and children detention schools in 2011. It also provides a descriptive profile of children in detention and a sample of children in special care. According to Lichtman (2013), the three Cs of data analysis are codes, categories and concepts and this chapter sets out the first two – codes and categories. These stages of analysis involved careful reading of the transcripts. As outlined in Chapter 3, the data were analysed systematically using NVivo 9. The codes and categories emerged from the data “via a process of reading and thinking about the text material” (Lichtman, 2013:248). In the main, block quotations are presented to illustrate findings but occasional words or phrases are also quoted throughout. Finally, data is presented visually and includes graphs and other visual aids from NVivo to illustrate the study findings.

Number and Profile of Children in Detention and Special Care in 2011

Children Detention Schools
In 2011, there were 122 young people remanded or committed to the children detention schools. Ninety six boys were placed in [CDS 1] and [CDS 2] with 16 spending time in both schools. Twenty six girls were placed in [CDS 3]. Table 10 presents the number of young people on remand and committal while Table 11 presents the number of files reviewed.
Table 10: Numbers of Individual Young People in the Children Detention Schools in 2011

<table>
<thead>
<tr>
<th>Status</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand</td>
<td>77</td>
<td>18</td>
</tr>
<tr>
<td>Committal</td>
<td>45</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
<td>26</td>
</tr>
</tbody>
</table>

Table 11: Number of Files Reviewed in the Children Detention Schools

<table>
<thead>
<tr>
<th>Children Detention School</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>[CDS 1]</td>
<td>43</td>
<td>N/A</td>
</tr>
<tr>
<td>[CDS 2]</td>
<td>69</td>
<td>N/A</td>
</tr>
<tr>
<td>[CDS 3]</td>
<td>N/A</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>26</td>
</tr>
</tbody>
</table>

Grounds for Detention

Existing research has suggested that the “levels of criminality” for young people in detention in Ireland is serious (Hayes and O’Reilly 2007:7) but a small sample size of 30 young people was used. This section presents information on the reasons that the 122 young people were remanded or committed to a children detention school over a 12 month period from 1 January 2011 until 31 December 2011. In some cases it was easy to determine what charges preceded a young person’s remand or committal as the charge sheets were attached to the court order. However, in other cases the charge sheets were not attached to the court order. Therefore, this section provides an overview of the charge sheets on file for each young person.

Figure 11 presents the number of young people placed in each school and the number of charge sheets on file and illustrates that:

- Forty three young people in [CDS 1] accounted for 379 offences,
- Sixty nine young people in [CDS 2] accounted for 613 offences,
- Twenty six young people in [CDS 3] accounted for 160 offences.
Figures 12, 13 and 14 present the number of young people charged with each offence by school. The majority of offences for both males and females related to offences under the Criminal Justice (Theft and Fraud Offences) Act 2001. Many files constructed young people as actively misusing substances with reports suggesting that young people were stealing to get money for alcohol or drugs. Offences under the Road Traffic Act 2010 (i.e. dangerous driving, drunk driving, false registration or driving without tax, insurance, test cert etc.) and theft relating to cars (i.e. breaking into a car, taking a car, passenger in a stolen car, not paying for petrol or diesel) and failing to stop when requested by An Garda Síochána were common among young males with just one girl charged with being a passenger in a stolen car. Offences under the Criminal Damage Act 1991 accounted for the next most common offence group and included criminal damage to property, threatening to cause damage and less frequently, arson. Children were also charged with offences under the Criminal Justice (Public Order) Act 1994 including breach of the peace, being intoxicated in a public place and offensive or abusive behaviour. These findings support earlier Irish research on offence profiles (Kilkelly, 2005, Carroll and Meehan, 2007). For example, Carroll and Meehan reviewed over 400 cases before the Children Court and found that the most commonly occurring charges were theft, breach of peace, criminal damage to property, drunk in a public place, assault and offences
relating to cars. Theft and criminal damage are also common reasons for referral to the Diversion Programme. The latest report available indicates that the main reason for referral was public order offences (29%), theft and related offences (24.9%) and damage to property and to the environment (10.4%) (Garda Youth Diversion Office, 2013).

Figure 12: Level and Type of Crime in [CDS 1]

Figure 13: Level and Type of Crime in [CDS 2]
Crossover Cases

Young people involved in both child welfare and youth justice systems are sometimes called “crossover cases” (Nash and Bikhchik, 2009:23). Figure 15 shows the number of young people detained by gender and illustrates that a third of boys were in care of the HSE under the Child Care Act 1991 at the time of detention while almost half of girls were in the HSE's care. A quarter of young people detained who were not in care had an allocated social worker. Taken together, over 60 percent of young people detained in 2011 had active social work involvement at the time of detention. Again, this supports earlier research as Kilkelly (2005:19) noted “an apparently increasing number of cases” before the Children Court that had health board involvement indicative of “the depth and complexity of problems” faced by many of the young people including mental health issues, behavioural problems, substance misuse and alcohol/drug addiction.
**Special Care Units**

According to the HSE, 39 young people were admitted to special care in 2011 (Health Service Executive, 2012c). However, as outlined in Chapter 3, my contact with the National High Support and Special Care Service and the special care units indicated that 34 young people were admitted to special care in 2011. Statistics received from the National High Support and Special Care Service indicated that the National Special Care Admissions and Discharge Committee approved 40 of 76 applications in 2011. These applications represented 68 young people (eight applications were resubmissions following refusal of a place). Thirty four young people were admitted to special care in 2011 (13 male and 21 females) while six were placed on a waiting list. The special care units reported that four young people had been admitted in 2010 and remained in special care on 1 January 2011. Thus, my research indicated that 38 individual young people were in special care in 2011. Of these, four had previously been placed in special care; this was their “second or more placement in special care” (Health Service Executive, 2012c:60).

- [SCU C] had six young people during 2011. [SCU C] closed for refurbishment in June 2011 and two young people were transferred to another special care unit, one to [SCU A] and one to [SCU B].
- [SCU A] had 14 girls (including the young person who transferred from [SCU C] on its closure).
- [SCU B] had 20 young people (including the young person who transferred from [SCU C]).

It is not possible to provide further information on the total population of young people in special care in 2011 as this information is not published anywhere. Instead, a descriptive profile is provided based on the 10 files reviewed for this research. Table 12 illustrates the gender breakdown.

Table 12: Number of Files Reviewed in Special Care

<table>
<thead>
<tr>
<th>Special Care Unit</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>[SCU A]</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>[SCU B]</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Grounds for Detention

Children are detained in special care units under a High Court detention order on the basis that experts determine that they pose a serious risk to themselves or others (Health Information and Quality Authority, 2010). The National Special Care Admissions and Discharge Committee, which is made up of senior managers in the Child and Family Agency and an independent chair, considers referrals from social workers and if its expert opinion is that the young person should be sent to a special care unit it allocates a place in one of the units. The committee reviews each referral against certain ‘risk’ criteria (Health Service Executive, 2012a). Only children and young people between the ages of 11 and 17 can be sent to special care. Also, applications for placement must be based on a comprehensive ‘needs assessment’ which includes:

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79 Child Care Act 1991 s23, as inserted by the Children Act 2001 s16.
• A comprehensive and up to date social history,
• A detailed care placement history outlining all social services and other interventions,
• A care plan that supports the aims and objectives of the placement based on the identified ongoing needs of the young person,
• Up to date psychological and educational reports which comment on the grounds for seeking admission to special care,
• A psychiatric report where there are concerns regarding a young person’s mental health.

**Crossover Cases**

There were no charge sheets on file, which was not surprising given the setting but files made frequent reference to An Garda Síochána. Files indicated that children in special care were already engaged with the criminal justice system. Daniel had charges pending relating to criminal damage and assaults to care staff and a garda. Oisín had several charges relating to robbery, vandalism and setting fire to a school building. Catherine’s file indicated that she had been cautioned for assaulting a garda. Other files indicated more considerable involvement as children had been prosecuted. Sarah had been arrested for assaulting a garda and had a probation order for theft. Kevin had two probation orders for assault and his file indicated that he had previously been remanded to a children detention school for assessment. Ian had also previously been in detention having been in all three children detention schools and an adult prison. At the time of his placement in special care, he had four charges pending in relation to assault of care staff. Several files made reference to concerns about involvement with drugs; Oisín’s family home had been vandalised because of his alleged drug debts while Mary was said to have carried drugs for others while missing in care.

She also said she had been dealing from one person only. She has not been caught with drugs *(Private consultant child and adolescent psychiatry report dated August 2011 on file for young person in special care – Mary)*.

There are unconfirmed allegations he is involved in drug dealing according to young people who attend [garda youth diversion project] and [community school] and An
Garda Síochána suspect this. The same sources say that Oisin does not know the rules of drug dealing and his behaviour is placing him at risk. He is alleged to have built up significant drug debts and threats have been made and windows smashed at his family home on a number of occasions (Social work report dated May 2011 on file for young person in special care – Oisin).

Just one of the 10 files reviewed made no reference to criminal justice involvement with the exception of being picked up by An Garda Síochána after running away from a placement. Similar to the majority of children in special care, Gráinne had a long care history having been in the care of the HSE since she was an infant. All but one of the children in special care had experienced multiple care placements. Reports indicated that placements had broken down primarily due to children’s behaviour and histories of running away from placements. As well as four separate criminal justice placements, Ian’s file indicated that he had experienced up to 28 separate care placements including foster care, mainstream residential care and two special care placements and periods at home with his mother while on a care order. He had also had two out-of-state placements. In addition, he had experienced homelessness and had been placed in an adult hostel for a time. All 10 of the children’s files indicated that they had experienced chaotic home lives but entry into the care system did not seem to have stabilised anything for them given that they had experienced multiple placement moves.

Placement instability prior to detention was also indicated in files for children in detention. Twelve of the 22 files reviewed for the second phase of this research indicated that the children had experience of the care system. Eleven were in care at the time of their remand or committal while one had a history of being in care. Eoin had experienced 21 placement breakdowns prior to his detention while Michael had had seven placement moves in the 12 months prior to his detention. Similar to children in special care, reports attributed placement breakdown to children’s behaviour as indicated in reports on John’s file (see Figure 16).
John had been placed in voluntary care in 2008 due to his mother's inability to manage his behaviour. He had a number of care placements which all broke down due to his behaviour according to reports on file. His mother then decided that she could meet his needs and discharged him from care. However, he was readmitted to care at her request but his care placement broke down when he damaged property there. Social workers' difficulties accessing placements for young people were highlighted throughout reports. Indeed, files indicated that social workers had made several applications for special care placements before children were placed in detention. Helen had had three special care admissions but seven files indicated that social workers' applications had been unsuccessful despite multiple applications to the national committee.

The HSE considered applying to special care. This was rejected as the admission panel felt that he didn't meet the criteria. At the time of writing it is unclear which of the criteria this was (Detention school assessment report dated July 2009 on file for young person in detention – John).

In Liam's case, a repeat application had been successful but there was no place available. Following his remand in custody for a month, he was placed in a secure unit out-of-state. Reports suggested that there were difficulties maintaining placements
when they had been sourced. For example, at the time of their detention, three young people were living at home under a care order because previous placements had broken down and no alternative placement was available. Another young person was discharged from his mainstream residential placement while he was on remand for assessment:

There was no care placement available for him on his court date on 23 November 2011 which ultimately led to a re-remand to this centre essentially using a detention placement to meet a young person's care needs (Letter from detention school staff to principal social worker, HSE on file for young person in detention – Seán).

This quotation shows that professionals within the children detention school arguing that the placement was not appropriate. Seán's assessment report recommended that his mother should attend a parenting class; that a school placement should be sourced for him and that a special care placement would be appropriate. The unsuitability of detention was also demonstrated in the assessment reports on file for other children that were also remanded for assessment. Sixteen of the 22 children in detention had been remanded for assessment – 12 at the time of this placement and four during a prior period of detention (Patrick, Ruairi, Hugh and John). Assessment reports presented to the courts stated that these children should not be in detention. For example, Keith's assessment report indicated that he was not at the point of detention as a last resort; that he should "link with a social worker" and that a school placement should be sourced for him. Similarly, David's assessment recommended that he should be referred to psychology in primary care and that his mother should attend a parenting class. It concluded:

David has not reached the point of custody as a last resort as he has not yet been under supervision of probation officer; David should attend any services recommended by his probation officer or social worker; David needs an educational psychology assessment as a matter of urgency; David should be re-referred to a counsellor in relation to the many traumatic experiences he has had; Agencies working with David should meet to organise, support and monitor his situation on a regular basis (Detention school assessment report dated May 2011 on file for young person in detention – David).

Files showed evidence of multiple assessments being requested and completed on children. As above, one of the recommendations post assessment was that David
needed an urgent educational psychology assessment despite the fact that there was a report on file from the National Educational Psychology Service (NEPS) dated April 2011. Similarly, Liam was remanded for assessment in September 2011 even though he had attended a multidisciplinary assessment service in the HSE within the previous 12 months. Evan's file indicated that the judge had ordered a psychiatric assessment in spite of the fact that he was attending CAMHS at the time of his remand. The recommendation made by the private consultant child and adolescent psychiatrist commissioned by the detention school to complete the assessment was that he should continue attending the community CAMHS. Evan was detained for 28 days for this. An earlier court date, which might have resulted in him being released, was put back a week at the school's request.

Re above who was remanded to [CDS] on 10/05/2011 for a full assessment, we wish to inform the court that the assessment process will take four weeks to complete and will not be ready until 07/06/2011 when the report will be furnished to the court (Letter on file from detention school dated May 2011 to District Court judge for young person in detention – Evan).

Other files also demonstrated that children were being detained for assessment services that they could have received in the community and as in Evan’s case, being kept in longer than the courts had initially directed.

To date we have been able to complete the psychiatric and educational aspects of the assessment and are nearing completion of the psychological and social elements which will be completed in the next day or so. Following this we would propose to hold a multidisciplinary case conference to discuss the outcome of the assessment and in turn make a purposeful recommendation to the court. In light of the above and in order to undertake the comprehensive assessment as requested by the court I respectfully request an extension of one week from the court in which to fully complete the assessment as requested (Letter on file dated May 2010 from detention school to District Court Judge for young person in detention – Patrick).

It is ironic that children were detained for assessments yet assessment reports concluded that they had not reached the point of detention as a last resort. Other files also demonstrated children spending considerable time in closed institutions (McAra and McVie, 2010). Eleven of the 22 children in detention had previously been detained.
Helen had been in special care three times and detention twice while another 10 had been detained within the criminal justice system. For example, Fergal had been in two other children detention schools on four separate remands prior to his current placement and Ruairí had spent 12 months in Finglas Child and Adolescent Centre.

I have provided a brief profile of 122 children in detention in terms of offence profiles and care status followed by a sample of children in special care and detention with particular reference to their involvement in both welfare and justice systems or their "crossover" status (Nash and Bikchik, 2009:29). The rest of the chapter provides further detail on the second phase of my empirical research. Its focus is on professional constructions of risk and service history as evidenced during the first rounds of coding while the conceptual findings are detailed in the next chapter. As above, findings from the early stages of analysis are demonstrated using visual aids from NVivo as well as with quotations from reports on file. Quotations are identified by the professional author (e.g. HSE child and adolescent psychiatrist or social worker), young person (i.e. pseudonym as per Table 1 in Chapter 3) and location (i.e. special care or detention). I selected the quotations that I felt provided the best evidence for the theme or issue in question and attempted to use examples from files in both settings presenting quotations about children and young people in special care first followed by detention. As indicated in Chapter 3, I was happy that the reports on file contained sufficient information to establish a detailed understanding of professional constructions of children that were detained in these settings particularly as there were 245 reports on file for the 32 children in question (i.e. 22 children in the children detention schools and 10 children in special care). For example, figure 17 shows that a few rounds of coding resulted in over 3,000 references to risk and service history.
Professional Reports in Special Care Units and Children Detention Schools

Most of the files reviewed contained copies of reports from professionals that had worked with the young people prior to their placement in the special care unit or the children detention school. The majority of reports in both settings related to health and social services (e.g. social work, social care, clinical psychology, psychiatry and speech and language therapy). Files in the children detention schools also had reports written by justice personnel (i.e. probation officers and private practitioners working on behalf of the children detention schools when children had been remanded for assessment). A smaller number of files in both settings had educational reports (i.e. educational psychology) on file. Some services were referred to in other reports but reports were not on file. For example, there were no copies of reports by educational welfare officers. Finally, while all the children in the study sample had contact with An Garda Síochána there were no official reports on file apart from charge sheets in the children detention schools.
Most of the reports were formal and followed a similar format containing broadly the following information:

1. Identifying information,
2. Reason for referral,
3. Presenting problems,
4. Relevant history,
5. Informal observations,
6. Results of any tests administered and interpretation,
7. Summary and conclusions,
8. Recommendations.

Reports ranged from single pages to over 40 pages in length. Some reports were in letter format but still contained summaries of interventions and recommendations. Baxley and Bowers (1992:37) believe that "reports inform the world" about professions. If this is the case, reports allow professional processes, practices and norms to become real. The report writers show how they have acquired the ways of thinking and doing inherent in their profession. I wanted to use the information in the reports as an instrument for creating a vision of the world through the author's particular lens. I wanted to know how those working with these young people 'constructed' them in order to determine what services they needed. In this way, I used information contained within the reports to demonstrate how professionals made sense of children's lives. The reports provided narratives that explained young people's experiences and actions and the service responses that were provided. In doing so, the professionals constructed subjective realities about what had happened to the children, what was happening to them at the time and what needed to happen. In analysing the data, several themes emerged including early identification of the child at risk and the need for a service response as illustrated in Figure 18. Despite histories of significant harm, this risk is later constructed in the reports as primarily to do with the child's problematic behaviour. This leads to the child being constructed as not suitable for services and is moved on becoming 'someone else's problem'. The professionals working with the child
then seek a placement in a closed institution which is portrayed as the perfect placement. But once there, the child is moved on to another placement sometimes out-of-state. The supporting data for this framework or model of what happens to children prior to placement in special care or detention is introduced in this chapter and further detailed in Chapter 6, which sets out the conceptual findings.

**Figure 18: Summary of Themes**

**Preliminary Themes**

As described in Chapter 3, my first rounds of coding resulted with two over-arching categories relating to Risk and Service History. Professional reports outlined areas of risk which were then matched with a service response. All the children received some level of statutory services but more than half also had to access private services. Most of these related to assessment services commissioned by social work departments or by the children detention schools when children were remanded for assessment. Eighteen children had private psychological assessments; 19 had private psychiatric assessments while two had assessments with independent social work consultants brought in from the UK.
Risk

The reports on file indicated that the children presented with histories of harm, family conflict, poor school engagement and difficult behaviour (Farrington, 2000, Little et al, 2004, Carroll and Meehan, 2007, Farrington and Welsh, 2007). These were consolidated in the final stage of codes and categories as professional concerns about risk being matched with a service response and ultimately leading to a placement in special care or detention (Figure 19).

Figure 19: Risk, Service History and Placement in Special Care or Detention

Harm

All but one child had experienced harm, which included abuse, loss and trauma. Figure 19 illustrates the difficult early experiences that these children have had in a tree map that shows hierarchical data – Harm and its subcategories, Abuse, Loss and Trauma - as a set of nested rectangles of varying size determined by the number of coding references.
Obviously, by virtue of being placed in special care or detention children were separated from their families but all also had earlier experiences of loss. Most of the children's parents were separated with just one living with both parents prior to his detention. Over half (17) had never had any contact with their fathers. Twelve had experienced bereavement of a close family relative or friend sometimes in traumatic circumstances. By the time Kevin was 14, he had witnessed a murder and a fatal road traffic accident where his brother and best friend were killed. Helen's ex boyfriend was murdered. Kevin's father died by suicide a month after he telephoned An Garda Síochána to report that his father was beating his mother. Early experiences of abuse were also common with reports indicating that 13 of the children had experienced emotional abuse (including 12 that had witnessed domestic violence), 10 children had been physically abused and nine sexually abused. Abuse, loss and trauma were all codes developed early in the analytic process. Figure 21 provides an example of some of the text coded to Loss in an early round of coding. Figure 22 shows a later stage while Figure 23 shows the final round where I consolidated codes and categories.
Middle of 11 children, dad left when he was a toddler.

Problem behaviour coincided with father's incarceration according to both parents (phone conversation with father in Cork Prison).

Loss: Father in prison. Also paternal grandmother died two years previously.
Other areas of risk highlighted in reports included difficulties at home, school and with peers. Twenty-eight of the children were reported to have a difficult home life. In 11 cases, reports referred to parental difficulties including histories of care, mental health and substance misuse. Twenty children’s reports referred to conflict at home with reports citing particular relationship difficulties between children and their mothers (13), fathers (five) and step parents (two). Reports referred to four children being rejected by their parents while five children were described as having attachment disorders. For example, a report on Ian’s file stated:

A psychiatric report was completed while in St Patrick’s Institution which identified no mental health issues. Also one was completed during previous [special care] admission which identified reactive attachment disorder but no acute mental health issues (HSE CAMHS consultant child and adolescent psychiatry report dated June 2011 for young person in special care – Ian).
School

Reports also described difficulties that the children had in relation to school. These were further categorised as difficulties with attendance, learning and behaviour. Reports indicated that 25 of the sample had school attendance difficulties which were attributed to learning difficulties and behaviour problems.

Catherine has been out of mainstream school for nearly two years. Her school principal found her to be completely unsuited to mainstream education. She had no regard for school rules and walked off the premises as she wanted. She sat painting her nails in class and was aggressive when challenged (Social work report dated January 2011 on file for young person in special care – Catherine).

In primary school behaviour was an issue. Transition to secondary school coincided with loss of stepfather who moved out of the family home when he was 11, currently out of school (Private consultant child and adolescent psychiatry report dated March 2011 on file for young person in detention – Colm).

Reports indicated that over half of the sample had been diagnosed with learning difficulties (17). The majority of these related to mild intellectual difficulties as shown in Figure 24 but nine young people had also been diagnosed with specific learning disorders relating to literacy and numeracy.
Peers

Risk was further described as related to difficult or inappropriate peer relationships. These varied from children having poor social skills and being unable to relate to their peers appropriately to spending time with people older than them.

Social work and residential staff have concerns about how quickly she trusts and builds relationships with unknown individuals. There are fears this may place her in a vulnerable position – this premature trust and relationship building. A referral has been made to CAMHS (Social work report – no date – on file for young person in special care – Anne).

He has been referred to [school] for the academic year 2010-2011 although there are concerns about his ability to engage with peers (Social work report dated August 2010 on file for young person in special care – Daniel).

She was referred to the Child Psychiatry Department last year regarding her compulsive behaviour, aggressive tendencies and relationship difficulties (Social work report dated September 2010 on file for young person in detention – Nora).

Fergal’s mother has informed me that he tends to associate with a peer group several years his senior and feels that this has been a major factor in his deviant behaviour (Probation report dated February 2009 on file for young person in detention – Fergal).
At the time she seemed very much out of control and stayed away from home and drinking on a frequent basis. Her mother was concerned that she was associating with an older peer group. At one point Laura was taken into voluntary care because her mother was concerned for her safety. She was spending a lot of time in the home of a local man who was giving her alcohol and money (Probation report dated November 2010 on file for young person in detention – Laura).

**Behaviour**

The main area of risk for the children and young people placed in special care and detention was constructed in relation to their behaviour. Figure 25 demonstrates how NVivo was used to review text coded to behaviour.

![Figure 25: Reviewing text coded to Behaviour nodes.](image)

**Behaviour** was further categorised into subheadings which included Antisocial and Criminal Behaviour, Substance Misuse, Running Away and Sexualised Behaviour and illustrated in Figure 26 which shows each code or ‘node’ compared by number of items coded.
Files referred to the children’s “inappropriate”, “aggressive” and “attention seeking” behaviour in school, at home and with peers but as behaviour problems escalated, descriptions moved to “out of control”, “antisocial” or “criminal” behaviour which typically included assault, criminal damage and public order. Behavioural difficulties in school led to children being placed on reduced timetables but ultimately led to suspension and permanent exclusion. Violent behaviour ranged from assaults to care staff or members of An Garda Síochána to assaults on peers. For example, Michelle assaulted a girl during a night out and was later sentenced to four months in detention. This was her first involvement with the criminal justice system. Her file indicated that she was very anxious on admission as she had been handcuffed and brought to an adult prison by mistake before being taken to the CDS. Michelle’s file indicated that she had been “heavily intoxicated” when this assault had occurred. This was a common theme in reports with reports on 30 files indicating that misuse of alcohol and / or drugs was an area of particular risk for young people (Kilkelly, 2005, Carroll and Meehan, 2007, Hayes and O’Reilly, 2007). While Michelle had just one incident of assault on her file, others indicated a more frequent pattern of assaultive or threatening behaviour; Seán’s file indicated that he had assaulted 11 residential care staff while a report on Oisín’s file
stated that he had held a knife to his parents and threatened them. A minority of files referred to behaviour that the report writers described as extremely concerning. For example, Oisín and Fergal’s files indicated that they had set fire to property. Oisín and John’s files also evidenced incidences of cruelty to animals.

He was involved in injuring a swan with a number of friends and his brother in March 2011 (HSE social work report dated May 2011 on file for young person in special care – Oisín).

It is clear from reading reports and meeting with his social worker and his mother that John is a young boy whose behaviour is almost totally uncontained and likely was never contained with concerns dating back to 2002 regarding his behaviour. It is this author’s opinion that John is at great risk of causing serious harm to himself or others because of his lack of understanding for the consequences of his actions. He needs to be urgently referred to special care. Without this he will most likely become more involved in criminal activity and potentially damage himself or others which will lead to life-long consequences for John and his family and any others involved (Private clinical psychology report dated November 2010 on file for young person in detention – John).

Running away was another behaviour that was deemed to be risky in reports. Histories of running away or “absconding” from various placements including foster care, mainstream residential care and from home was described in 11 files (five male and six female). The girls’ files had more references to this being a risky behaviour (Figure 27) presumably related to concerns about sexual harm (Barnes, 1989, Ferguson, 2007, Brierley, 2010).

Running Away - Coding by Case files - young people Gender

Figure 27: Risk: Running Away as Coded in Case Files (Male vs Female).
Overall, descriptions of children’s behaviour in the reports seemed to reflect high levels of professional concern about risk - both to the children themselves and risk that they posed to others (Armstrong, 2004). These professional concerns were then matched with service responses.

Service History

Figure 28 illustrates the services attended by young people prior to their placement in special care or detention as indicated in professional reports on file. It shows how the 32 files or ‘sources’ contained 1,617 references to service history across health, education and justice sectors suggesting overlap of service provision (Malmgren and Meisel, 2002, Glisson and Green, 2006, McGhee and Waterhouse, 2007).

The files demonstrated that some of the children had had long term service involvement. Eleven had been involved with child protection social work since they were infants. Twelve files indicated that children had been referred to social work because of abuse while behaviour was the reason for referral in 13 cases. Seven files demonstrated multiple referrals to social work with cases opened, closed and reopened.
following repeated concerns by agencies in relations to neglect and other forms of abuse. Some of the children had been taken into care while very young. Social workers attempted to place children but reports demonstrated difficulties accessing and maintaining care placements. Sarah stayed in a children’s hospital for three months prior to being placed in foster care. Three other files indicated that children had been admitted to acute hospitals over night for welfare reasons. Subsequent placements broke down for a variety of reasons – Sarah’s placement with a relative foster care ended when it emerged that her uncle was sexually abusing her. Helen also experienced physical abuse in a relative foster placement. However, placement breakdown was primarily attributed to the children’s behaviour problems. Various attempts were made to deal with children’s behaviour. For example, the files show that when behaviour problems were apparent in school, the response was to seek a referral for assessment. Eleven children had been referred for an educational psychology assessment. This often led to calls for more specialist assessment and 24 files showed that children had been referred to CAMHS (Glisson and Green, 2006, Chitsabesan et al, 2006). Fourteen reports described children having been diagnosed with a psychiatric disorder or disorders (World Health Organisation, 1992, American Psychiatric Association, 1994). Figure 29 illustrates that 11 children had been diagnosed with attention deficit hyperactivity disorder (ADHD); seven had behavioural disorders (five had conduct disorder and two had oppositional defiant disorder); five had anxiety disorder; five had mood disorders; while two were described as having emergent personality disorders.
CAMHS reports also demonstrated that 15 children had mental health issues that did not meet the threshold of a psychiatric disorder. Twelve children had emotional and behavioural difficulties and ten had engaged in deliberate self harm. Three children attended CAMHS because of early traumatic experiences. Psychiatric reports detailed how Evan had witnessed his brother try to take his own life when he was seven while Catherine and Mary had been sexually abused as children, Catherine at the hands of her older brother. Catherine and Mary had both spent time in an inpatient psychiatric facility.

Mary's mother was also concerned she was upset by visiting her dead father's grave and that she had seen the perpetrator of something upsetting that had happened her when she was five, six or seven years old. Following this she began individual sessions with the social worker in CAMHS which continued throughout 2010. She disclosed child sexual abuse when she was a younger child by a babysitter. She also in February 2010 alleged serious physical abuse by her mother claiming her mother had tried to kill her on two occasions. This was informed to the social workers by my colleague at the time (Consultant child and adolescent psychiatrist's report - no date - on file for young person in special care - Mary).

However despite these early experiences, reports suggested that children had not received therapeutic services. A social work report on file for Catherine stated that she
had been “observed for a month in hospital but no psychiatric diagnosis was made and she has not attended other CAMHS”. A psychiatric report recommended that “an educational plan for Mary should be actively promoted”. Áine was admitted to an acute hospital following an overdose and referred to CAMHS but “no psychiatric disorder was diagnosed and she was discharged” according to a social work report on file. Psychiatric reports also provided reasons that CAMHS was not an appropriate service for young people. John was assessed by CAMHS in 2002 due to concerns that his behaviour was “out of control” but was deemed “not to meet the criteria for ADHD”. A report on file for Hugh stated “he does not have a major psychiatric disorder, he has conduct disorder”. Catherine’s mood was said to fluctuate but there was “no evidence of a psychiatric illness”. Files also showed evidence of repeated assessments. Ian was assessed by a psychiatrist in prison, in a detention school and in special care. Kevin was assessed in the community by two consultant child and adolescent psychiatrists, once by an adult consultant psychiatrist when he was admitted to an acute hospital while under the influence of alcohol and drugs, twice in a private residential care prior to receiving a sixth psychiatric assessment in special care. Each report stated that he did not have a psychiatric disorder.

Kevin has had two past assessments by child and adolescent psychiatrists. The outcome of this was that there was no form of mental illness, a history of substance abuse and aggressive behaviour and chaotic home circumstances with a recommendation for a more secure environment ... I agree that there is no acute form of psychiatric disorder (HSE consultant child and adolescent psychiatry report dated May 2010 on file for young person in special care – Kevin).

I agree with [consultant child and adolescent psychiatrist] that Kevin currently has no treatable acute psychiatric illness (HSE consultant child and adolescent psychiatric report dated September 2011 on file for young person in special care – Kevin).

Fifteen files demonstrated that children had been discharged from CAMHS due to non-attendance. This was also common in psychology services although it is noteworthy that just six files showed evidence that children had attended community psychology services in the HSE. A social work report for Patrick indicated that he had attended
community psychology for an assessment in 2007 “but no further appointments were offered”. He was re-referred “and offered four appointments between November and December 2008 and was discharged due to non-attendance”. Eighteen files indicated that children had been seen by private psychologists; 10 in the community and eight in a secure setting (seven in detention and one in special care).

All the children in the sample had some involvement with criminal justice agencies as all files had reference to An Garda Síochána. Files suggested that attempts had been made to divert children from involvement with the criminal justice system. There was evidence that 19 young people had been part of the Garda Diversion Programme® having attended garda youth diversion projects. Reports also demonstrated the need for “therapeutic” work alongside youth justice services.

A professionals’ meeting was held on 22 March 2010 due to concerns for her at risk behaviour and from this she was advised via [juvenile liaison officer] to link in with [garda youth diversion project]. This has since occurred and the feedback from [garda youth diversion project] is that she is reaping the benefits of their one to one work. [Youth justice worker] has informed this social worker that while she was using the one to one time to discuss difficult issues going on in her life, there is a need for regular therapeutic counselling to take place with her (HSE social work report dated September 2010 on file for young person in detention – Nora).

Eventually, these services also came to an end sometimes due to the young person refusing to attend but also because their behaviour had escalated. A probation report described how Colm had “consistently engaged with [garda youth diversion project] over the past few years but this has been withdrawn due to his recent criminal matters”. Reports appeared to demonstrate a growing intolerance for children’s behaviour. A social work report on file for Michael indicated that there were plans to discuss prosecuting him following criminal damage to cars parked outside a care facility.

On 01/12/10 he was arrested for criminal damage of a car belonging to [mainstream residential unit]. He smashed a traffic cone through the window and ran away. This issue is to be discussed with the juvenile director to see if he is to now go into the court

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As young people’s behaviour escalated they became further involved with criminal justice agencies. Eighteen had probation reports on file. These reports showed how children had been offered a chance to show that they could engage with services. Colm’s first probation report recommended that he should “reengage with school and maintain a good standard of attendance and engage in addiction counselling”. In November 2010, a probation order was recommended for David but by March 2011 this had changed to a recommendation for a detention and supervision order. Again, reports showed intolerance for behaviour deemed too “disruptive”.

[Probation officer] reported following her disruptive meeting with Kevin was of the opinion that he would not have the capacity to be able to engage with the Probation Service at this stage. She informed the meeting that Kevin should be referred to [children detention school] for an assessment (HSE social work report dated September 2009 on file for young person in special care – Kevin).

In the absence of a community sanction being effective at present, the court may wish to consider the merits of the provision under Section 151 of the Children Act for detention and supervision orders. This order enables the Probation Service to contribute towards sentence planning and provide sustained support and guidance upon release into the community. The intensive programme and structure available at [children detention school] would support John in his development at this crucial stage in his life (Probation report dated July 2010 on file for young person in detention – John).

Conclusion

This chapter has provided two stages of empirical findings. First, it has provided a profile of 122 children in detention demonstrating that the primary reason for children’s detention was theft and that the majority of the children in detention had active social work involvement at the time of their detention with a third of boys and half of girls in HSE care. The more detailed file review of 32 children (22 in detention and 10 in special

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81 Children Act 2001, s151.
care) provided further context in terms of the children's involvement in both the welfare and justice system (Glisson and Green, 2006, McGhee and Waterhouse, 2007, McAra and McVie, 2010). Secondly, the chapter has presented findings from the coding and categorising stages of data analysis in relation to risk as constructed by professionals working with children (Armstrong, 2004, Case, 2006, Ellis, 2012) and the service responses provided prior to their placement in special care or detention. It demonstrated that professional accounts of risk were primarily to do with children's behaviour despite early adversity including abuse, loss and trauma. It also showed how children's behaviour prompted referrals for assessment services (McAra and McVie, 2012) but subsequent reports focused on identifying reasons why particular services were not appropriate as opposed to offering services. The analysis set out in this chapter laid the foundation for the conceptual findings presented in the next chapter.
Chapter 6: Conceptual Findings

Introduction
This chapter sets out the conceptual findings of the study. The data is derived from words so the "text is the actual empirical material and the ultimate basis for developing the theory" (Flick, 1998:248) or in this case, the detailed understanding of how professionals construct children prior to their placement in special care and detention. The chapter further illustrates how the reports on file were used to describe the dominant discourses and the knowledge constructed within them in order to gain an "understanding of the contingent practices at present" (Satka and Skehill, 2011:204). It demonstrates how the child is identified as at risk primarily due to behaviour problems (McAra and McVie, 2012). This leads to multiple service responses but children are invariably constructed as to blame for their bad behaviour while their histories of abuse and trauma are not addressed. Eventually there is no other option but to seek a placement in special care or detention. However, once there the experts determine that somewhere else would be better and the child becomes someone else’s problem as summarised in Figure 30.

Figure 30: Conceptual Findings.
The ‘Child at Risk’

The children are identified as being at risk sometimes from a very young age (Armstrong, 2004, Case, 2006, Farrington and Welsh, 2007, O’Mahony, 2009, Ellis, 2012, Briggs, 2013, Creany, 2013). At this stage, the children are constructed as passive and at risk from others. Their parents are not constructed as nurturing or protective. They drink, behave badly and are “well known” to services. The men are violent and controlling while the women are victims. These are parents that cannot protect their children.

The family are members of the Travelling community. Mum has a long history of moving from place to place and is well known to social work services, gardaí and hostels in [four cities listed]. Dad is her partner and father of her six children. He has convictions for theft and serious assaults and is currently serving a sentence in [prison]. There is a long history of domestic violence and multiple admissions to hostels due to homelessness. A full care order was granted for Patrick in June 1997. The concerns are based on ongoing risk and neglect due to parental drinking and dad’s violence (HSE social work report on file for young person in detention dated May 1999 – Patrick).

Helen first came to the attention of the Social Work Department in 1999 when a notification of suspected physical and emotional abuse was received in respect of Helen. Helen was found to have a burn mark on her face. The concerns went on to assert that her mother had a drink problem and even gave Helen wine. Helen’s mother denied this and the assessment concluded that she was an immature but caring parent who had support from her own adoptive mother. What had materialised for Helen’s mother was that her partner was putting her under financial, emotional and physical strain. He would collect the weekly social welfare payment and leave home only to return when the money was gone. When Helen’s mother tried to confront him on this he became verbally abusive. At the time he refused to participate in an anger management course. He assaulted her in June 2001 and she refused to make a statement against him (HSE social work report on file for young person in detention dated May 2010 – Helen).

When strengths are identified they are balanced with a negative comment. Helen’s mother is caring but immature. In some cases, the children’s risk is identified before they are even born because of how ‘high risk’ the family is.

The HSE has known this child and his family since shortly after the birth of his older brother in 1989. Ian and his siblings were considered a high risk family for coming into care in the past due to poor parenting, poor living conditions, antisocial behaviour and high rent arrears leading to possible eviction. Following two years with their father, reports outline that mum attended a case conference in 1997 where she explained that she had previously been drinking and taking anti-depressants due to alleged domestic
violence within her relationship with Ian's father. She stated that her time away from
[European country] had given her space to gain control of her life again. In April 1997,
she resumed full time care of her four children and returned to Ireland. Mum is a single
parent with no support from the father of any of her seven children. Reports also
indicate she has a history of mental health problems and she has admitted to making at
least one attempt at suicide (HSE social work report on child in special care dated
October 2006 - Ian).

On 26/06/1994, a fit person's order was obtained on six of her children. The concerns in
relation to these children were physical abuse of some of them by their father, severe
neglect, non-school attendance and poor hygiene. Catherine was born on 17/02/1995
and remained at home with her mother (HSE social work report on young person in
special care dated January 2011 - Catherine).

The family became known to social work on Gráinne's birth. Concerns were around the
home condition and her failure to thrive. Between July and October 2006, there were
six confirmed incidents of domestic violence when mum and the children went to
[Women's Refuge]. The manager from [Women's Refuge] contacted social work on
28/09/2006 stating mum had been admitted to psychiatric hospital from [Women's
Refuge] due to acute alcohol inebriation, psychotic behaviour and had attempted to cut
her wrists. She was subsequently discharged and against social work advice left the
hospital with Gráinne's father (HSE social work report on child in special care dated
October 2010 - Gráinne).

The 'child in need' or the 'child at risk' is classified as coming from an abnormal family
and is constructed through the language in the reports as needing protection. The
image is of a defenceless and vulnerable child who needs help. Quasi legal terms are
used to describe what is happening. Professionals are concerned about "physical
abuse", "severe neglect" along with "domestic violence", "antisocial behaviour" and
"rent arrears". Similarly, medical terms such as "failure to thrive" are used and social
problems such as "substance abuse" and "homelessness" are referenced to describe
what is happening to the child. The child is passive – things are happening that he does
not choose and cannot control. These children are powerless but the adults who are
supposed to protect them, their mothers, are not able to care for them because they
have "nomadic" life styles and multiple partners. Parental histories are provided that
reinforce this. The mothers' own histories of care position them as coming from families
that were also unable to cope.

Sarah's mother was taken into care as she and her brothers were considered to have
been physically, emotionally and nutritionally neglected. At 8 or 9 she went to
[residential care] for two years and then two years in [industrial school] then five years in foster care. At 16 she returned home to her parents (HSE social work report on young person in special care dated September 2010 – Sarah).

Mother was brought up in care. She has children from a previous relationship – her son was in care of the Health Board from August 2002 to January 2003 and her daughter was in voluntary care from February 2006. Mum has alcohol problems and father has moved out of home. The children were not put on the child protection register but a family support plan was put in place (HSE social work report on young person in detention dated April 2011 – Keith).

Mum and her siblings were admitted to care at young ages (mum was 11) due to parental alcohol abuse. Social work files indicate that mum was abused within the care system. She is heavily addicted to alcohol and estranged from most of her family due to her nomadic lifestyle and chronic addiction to alcohol and meds. Social work files indicate that her partner (Gráinne’s father) prevented her being in contact with her family (HSE social work report on child in special care dated October 2010 - Gráinne).

The information presented emphasises how weak and helpless the women are. They have poor social networks; they are “estranged” from their families and they rely on alcohol as a means of coping. They also grew up in ‘abnormal’ families characterised by abuse and neglect. They had other children who were taken into care. The accounts show that these women’s lives have hardly changed since their own childhood. The implication now is that these mothers are not able to change nor do they want to.

Sarah’s mother was unwilling or unable to engage with the social work service offered to her (HSE social work report on young person in special care dated September 2010 – Sarah).

However, there must be a professional response and it is in the form of teaching the parents to become the same as other parents. The reports on file consistently show that parenting courses were recommended. It is as if by attending a parenting course, the endless cycle of poverty, histories of abuse and care will cease.

Interventions included four appointments and parents were referred to Adolescent Parents-Plus Programme (Letter from HSE CAMHS consultant child and adolescent psychiatrist, dated July 2009 on young person in detention – Hugh).

[Dr A], CAMHS had recommended a parenting course a few times but Daniel’s mother did not attend. Daniel was having behavioural difficulties in school and his parents were distressed about this. [Dr A] visited the school. She wrote a letter outlining that his
behavioural difficulties were due to inconsistent parenting. A parenting course was again recommended and due to start in March 2005. Mum attended one session then did not attend saying she was unable to commit and found the group situation difficult (HSE residential assessment report on young person in special care dated December 2008 – Daniel).

When parents do not respond to interventions offered, the fault lies with them. It has nothing to do with their histories of abuse, poverty and substance use. Nor is it to do with the service provided; a group situation may not suit the parent with literacy or learning difficulties. Parents are constructed as unwilling to change despite the help of the ‘experts’. The assessment report above on Daniel indicates that the assessment team reviewed six letters from CAMHS which repeated the recommendation that Daniel’s mother should attend a parenting course. The letters are dated from September 2004 to November 2005; the final one indicates that “Daniel’s parents had not attended a parenting course but Daniel’s mother is reported to have been scheduled to attend a parenting course with [children’s charity] in early 2006”. The report described how the case was closed after [Dr A] informed the child’s mother that he did not have any psychiatric disorder and that his behaviour was learned. The service provider constructs the parent as unwilling to change her own behaviour. The parent has not bothered to take the advice of the ‘expert’ on board but says she will attend a course the following year. The service provider individualises the problem to be one of parenting and in doing so does not have to address any other issues such as parental mental health or substance use. Later, this construction of blame moves to the child; the young child is passive but as he gets older he is expected to act more like other children. The child must take responsibility for his behaviour (Phoenix and Kelly, 2013) or deal with the consequences. The consequences are severe as children end up being placed out of home and ultimately in special care and detention.

According to his mother, his behaviour difficulties increased about three years ago. At that point she placed him in voluntary care (Probation report on file for young person in detention dated August 2011 – Seán).

Hugh has been in voluntary care of the HSE since 10/03/2010 – parents unable to cope with his behaviour. Neither of his parents could continue to care for him and his father and stepmother presented him to the garda station at 5pm on Friday evening (HSE social work report on file for young person in detention dated February 2011 – Hugh).
Children Behaving Badly

While the reports indicated that these children had risk in many areas of their lives including histories of abuse, significant loss and trauma, most of the risk was constructed in terms of the children's behaviour (McAra and McVie, 2012). Their behaviour is described as problematic; it is "aggressive" and "disruptive". These children do not behave like normal children and therefore professional help is required.

Helen was referred to CAMHS by her GP when she was nine years old. At that time, her difficulties were described as behavioural problems at home and aggression towards her younger brother (HSE CAMHS consultant child and adolescent psychiatrist report on young person in detention (no date) – Helen).

Mum contacted social work herself in March 2009 in relation to his disruptive behaviour at home (Probation report on young person in detention dated January 2011 – Hugh).

Behaviour problems generally become apparent in school and one of the first services to become involved is the National Educational Psychological Service (NEPS).

On a daily basis, he requires a high level of supervision due to high levels of physical and verbal aggression aimed towards his peers. He has difficulty adapting to school rules particularly those that relate to general behaviour (NEPS educational psychology report dated June 2005 on file for young person in detention – Patrick).

This is where the search begins to find the reason why the children behave so badly. A process of assessment begins that often culminates in children being repeatedly assessed across the health, education and justice sectors. For example, some children end up having the same assessment repeated over and over by educational psychologists, clinical psychologists and forensic psychologists.

Sarah has had three cognitive assessments, all of which found her to be functioning in a similar range (HSE assessment report on file for young person in special care dated November 2009 – Sarah).

During this assessment, Hugh said he had done the Wechsler Intelligence Scale for Children (WISC) in February of this year. He needed encouragement to complete the
The never ending assessment process for children begins in the educational sector where their intellectual ability is assessed to determine the reason for their behaviour problems. At this stage, children are diagnosed with cognitive difficulties. The child is labelled with “mild intellectual disability”, “borderline ability” or as being “low average”. More labels emerge including “specific learning disorder”, “literacy problems”, “and difficulties with handwriting”, “poor auditory sequential memory” or “language disorder”. The child is constructed as different from other children as the child has deficits that normal children do not have. He is “exempt” from Irish. The child is separated from the group for “individual resource hours” or made to look different to other children as he has a special needs assistant (SNA) with him at all times. More labels are added, the behaviour problems now have an emotional component. The children do not “mix with peers”, they are unable to interact like normal children; they are not like other children.

All working with Sarah need to be aware of her level of cognitive ability, her specific learning and her diagnosis of ADHD. She qualifies for individual resource hours. She is also entitled to exemption from Irish and resource hours for ADHD (HSE CAMHS clinical psychology report on file for young person in special care dated May 2008 – Sarah).

Evan was referred for assessment by teacher for behavioural concerns. He has missed days in school every year since junior infants (12, 26, 26, 19 and 14 days respectively). He also has some difficulties with reading. He has four brothers and one sister. Mum accounts for his attendance difficulties as due to asthma. His behaviour at home is as difficult as in school, ‘he won’t take no for an answer and says things to upset me like ‘I wish I was adopted’. Father does not live at home. The family has undergone emotional difficulties in the past in particular linked with the wellbeing of siblings. Mum is concerned that Evan doesn’t have friends or mix with peers in the area. Evan is a lively 8 year old of low average ability. His attainments in literacy are significantly lower than the above suggestive of a specific learning difficulty in reading, spelling and reading comprehension. He is displaying behavioural difficulties that need to be explored further by Child Guidance (NEPS educational psychology report on file for young person in detention dated March 2004 – Evan).

Once the child’s attendance becomes an issue, the child is referred to the National Educational Welfare Board (NEWB). The NEWB is responsible for ensuring that every child in the State either attends school or otherwise receives an appropriate education.
In many cases this ‘appropriate education’ is in the form of a reduced timetable where the child is only allowed to attend the school for part of the day. The child is excluded from the school experience and misses out on educational opportunities due to his behaviour. Rather than being in the ‘best interests’ of the child, this could be seen as in the school’s interests as the teacher no longer has to tolerate “inappropriate” behaviour.

It was a credit to his teacher to continue with her class in light of such continuous inappropriate interruptions (NEPS educational psychology report dated June 2005 on young person in detention - Patrick).

If the children do not ‘respond’ to the structures provided by mainstream education, if they “cannot manage”, they are the ones who are punished. Their behaviour is too extreme even for Youthreach which was specifically set up to cater for early school leavers. Many of these children end up losing their school placement as a result of regular suspensions or permanent expulsion.

It is the view of her current school placement that she has not responded well to the structure of formal mainstream education facilities (HSE social work report on file for young person in special care dated July 2011 – Mary).

[AB], Educational Welfare Officer met with Ruairi and his mother in their home on 15 July. She outlined to him the number of days he had missed in school since he returned there in February. He took no responsibility for his lack of attendance and stated he will not return to his old school. [AB] advised him there is no alternative at present as he is 15 and has specific needs that need to be catered for. I contacted [service for early school leavers] and was informed by the coordinator there they would not consider him at present in view of his age and they stated very clearly they could not cater for his needs at their centre (Probation report on file for young person in detention dated July 2010 – Ruairi).

Started [community college] on 31/08/2010; involved in a serious incident which led to remand to [CDS 2] on 10/09/2010 and his sentence to [CDS 1] thereafter (27/09/2010). Not expelled but has shown he cannot manage in mainstream, not in relation to his academic ability but his interactions with others (HSE social work report on file for young person in detention dated December 2010 – John).

Meanwhile, the search continues for a reason for their bad behaviour, for why they “cannot manage” in school. These are “behavioural difficulties that need to be explored
further”. The child is referred to a specialist service to see if there is any medical reason.
The school or child’s social worker requests a referral to CAMHS through the child’s
general practitioner (GP).

Ruairi was referred by his GP to CAMHS because he was presenting with significant
behavioural and learning difficulties at school as well as at home (HSE CAMHS clinical
psychology report on file for young person in detention dated November 2011 –
Ruairi).

The children’s difficulties are now ‘medicalised’ or ‘pathologised’ (Conrad and Schneider,
1992); they are diagnosed with various mental health disorders which are set out in
psychiatric reports operating a system of surveillance on those ‘at risk’ (Foucault, 2003).
Labels like “attention deficit hyperactivity disorder” (ADHD), “oppositional defiance
disorder” (ODD), “conduct disorder” and “addiction” feature in the reports.

Ruairi was assessed by CAMHS in June 2007 and diagnosed with ADHD and ODD. He was
deemed a significant risk of developing conduct disorder, addiction problems and
coming into conflict with the law (HSE social work report on file for young person in
detention (no date) – Ruairi).

In many cases, the referral seems to be a search for an elusive diagnosis. If diagnosed,
there will be a reason for the behaviour or perhaps a service might be provided.

Mum feels he needs to be reassessed by CAMHS in relation to ADHD (Probation report
on young person in detention dated July 2010 – Colm).

If diagnosed with ADHD he would meet the requirements for an emotional disturbance
in terms of the criteria laid down by the Department of Education and Science where a
child is being treated for ADHD (Private educational psychology assessment for young
person in detention dated April 2011 – David).

The construction of the child in need with a learning disability is now expanded to
include a medical problem. However, even this does not warrant a regular service.
Children only attend the clinic once every four to six weeks “for Ritalin and counselling”.
The counselling is not therapeutic; it is in relation to the medication prescribed. The
child’s problems are now to be managed with a prescription.
Diagnosed with ADHD three years ago and attends CAMHS for Ritalin and counselling for his behaviour once every six weeks (Private consultant clinical psychology report on young person in detention dated September 2005 – Liam).

Psychology reports indicate that he has ADHD and learning difficulties with a reading age of 8. He attends CAMHS on a monthly basis for medication (Probation report on file for young person in detention dated March 2011 – Evan).

Reports on file consistently showed that children have multiple problems; they have mental health needs along with significant learning needs and histories of abuse and loss (Glisson and Green, 2006, Chitsabesan et al, 2006, Hayes and O’Reilly, 2006, Carroll and Meehan, 2007, McElvaney et al, 2013). However, it seems that these children with ‘complex needs’ cannot access the multidisciplinary team at the child and adolescent mental health service. Rather than treating the ‘whole child’ as emphasised in national children’s policy, the problem is now constructed as a medical one. If a prescription will not work, then the children must make changes by themselves (Phoenix and Kelly, 2013). When other mental health disorders are queried or diagnosed, the child is constructed as ‘too bad’ for the service. As happened with the school, now the mental health service cannot be expected to provide a service for these children. An assessment at this time is impossible. No further appointments will be offered.

In my opinion Catherine, who I have met before, has definite characteristics of an emerging personality disorder. It is my opinion that we cannot establish any meaningful therapeutic engagement with her and I will not be offering any further appointments (HSE CAMHS consultant child and adolescent psychiatric letter to GP dated December 2009 on young person in special care – Catherine).

There was a request made to our service on 22/09/2009 that we assess this child for query ADHD and my colleagues at that time placed him on our waiting list. It is quite clear from a wealth of information received since that time that an assessment at this time is impossible and I am writing to officially state that we are taking him off our waiting list and do not propose offering him any interventions from this service. It is quite clear from the presenting information that the predominant problem within this child relate to enduring conduct disorder, substance misuse and an unstable family situation which includes parental substance misuse. The priority in this case would be to stabilise the child’s social situation and prevent him from engaging in destructive antisocial behaviour and substance misuse. The priority of intervention lies with the Social Work Department and does not constitute a psychiatric reason for a consultation with our service. We would not be able to assess this young man until he is provided with a safe, caring and appropriate environment which prevents him from misusing substances as without these conditions we cannot accurately assess his mental state and as importantly we could not suggest any form of treatment without an overwhelming
sense that such treatment could interact with any other substance and potentially be
dangerous. It is possible that the consideration of residential admission to a drug service
such as the [residential drug treatment service] may enter into people’s reckoning but
that is not a matter for myself as I am not part of the young people’s drug service but
simply a child and adolescent psychiatrist (Letter from HSE CAMHS consultant child and
adolescent psychiatrist to GP dated April 2010 on file for young person in detention –
Hugh).

The psychiatrist distances himself from the case by stating that he is “simply a child and
adolescent psychiatrist” yet has suggested that the social worker needs to step up and
sort the situation out. The young person needs to be provided “with a safe, caring and
appropriate environment” that will stop his “destructive behaviour”. However, it is not
a psychiatric problem despite the fact that the young person has “enduring conduct
disorder”, one of the most frequently occurring mental disorders (Russell Searight et al.,
2001) and a common reason for referral to CAMHS. Both it and emerging personality
disorder have long term consequences for the young people involved but the
psychiatrists have constructed service provision for these children as someone else’s
problem: “the priority for intervention lies with the Social Work Department”.

Someone Else’s Problem

The social worker tries other services but generally to no avail. None of the services are
suitable due to the child’s “behaviour”; the child’s needs are too “complex” or the “risk”
is too high.

A referral was made to the [HSE day assessment service] in early March 2011. Based on
a detailed conversation with the staff there it was agreed that his behaviour is too
destabilised and high risk to allow him to engage at this time (HSE social work report on
young person in special care dated May 2011 – Oisin).

Thank you for referring Anne on 14/07/2011. Upon reviewing the referral fully it would
appear that the model of service provision for community psychology in this area may
not appropriately meet her complex needs. We can provide short term focused support
based on specific psychological needs that can typically be ameliorated in four to six
sessions (Letter from HSE community clinical psychologist on file for young person in
special care dated August 2011 to social worker – Anne).
Of note is that Anne had attended one session with a community psychologist in the HSE the previous year. At that time, the reason for not providing a service was because of her unstable living arrangements and her parents’ risky parenting style, both factors which are likely to increase a young person’s risk.

At the current time Anne remains in foster care. Due to the uncertainty around her living arrangements and the risk factors relating to parenting style of both her mother and stepfather, it is currently not appropriate for Anne to attend the psychology service (HSE community psychology report dated June 2010 on file for young person in special care – Anne).

Services are not provided due to complexity, risk and uncertainty. In short, children are being told that they are not suitable for mainstream services (Teplin et al, 2005). None of the reports suggest that the problem might lie with the service; the responsibility for non service provision is down to the young person often for not attending or ‘non compliance’. The child’s behaviour leaves the service with “no option” but to close the case.

I have explained to her social worker that as she has not attended three of the appointments offered I have no option but to discharge her (HSE CAMHS clinical psychology report on file for child in special care dated July 2010 – Gráinne).

Unfortunately given his presentation and non compliance I feel the prognosis must be considered to be poor and I believe he is going to head down the route of high support placement (Letter from HSE CAMHS consultant child and adolescent psychiatrist to social worker on file for child in detention – Seán).

The service positions itself as willing to provide the service but only if the young person conforms to the service provider’s view of how the service should be provided. This means that the young person must attend the clinic.

Oisin’s parents visited CAMHS on their own in January 2011 as he refused to attend. The senior registrar, [Dr B] wrote to the Social Work Department on 25/01/2011 saying she has grave concerns for Oisin based on parental account. Oisin has been discharged following failure to attend two further appointments. The registrar informed this social worker that their service is unwilling to visit the house to try to engage Oisin or to undertake an assessment based on file review. Due to his refusal to engage, it is likely
that a full assessment will only be possible once his behaviour has stabilised (HSE social work on file for young person in special care dated May 2011 – Oisin).

This psychiatrist had “grave concerns” for the child but promptly discharged him when he failed to attend two appointments. An assessment is still necessary but can only happen when his “behaviour has stabilised”. There are now no options left in the community - the child is now constructed as being so out of control that there is no other option left but to contain him.

No Other Option
The only option left to the social worker is to get this child into “a structured environment” where his behaviour can be “stabilised”. Endless information is provided on what the child has done. Lists of the children’s misdemeanours are presented in the reports. It seems that each incident must be catalogued and recorded in order to demonstrate just how bad these young people are. Files contain reports from various professionals listing behaviour breaches.

Attached is a list of the serious incidents he has been involved in. These break down into 50 incidents of unauthorised absences, 18 incidents of threatening and aggressive behaviours and nice incidents of property damage (HSE social care worker report on young person in special care dated December 2009 – Catherine).

On 3 June, she absconded following a dental appointment. On 20 June, she physically assaulted a staff member. On 3 July, she and other young people barricaded themselves in the living room and threatened staff with glass from a TV they broke. The gardaí were called and she assaulted several staff members. She also damaged her bedroom. On 4 July, she assaulted staff (HSE social work report on young person in special care dated November 2011 - Catherine).

The Social Work Department is concerned about her at risk behaviour, her lack of respect for her mother’s boundaries and her under-age use of alcohol and legal highs obtained from a head shop (HSE social work report on young person in detention dated September 2010 – Nora).

The case was reopened to social work in September 2008 when serious concerns outlined included: stealing; violent towards his mother (physical assaults and hair pulling); damaging school property; drunk and out of control behaviour - very concerning behaviour in a 12 year old boy (Private clinical psychology report on young person in detention dated November 2010 – John).
The children are "threatening and aggressive", they have no respect for others and their behaviour is "out of control". Every incident is recorded almost like a charge sheet, where alleged offences are recorded and read out to the person accused. Running away or "absconding" is considered a major infringement and lists and dates are provided of when young people are away from their home or residential placement. The social work report emphasises that the young person must be kept safe and this is the reason that they require special care (Goldson, 2002). The risk for girls is one of moral danger (Barnes, 1989, O'Sullivan, 1998, Laxton, 1998, Ferguson, 2007, Smith, 2008, Brierley, 2010) and the risk of sexual exploitation is a common theme in many reports. The children are now at risk not from their parents but from people "well known" to services.

It was the consensus of the child protection case conference that Anne continues to place herself at risk by her continued absconsions. It is also the belief of the conference that she may be placing herself in physical and moral danger when absent. ... There is concern that Anne is being sexually exploited (Social work report on file for young person in special care dated April 2011 – Anne).

On the day of Helen’s 12th birthday she was removed by gardaí from the house of a woman well known to this department as her own three children are in the care of the HSE until the age of 18. Gardaí believe that there was sexual activity and drug taking at this house partly through discussions with Helen’s school principal as Helen was apparently boasting about her drinking and sexual activity (Social work report on file for young person in detention dated May 2010 – Helen).

Children “cannot be contained safely” in open units. All unite in a common purpose - the family, the gardaí and professionals agree that what is needed now is a “secure, contained” environment (Harris and Timms, 1993a; 1993b).

Liam is a 13 year old child who has experienced trauma, instability and violence which has impacted on his ability to keep himself safe in school, home and the community. His family, gardaí and professionals agree that he needs a residential setting with secure, contained and consistent structures and boundaries. At the time of writing the Social Work Department awaits notification of a placement in special care (HSE social work report on file for young person in detention dated March 2011 – Liam).

It is the assessment of the Social Work Department and [residential care home] that he cannot be contained safely within an open setting at this time. The Social Work Department has only access to open units at this time. The Social Work Department has requested [children’s charity] to convene a family welfare conference to look at all care conditions.
options for him including special care. He is a risk to himself and other residents, staff and general public in his present destructive phase (Social work report on file for young person in detention dated February 2010 – Michael).

It is this author’s opinion that John is at great risk of causing serious harm to himself or others because of his lack of understanding for the consequences of his actions. He needs to be urgently referred to special care. Without this he will most likely become more involved in criminal activity and potentially damage himself or others which will lead to life-long consequences for John and his family and any others involved (Private clinical psychology report on file for young person in detention dated May 2010 – John).

Liam’s early life experiences have “impacted on his ability to keep himself safe”. He is responsible for this not the adults in his life nor the State, now his “corporate parent” (Office of the Minister for Children and Youth Affairs, 2009:3). The child needs a setting that has “secure, contained and consistent structures and boundaries”. This cannot be an open unit as the child is not only a risk to himself but to his family, other residents, staff and the general public (Armstrong, 2004). The construction of the child ‘at risk’ has now changed to become ‘a risk to others’ (Armstrong, 2004, Ellis, 2012). Now the children are to be feared and punished and society at large must be protected from them. Files show evidence of children who have been abused and neglected by their parents, taken into care and then abused within the care system. Many of these children have experienced 10 or more placement moves in as many years. They are shuffled from foster care to residential care and back home before being placed in residential care again. Placement after placement breaks down and this is attributed to the child’s behaviour. The reports on file also show that these children have experienced significant trauma and domestic violence. Others indicated that children had been sexually abused by members of their family while others were abused after they had been taken into care. Some children witnessed murders – one had to give evidence for the Chief Prosecution Solicitor’s Office. Another child watched as his best friend and brother were killed in a fatal traffic accident. Kevin’s actions resulted in his family breakdown when he phoned the gardaí to report that his father was beating his mother. His mother moved to a refuge and he was taken into care along with his brothers and sisters but they were not placed together. His father died by suicide a few weeks later. Despite these traumatic early experiences, the children are expected to
cope and make sense of them by themselves. They do not attend services or receive any therapeutic interventions, defined by the Children Acts Advisory Board (2009:10) as “intentional interactions or events which are expected to contribute to a positive outcome for a child or young person”. Sarah had nightmares after her mother’s death. Bereavement counselling was not mentioned but a report noted that she completed life story work with residential care staff. While useful for children to learn about their early life experiences (McKeown et al., 2006), life story work is not designed to help a child cope with bereavement or loss.

Sarah's mother's death was a traumatic experience. She had nightmares and difficulty understanding it. She completed life story work in [residential care home] (HSE social work report on file for young person in special care dated September 2010 – Sarah).

Special care involves the detention of a child for his or her own welfare and protection in a setting with “on site educational and therapeutic supports” according to the Department of Children and Youth Affairs' website. The child is not detained as a result of criminal offences but is placed by order of the High Court. However, the reality is that the specialised therapeutic input that is supposed to happen in special care is not available.

The National Special Care Admissions and Discharge Committee met on 01/12/10 to consider Áine. The committee decided that Áine met the criteria for placement. The committee wishes to inform you that there is a place in [SCU A]. I am obliged by the HIQA to inform you that there is no clinical support team in [SCU A] ... and that you should satisfy yourself that [SCU A] would meet Áine’s needs and is a safe environment for her (Letter from chairperson of National Special Care Admissions and Discharge Committee to social work team leader on file for young person in special care dated December 2010 – Áine).

Despite the fact that “there is no clinical support team”, special care is viewed as “a safe environment” so all efforts now focus on getting the child into special care. Applications for special care argue that the child’s safety will be compromised if they are not secured. Files showed multiple applications to the National Special Care Admissions and Discharge Committee.

83 Child Care Act 1991 s23, as inserted by the Children Act 2001 s16.
The committee noted that the admissions committee of [residential care home] recommended that a mainstream placement with a wraparound service would be beneficial. It also noted that the family welfare conference did not recommend special care. The committee decided that he did not meet the criteria for special care (Letter from National Special Care Admissions and Discharge Committee on file for young person in detention dated October 2009 – Patrick).

The National Special Care Admissions and Discharge Committee met on 12 August 2009. The committee noted that a period of time had been agreed with Kevin’s mother so that he would avail of services. The committee was of the view that the process should be allowed to continue until the already agreed concluding date. The committee suggested this process might give rise to alternatives that could be trialled before a special care placement ‘a placement of last resort’ would be sought. On 8 September 2009, following Kevin’s continued non-engagement with any services and nine unauthorised absences from his placement, the child care manager requested the committee to review the application. The committee met again on 23 September 2009. It noted the updated report from [private residential care provider] however its view remained unchanged. The committee also noted that no family welfare conference has been held. It decided that Kevin did not meet the criteria for special care (HSE social work report on file for young person in special care dated December 2009 – Kevin).

When special care applications are refused, the social worker appeals the decision. After all, the child has already been excluded from services available in the community. But even if the appeal is upheld there may be a waiting period before a place is available.

Liam told a staff member on 22/03/2011 that he would continue to escalate his destructive and injurious behaviour unless he is ‘locked up’ (his words) and he himself has expressed wonderment as to what he has to do in order to be ‘locked up.’ This social worker has applied for special care order last week which was initially refused and subsequently granted on 28/03/2011 on appeal but there aren’t any placements available in the special care system (HSE social work report on young person in detention dated March 2011 – Liam).

When places are not available in special care or when the application is refused, the focus moves to seeking a placement within the children detention schools. The social worker has tried to engage the young person with services and has sought a special care placement in the past without success. Correspondence on file for a young person in detention from a principal social worker acknowledges that:
This might be a risky professional and corporate strategy, exposing Áine to the criminal justice system because of our failure to have a secure bed for her, it is ultimately justifiable if it keeps her safe (HSE social work letter on file for young person in detention - Áine).

It seems that children's physical safety is prioritised over their wellbeing or their rights (Muncie, 2008, Muncie, 2009, Abrams and Killen, 2014). It is also pertinent that three files indicated that the children themselves wanted secure placements; a report file on Ian's file in a special care unit noted that he had previously requested a remand in custody because people were after him while reports for two young people in detention noted that they had also asked to be sent to a children detention school (Liam and Evan).

Once the focus moves to the children detention schools, the language shifts from keeping children safe and returns to the need to assess the young person’s behaviour. This is reminiscent of the practice of placing children with welfare needs in the criminal justice system. Children were also detained in the Finglas Child and Adolescent Centre (now closed) for up to 28 days for an assessment. While the detention of children for welfare reasons is no longer allowed, the practice of remanding children for assessment remains common with 44 court requests for assessment in 2011 (Irish Youth Justice Service, 2012c).

There was a general discussion on Kevin's presentation and history. The child care manager stated he is out of control and the HSE would support the Probation and Welfare Service in a recommendation for a three week residential assessment for Kevin. The residential care manager expressed concerns for Kevin's safety as he is prone to abscondions and there is a risk of suicide as a result of his engagement in drug and alcohol abuse. It was agreed that the probation officer will link in with the social worker regarding outcome from next court proceedings. The social worker agreed to write a report for probation. All agreed that it is most appropriate that Kevin be assessed within a secure environment (HSE social work report on file for young person in special care dated December 2009 – Kevin).

Kevin may have a learning disability and requires a full assessment as soon as possible. We believe that he would benefit from referral to [children detention school].

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84 Children Act 1908, s58 (4).
85 Children Act 2001, s88 (10).
presents as below average in the area of comprehension skills showing a poor level of language recognition. A detailed assessment of his cognitive abilities would be of benefit to any future placement (Private residential care report on file for young person in special care dated December 2009 – Kevin).

However the Probation Service respectfully recommends that the court consider adjourning matters for a month in order to seek a remand in custody for a comprehensive two week assessment in a young person’s detention centre. The services involved feel he would benefit from such an assessment particularly in relation to psychiatric, psychological, behavioural and educational issues. The Irish Youth Justice Service has confirmed there will be in a position to provide this in January 2011 (Probation report on file for young person in detention dated December 2010 – Evan).

The Social Work Department continues to hold serious concerns for his physical and emotional welfare. Efforts to try and protect and support his development in the future appear to have failed. A wraparound service has been put in place utilising various services and tailored to meet his needs yet he continues to refuse to engage. A further case conference was held on 13/02/10 and was attended by representatives from the HSE, Department of Education and gardaí. It concluded that all services offered to him and his mother had not been successful in supporting him to address his difficulties. It was also acknowledged that now that he is involved in the criminal justice system a further application for a secure care order could not be successful. All present were in agreement that a period of assessment was required but evidence suggests that this can only be done in a secure environment. Therefore it is respectfully suggested that the court give consideration to this option given the perceived risks to his safety, his apparent inability to cooperate with services voluntarily and the urgent need to assess his physical and emotional needs (HSE social work report on file for young person in detention dated April 2010 – Patrick).

The Perfect Placement

Once the child gets into special care or detention he or she is ‘changed’. Children “make excellent progress”; they “thrive” once their behaviour is contained. It doesn’t matter whether this is a children detention school or a special care unit (Muncie, 2009) – all “problematic behaviour” stops when the young person “is provided with clear structure, expectations and sanctions for behavioural difficulties”.

The evidence is that he can and will manage without medication when he is provided with clear structure, expectations and sanctions for behavioural difficulties. This was certainly the conclusion I drew following his earlier admission to [children detention school] prior to my involvement (HSE CAMHS consultant child and adolescent psychiatry report on young person in special care dated September 2011- Kevin).
Helen's behaviours continued to be problematic until her recent admission to secure accommodation (HSE social care report on file for young person in detention dated May 2010 – Helen).


Moreover, once the child is in detention or special care, services can take a breather. The child really is someone else’s problem for a while. The first two examples below show how Evan is denied services from both social work and child and adolescent mental health because of his detention.

He is in special care. This service has deemed it appropriate to liaise with professionals working with him rather than meet with him directly. This is a short term measure until he is settled in a more long term placement. This service is very keen to support him and the HSE with respect to his compliance with the two court orders relating to his criminal matters (Correspondence from probation officer to social worker on file for young person in special care dated August 2011 – Kevin).

There was an office appointment planned for Evan but due to current circumstances with him this will be cancelled (HSE social work letter on file for young person in detention dated June 2011 – Evan).

Evan was referred by his GP in 2004 and diagnosed with ADHD. In June 2010, he was admitted to [acute hospital] for fracture of left leg during joy riding in a stolen car. He admitted to taking alcohol and snow blow from head shops while on ADHD meds. Patient was unhappy about having his meds switched and left the office before the end of the interview. He has refused to attend on several occasions for review. He last attended here on 06/10/2010 and has not attended several appointments since then. The last prescription was issued on 26/04/2011 for two weeks and an appointment was issued for 11/05/2011 at which time we learned he was in [children detention school] (HSE CAMHS senior registrar report on file for young person in detention (no date) – Evan).

However, the search for the perfect placement is not over. In fact, now that the child is in a safe and structured environment, the professionals think that some other placement might be better. When the child is detained for an assessment, staff in the children detention schools make recommendations. These are usually that the child
should be returned to the community as he “has not yet reached the point of custody as a last resort” or be placed in special care. The child remains someone else’s problem. Ironically, the recommendations often include referral to the very community services that have discharged the children in the past as the extract below demonstrates.

Recommendations: John’s needs would best be met within the care system in special care; appoint a guardian ad litem to act as advocate; appoint a probation officer; monthly court reviews; John should engage with his social worker; re-refer to CAMHS to re-examine ADHD, ODD and conduct disorder diagnoses; return to education in small group or one-to-one with eventual return to mainstream education with support from a special needs assistant; educational welfare officer to continue to monitor case; John to engage in social, personal and health education (SPHE); to engage in a programme focused on improving coping skills and temper outbursts; refer to creative therapy to include support around bereavement and loss; when ready to attend refer to alcohol and drug misuse programme; John should attend an offending focused programme to develop a sense of empathy, remorse and moral understanding; provide parenting support to mum (Remand assessment report on file for young person in detention dated July 2009 – John).

In turn, professionals who see children in special care argue that the child is in the wrong place. He has “criminal matters” and is a risk to staff and peers. There is no point him being in special care as his prognosis is “guarded”. He is currently on two supervision orders for the Probation Service but overall it is my opinion that he has had little or no consequences or sanctions for his criminal matters. In my opinion, special care holds no therapeutic value for him. In addition he poses a risk to staff and to his peers in relation to his potential to assault them and bringing drugs in. Consideration of his onward placement is not a simple matter. I would be guarded regarding his long term prognosis. In an open setting he is certain to return to drug using as soon as possible. Contact with his family will increase this risk. If he were to be held within the criminal justice setting, I suspect it would be for a short time only and may not allow for any meaningful intervention aimed at reducing his risk. I agree with [Dr Y], Consultant Child and Adolescent Psychiatrist that the HSE has a responsibility to keep him as safe as possible while acknowledging that he does engage in very high risk behaviour through his own choices. For this reason, I recommend secure accommodation as the next step. This will provide safety but may give him the opportunity however slim to turn things around for himself. Such a unit would have to be sourced out of state. There are secure units in the UK that accept children who require a safe controlled environment in order to prevent harm to themselves or others with the aim of reducing offending behaviour through intervention programmes (e.g. [secure unit]) (HSE CAMHS consultant child and adolescent psychiatry report on file for young person in special care dated September 2011 – Kevin).
Now a new setting to control children is introduced. The recommendation now is that the children should be sent to another country; they are now constructed as so bad that even the special care units and children detention schools cannot contain their behaviour. Holding a child within the criminal justice setting “would be for a short time only” and so would not be long enough to change the young person’s behaviour.

Reporting in the *Irish Times*, O’Brien (2011) indicates that 15 children were placed out-of-state in 2011 because of severe behavioural problems at a cost in the region of €250,000 per child or €3.75 million in total. However, when children are placed out-of-state they do not necessarily get a better service than in Ireland and reports demonstrate similarities to the Irish system. One child spent six months in [secure unit], a service that describes itself as having developed a range of specialist child-focused services to help young people with problems, encompassing the areas of child welfare, youth justice and mental health. A report on file is remarkably similar to the Irish reports on file showing the young person constructed as the reason for the potential breakdown of the placement.

Ian is a very vulnerable young person who poses a significant risk to himself and others. He requires a placement providing safety and security. His behaviour has improved but recently he has begun to disengage from staff which could lead to placement breakdown as his previous placement did. He has met with staff from the [clinical team] twice and although it’s going well, the [clinical team] were limited because he is leaving at the end of April (Report from out-of-state placement on file for young person in special care dated April 2011 – Ian).

The six months in [secure unit] was Ian's second out-of-state placement. He had previously been placed in [a different secure unit], a placement which offers assessment, care and education packages to young person with “extremely complex needs” according to its website. In fact, as well as the two placements out-of-state, Ian was in three separate children detention schools, an adult prison and had two placements in special care. It seems that some of these children spend considerable time confined in various institutions (McAra and McVie, 2010).
Since reception into care, Catherine has displayed a number of challenging behaviours which puts huge strain on her placements. She has and continues to have difficulty trusting people and displays behaviours that indicate trauma and insecure attachments with caregivers. She was previously referred to special care in relation to self harm and absconding behaviour and placed in [special care unit] from August to December 2008. A further referral was made in September 2009 but refused. She was placed in [out-of-state placement] on 07/03/2010. She settled well initially but her behaviour deteriorated from July 2010 onwards. Her challenging behaviour includes absconding, inappropriate sexualised behaviour, avoidance of close attachments with others, misuse of alcohol, harm to self and contact with inappropriate peers and adults. Also a concern is that she may be being exploited by unknown adults and involved in organised prostitution (HSE social work report on file for young person in special care dated January 2011 – Catherine).

The above report continued: “On 29/11/2010, the [out-of-state placement] made the decision that they could not care for her and requested her return to Ireland. She returned on 06/12/2010”. The report further states in relation to this placement that “some progress was made but the placement ended abruptly as she continued to abscond and not engage. Catherine was excluded from the group and contained in an isolated location to keep her safe”. So it seems that even the placement out-of-state is not a panacea for these children. On the day after her return, Catherine was placed in special care for the second time. Once children are discharged from special care or detention, it seems that all efforts focus on getting them re-admitted until finally, nothing more can be done. The files clearly show that for many of the children placement in special care or detention is not the exception to the rule but the norm. Helen had three placements in special care prior to being remanded and then committed to a children detention school. The extract below demonstrates how in the end the social worker believes that she is absolutely responsible for her behaviour (Phoenix and Kelly, 2013).

Helen is now 16 year old and has the benefit of a remarkable level of support. Helen has severe difficulties in the most important relationships in her life. She has sought out the company of older males to fill this void. The high degree of support she has received comes with some unintended consequences particularly her expectation that someone will be there for her when she is in difficult largely of her own making. Helen must now accept responsibility for her own relationships. There are no further remedies to this situation through the courts or any other therapeutic input. Helen must realise that the structures that were in place for her previously can no longer continue. ... There is
no longer the sense of urgency around protecting her as she is now 16 and has previously received inordinate amounts of support (HSE social work report on file for young person in detention (no date) – Helen).

Patrick’s file also illustrated an example of a withdrawal of social work support. Patrick became upset at a review meeting in the children detention school when his social worker informed him that he could not return to his mother’s care on discharge. In frustration, he threw a cup at the wall and was taken out of the meeting. There was a letter on file addressed to Patrick advising him that his allocated social worker was being withdrawn because of his behaviour – despite the fact that he had been in the care of the HSE since the age of 18 months.

The Ryan Report shows how children in the industrial and reformatory schools system were criminalised for being poor (Raftery and O'Sullivan, 1999) and as such, they did not seem to have the same rights as others (Ferguson, 2007). While it is no longer the case that thousands of children are being institutionalised the reality for this small cohort of children is that they are still constructed as different to ‘normal’ children. This research has demonstrated that before placement in special care or detention, the child is separated from other children; he attends a behaviour class or resource hours. He is removed from his family, placed in foster care or a residential unit often quite a distance from his home. He is then removed from society and ultimately can be sent out of the country. The child is pushed along from placement to placement and service to service until eventually he is 18 (Phoenix and Kelly, 2013). The blurring of boundaries between welfare and justice that occurred under the 1908 legislation when children were criminalised for having welfare needs (Brierley and Giller, 2008, Powell et al, 2013) is still apparent. One reason that children could be sent to an industrial school was if their parents were in prison. Despite the fact that the Children Act 2001 does not provide for this, one report stated:

In August 2009, the Social Work Department applied for a special care unit as Patrick’s mother was imprisoned in September 2009 (Social work report on file for young person in detention dated April 2010 – Patrick).

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86 Children Act 1908, s58 (1)(b).
Even the language used in reports demonstrates that the boundary between welfare and justice continues to be as blurred as it was during the time that the industrial and reformatory school system prevailed (Raftery and O'Sullivan, 1999). Children’s behaviour needs to be “arrested” and therefore they need to be “locked up”. While some efforts are made to keep some children within the welfare system and place them in special care, if that does not work out the next placement sought by professionals is within the criminal justice sector. For children themselves, it does not matter whether they are in a special care unit or a children detention school as their liberty is restricted in both settings (Poso et al, 2010). There is no reference to the children’s rights agenda (Muncie, 2009).

At this juncture, Áine’s behaviour is again spiralling very quickly out of control with clear evidence of poor engagement, poor motivation and poor and inconsistent focus on the placement. Her behaviour and general presentation need to be arrested and stabilised again within the environs of a special care setting. Áine now requires a further period of secure care and we are requesting the Admissions and Discharge Panel to consider this application as a matter of urgency (HSE social work report on file for young person in special care dated October 2011 – Áine).

The only way Helen’s safety can be guaranteed was to keep her locked up, that she has immersed herself in a lifestyle that keeps her outside the influence of responsible adults and has otherwise demonstrated that she cannot acknowledge the risks that she is exposing herself to (HSE social work report on file for young person in detention (no date) – Helen).

Conclusion

When these children are picked up by an agency there are difficulties accessing others despite the fact that they are constructed as having ‘complex needs’ from an early age (Unger et al, 2012). Often, the social worker is the professional left to manage the case. The social worker tries to find an answer to the child’s behaviour problems but the services push the child away. Chapter 2 outlined how the Irish State established these services as alternatives to detention (Feeney, 2012) or “non-carceral measures” (Ilan, 2010:27) but this thesis demonstrates that they are not operating in this way for these children. Instead, the children are pushed further and further along the continuum of
child care services towards the secure setting (Laxton, 2000). For these children, not much has changed since the 1950s when vast numbers of children were institutionalised. It is professional constructions of the children that trigger such service responses albeit for a small number. This results in children being excluded (Abrams and Killen, 2014) in secure settings in an attempt to achieve a 'quick fix' for their 'complex problems' (Kenny, 2012). The children are moved from placement to placement, from service to service, from special care to detention and back to special care, out of the country and back again until eventually they turn 18 and then they really are 'someone else's problem'. The agents of the State claim to do this in the children's 'best interests' (Harris and Timms, 1993a), which masks the presence of a punitive undercurrent (Muncie, 2008). Beneath the veneer of professional tolerance and understanding about children's needs is a disciplinary force that is released when children step out of line (Goldson, 2002). Once children demonstrate through their behaviour that they do not fit mainstream services (Harris and Timms, 1993a, Teplin et al, 2005), the institution becomes the de-facto placement (Carr, 2010b).
Chapter 7: Discussion and Conclusion

Introduction

This thesis aimed to explore professional constructions of 'troubled and troublesome children'. In doing so, it sought to provide a sociological understanding of the purpose and function of civil and criminal detention, both framed by the State as placements of last resort in legislation and policy. The empirical data comprised 245 professional reports which constituted the 'official records' of 32 children – 10 who were confined in a special care unit and 22 who were confined in a children detention school. The research methodology was primarily qualitative combining aspects of thematic analysis (Braun and Clarke, 2006) and constructivist grounded theory (Charmaz, 2010). These techniques were used to examine the data in order to "understand the systems of knowledge that have been applied to understanding the child" (McCallum and Lawrence 2008:116).

The thesis demonstrated that children who were sent to closed institutions were constructed as having 'complex needs' including histories of abuse, trauma and loss. They were described in professional reports as having various deficits including mental health and learning difficulties. The thesis showed that these children were seen by a range of social and psy-experts prior to confinement. However, professionals portrayed children as unsuitable for particular services because of their behaviour. A probation report indicated that a child was unlikely to engage following "a disruptive meeting" while another report stated that a child could not attend an assessment service because of "destabilised behaviour". The children were invariably constructed as 'someone else's problem' and moved from service to service. Eventually they were confined in specialist institutions such as special care units and children detention schools or in similar units out of the country. This chapter examines the study findings in light of the literature on the historic purpose and function of closed institutions and the ongoing welfare-justice debate and argues that despite legislative, policy and structural development of children's services in Ireland, professional constructions of children
contribute to the view that children should be confined in placements of last resort. It concludes that the contemporary institution, in the form of special care units and children detention schools, continues to serve an important function – to contain children that cannot be regulated by mainstream services (Teplin et al., 2005, Carr, 2010b).

‘Troubled’ and ‘Troublesome’ Children

My research question asked how professionals construct the child that is sent to special care or detention. The findings demonstrate that the children confined in contemporary institutions share common characteristics (Little et al., 2004) particularly in terms of their behaviour which was described in reports as “out of control”, “challenging”, “antisocial” and “criminalised”. These labels and descriptions position the children as ‘outside’ the norm rendering them different from their peers and establishing them as a separate ‘deviant’ social group (Becker, 1963). The literature helps to explains deviance as a social construction. Chapter 2 showed that any hint of deviance historically resulted in institutionalisation (O'Sullivan and O'Donnell, 2012) whereas the legislative and policy emphasis is now on detention as a last resort (Kilkelly, 2008). Chapter 2 also illustrated how social control theories have been used to explain the wide use of institutions to contain any perceived deviance (Raftery and O'Sullivan, 1999, Ferguson, 2007, Rogan, 2011, O'Sullivan and O'Donnell, 2012) but highlighted that it was often families themselves that wanted family members institutionalised (Van Krieken, 1986a, Maguire and O’Cinneide, 2005, Smith 2008, O’Sullivan and O’Donnell, 2012). While the empirical data for this study indicated that three of the children in the study wanted a custodial sentence, in the main it was professionals that deemed these to be necessary ‘placements’ for the children involved. This fits with Rose’s (2000:33) description of these professional groups as “control agencies” relentlessly pursuing the objective of managing individuals deemed to be ‘risky’.

Discourses about children often polarise them as innocent victims who need care and protection or children as inherently evil who need discipline and protection (McGhee and Waterhouse, 2007). Case (2006) argues that both conceptions can be understood in
terms of risk – children at risk from others and children as risk to others. This thesis shows that risk was a dominant discourse throughout the reports and how children were constructed as both ‘victim’ and ‘threat’ (Goldson, 2000, Muncie and Hughes, 2002, Goldson, 2007, Piper, 2013). However, the formal conception of the child at risk was soon displaced by the construction of the child as risk to others (Goldson, 2002, Armstrong, 2004). The early identification of risk triggered system responses across education, health and justice but responses were fragmented (Ungar et al., 2012) and seemed to be in an effort to classify and categorise the risk (Rose, 2000) as opposed to actually minimising it. The findings demonstrated that while there was a flurry of service activity around these children, they did not actually attend services in the community to address what various professionals described as their ‘complex needs’ (Chitsabesan et al, 2006; Hayes and O’Reilly, 2007). Professional constructions seemed to contribute to the view that these children were beyond the reach of mainstream services (Teplin et al, 2005). In fact, descriptions in the reports appeared to reinforce the view that they were not in fact ‘children’ and therefore it was not appropriate that they should attend children’s services. This was particularly clear in the case where the psychiatrist described Hugh as a “young man”, later arguing that he was “simply a child and adolescent psychiatrist” and not part of the “young people’s drug service”.

It is well established that childhood is fundamentally a social construction with definitions or notions of what it is to be ‘a child’ changing over time (James and James, 2012). For example, the 1908 Children Act defined a ‘child’ as under the age of 15 and a ‘young person’ as between the ages of 15 and 17. However, the modern legislative framework for children’s services defines childhood as continuing until the age of 18, spanning the range from birth, through middle childhood to the end of adolescence. That this is an arbitrary timescale is reinforced by the definition of ‘youth’ - extended to 24 years of age in the Youth Work Act 2001. Professionals seemed to be constructing the children in this space or as young adults rather than as ‘children’. In this way, children were conceptualised as responsible for self governance (Rose, 1989) and it was

87 Children Act 1908, s31.
88 Child Care Act 1991, s2 (2); Children Act 2001, s3 (1).
89 Youth Work Act 2001, s2 (1).
up to them to change their own behaviour (Phoenix and Kelly, 2013). Rather than psy-
expertise facilitating the individual’s self regulation (Foucault, 1977, Rose, 1989), these
children had to take responsibility for themselves. This adulterisation and demonisation
of children and “the concomitant punitive policy thrust has meant that ‘young offenders’
are increasingly being denied their claim to childhood” (Goldson, 2000:258). While
youth crime rates are falling (Irish Youth Justice Service, 2013), these professional
constructions of children serve to trigger professional responses. Those in power define
the problem and prescribe the solution (Scranton, 1997). In this case, the professional
response or ‘solution’ was to seek a placement in a secure institution.

This research suggests that children in special care and detention today share similar
characteristics to those detained in the industrial and reformatory school system (Hart,
1968, Hart, 1970). However, a fundamental difference is that the numbers of children
confined in closed institutions today are negligible compared with the vast numbers
institutionalised in the past. Chapter 4 described the significant decline in the number
of children confined in closed institutions, once the predominant placement for children
who were deemed to require out-of-home care. It highlighted how in 1970, there were
1,740 children in industrial and reformatory schools while today there are less than 60
on any given day between special care units and children detention schools. Since the
1970s, Ireland has reshaped its child welfare and youth justice systems with a stated
emphasis on detention as a last resort. This policy reshaping claims a priority for foster
care over other forms of alternative care and offers community services that support
children to live at home with their families. Very low numbers are placed in special care;
in December 2011 just 20 children were in special care (Health Service Executive,
2012c:59). Similarly, numbers in children detention schools have fallen with daily
averages of approximately 30 children (Irish Youth Justice Service, 2009a). This
significant decline in the number of children confined in institutions suggests that the
social control theories which explained the purpose and function of the industrial and
reformatory school system and detailed in Chapter 2 may no longer be as relevant as
when the industrial and reformatory schools conveniently took care of vast numbers of
the nation’s anomalous children (Raftery and O’Sullivan, 1999). Moreover, it could be
argued that a further decline in the number of children might render the closed institution redundant. However, while small in number, these children are often described as the most vulnerable in the State (Chitsabesan et al., 2006; Hayes and O'Reilly, 2007) and previous chapters have shown how child care services in Ireland have long been concerned with this "group of the most difficult children" (Task Force on Child Care Services, 1980:184). Understanding how professionals construct the child that is deemed to need such a placement allows an appreciation of the purpose and function of the contemporary institution.

The Contemporary Institution: Purpose and Function

This thesis has demonstrated how the institution today has evolved from those established in the 1850s. It shows how the formal view on the closed institution has shifted from depiction as a child saving venture in the 19th century to a measure of last resort today. Once a source of pride (Barnes, 1989), the closed institution became a symbol of national shame particularly evident with the publication of the Ryan Report in 2009 (Powell et al., 2013). The contemporary institution is vastly different from large, impersonal institutions like Artane in Dublin which had capacity for up to 800 boys (Barnes, 1989) but has its purpose and function also evolved? When considering the purpose and function of the institutions of today, the conventional response is that special care units and children detention schools represent specialist institutions that are provided in a child's best interests (Harris and Timms, 1993b). The stated purpose of special care units is to provide secure residential accommodation for children with serious emotional and behavioural difficulties who are detained under a High Court detention order for their own safety. The children detention schools also provide secure residential accommodation for young offenders catering for children that have been convicted but also children who have been remanded to custody. However,

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90 Reformatory School (Ireland) Act 1858; Industrial School (Ireland) Act 1868.
91 Child Care Act 1991, s23 as inserted by the Children Act 2001, s16.
92 Children Act 2001, s196.
93 Children Act 2001, s142.
94 Children Act 2001, s88 and s100.
this thesis demonstrates that children in special care were also in the criminal justice system dispelling the notion that special care is for non-offending children.

While detention of children is appropriate in exceptional circumstances (United Nations, 1985), this thesis indicates that the majority of children were detained primarily due to minor offences (Muncie and Goldson, 2006a, Carroll and Meehan, 2007). This seems to contradict Hayes and O'Reilly's (2007) finding that children in detention present with serious criminality. Also, the findings suggest that many of the children in the detention schools had significant care histories (Carroll and Meehan, 2007). It appears that the blurring of the welfare-justice boundary that marred the industrial and reformatory schools (Raftery and O'Sullivan, 1999) remains a feature of the contemporary system. Legislative attempts to separate the systems resulted in the birth of a new institution (Carr, 2010b). At first glance, its establishment seems progressive but it is essentially an industrial school with a new name. Its child protection and welfare function is reminiscent of the industrial schools which "were set up to care for what would today be called youth 'at risk' or 'pre-delinquents'" (Ferguson, 2007:125) but it operates a similar regime to the children detention schools (Buckley and O'Sullivan, 2007). The reality is that child victims and offenders go to the same institutions just as they did soon after the State enacted legislation to establish reformatory schools in 1858 and industrial schools in 1868 when both settings became integrated and merged into a common system (Powell et al, 2013).

Special care units are managed by the Child and Family Agency while children detention schools are managed by the Irish Youth Justice Service, a structure which epitomises the welfare-justice divide. This artificial divide masks the fact that the institutions are more or less the same in that they are closed institutions for children deemed to have 'complex needs'. The fact that the children detention schools are now the responsibility of the Minister for Children and Youth Affairs is perhaps evidence that the Irish system is moving closer towards a welfare model. However, it seems that welfare and justice are

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95 [Rule 17.1]
to remain separate as other areas of the juvenile justice system including the Diversion Programme and the Young Persons' Probation Service remain the responsibility of the Minister for Justice and Equality. This is ironic considering that detention is the ultimate sanction for children but perhaps it reflects the amalgam of contradictory models and competing aims operating in the Irish system. It is also more accurate to refer to a welfare-justice continuum rather than a divide (Sargent, 2009). Special care units and children detention schools represent the top of the child care spectrum which also includes a range of community services across health, education and justice. While safeguards such as national committees and the courts are built into the system, it is the professionals working with the children that are the real decision makers. Social workers, psychiatrists, psychologists and probation officers act as judge and jury with the power to decide who can be punished and where. Reports are presented that persuade the courts that a secure placement is the only option for the child; this is backed up by the ‘scientific authority’ of professional instruments or in some cases ‘professional opinion’. Instead of the services in the community offering an alternative to placements of last resort, the empirical data suggests that they offer these children a fast track path to detention. The secure institution remains a placement option for those children who cannot be governed (Carr, 2010b). The children in this study were confined in secure institutions and it did not seem to matter whether the detention was civil or criminal. After all, the closed institution is the “somewhere, something” needed to hold children that don’t fit anywhere else (Harris and Timms, 1993b:163). Similar to the prison, it is a complex entity that simultaneously pursues a number of objectives and is kept in place by a range of forces (Garland, 1991).

Control, Containment and ‘Doing the Right Thing’

The fact that the institutions are designed to keep children in suggests that an unequivocal function is to provide control. The presence of external security fences (Health Information and Quality Authority, 2013) reinforces this view. The names of the institutions belie this function; the use of the words ‘special’ and ‘care’ do not suggest locked doors where welfare turns into a punishment (Poso et al., 2010) while the use of benign terms like ‘children’ and ‘school’ seem to soften the harshness of ‘detention’.
Yet the end result for the child is punitive as he is incarcerated whether in special care (Ryan et al., 2004) or in a children detention school. Muncie et al (2002) argue that children have always been locked up and will continue to be because discussions of welfare issues such as neglect and poor parenting are at odds with discussions of youth offending. They suggest that this anomaly has been resolved by clouding it in a welfarist treatment discourse. Thus, the industrial and reformatory school system was legitimised in the name of moral reform. Clearly, the way children were treated in historic institutions would not be tolerated today (Raftery and O'Sullivan, 1999, Maguire and O’Cinneide, 2005, Ferguson, 2007), evidenced by the public outrage which followed the publication of the Ryan Report in 2009. However, Garland’s (1991) view is that any public policy that allows detention still inflicts pain – but in ways that are acceptable to society. For example, this thesis showed that many of the children were constructed as having mental health issues with labels such as ‘ADHD’, ‘oppositional defiant disorder’, ‘conduct disorder’ and various other psychiatric diagnoses used in reports (World Health Organisation, 1992, American Psychiatric Association, 1994) alongside less specific descriptions such as ‘emotional and behavioural difficulties’. Once such diagnostic labels are attributed to children there is a danger that the difficulty or ‘disorder’ is located within individual children and nothing to do with the social context. The thesis also indicates that the majority of the children had experienced significant adversity in their early lives. It is acknowledged that detention can exacerbate mental and psychological pain (Hayes and O'Reilly, 2007) but according to Garland (1991), this is tolerated because it is emotional pain and hidden from view.

The empirical data demonstrates that children moved from institution to institution; the revolving door nature of their confinement in various institutions means that some children spend considerable time there (McAra and McVie, 2010). In the end, consideration of whether they are innocent or guilty does not enter the equation (Muncie, 2009), what is important is that they are contained until they reach the age of majority. This containment function has been legitimised by professional constructions of the child with 'complex needs' as a shared reality has emerged that it is in children's 'best interests' to be placed in a special care unit or children detention school (Berger
Reports set out the reasons why children need a secure placement, which is ultimately justified because it will keep children safe (Goldson, 2002). It is perhaps understandable in the context of high profile reports into child protection failings that practitioners pursue this objective. However, it is ironic that the services established as alternatives to the institution (Ilan, 2010, Feeney, 2012) are staffed by practitioners who recommend the institution. It seems that safety is required on a number of levels. On one level, children need to be kept safe from themselves – at 13 years of age, Liam’s early experiences were reported to have impacted on his ability to keep himself safe. In other cases, professional reports suggested that other people needed to be kept safe from the child (Armstrong, 2004); a psychological report constructed John as “at great risk of causing serious harm to himself and others”. At another level again was concern about risk to female children.

Although limited by the small sample size, the findings of this research suggest that professional responses to children remain “gendered” (O’Neill, 2001:50) similar to 19th century responses which saw girls sent to industrial schools and boys sent to reformatory schools (Barnes, 1989, O’Sullivan, 1998, Ferguson, 2004). Brierley acknowledges that numbers will always be low when doing research in these settings due to the “last resort” (2010:iii) nature of the placement. Nonetheless, he argues that findings can be informative and indicative of certain trends despite the lack of detailed statistical analysis. The empirical data suggests that professional concerns about females mirror historic ones about sexual risk (Barnes, 1989, O’Sullivan, 1998, Ferguson, 2004) with reports referring to risk of “moral danger” and sexual exploitation. In this way, girls were constructed as more vulnerable than boys and as needing special protection. The risk of “absconding” or running away was also more prevalent in reports about girls than boys as illustrated in Chapter 5 (see Figure 27). While the Child and Family Agency does not publish information on the gender of children admitted to special care, my research indicated that more girls were placed in special care by order of the High Court in 2011 (21 female and 13 male). This contrasts with the children detention schools whereby 96 males and 26 females were ordered to be detained by the criminal courts in 2011.
Fewer females are dealt with by youth justice systems in general (Muncie, 2002); the fact that just 25 per cent of referrals to the Diversion Project in 2012 related to females (Garda Youth Diversion Office, 2013) and the smaller number in detention supports this. However, the review of offence profiles of children in detention in 2011 indicates that on average, girls were responsible for six offences each while boys were responsible for nine. This suggests that the criminal justice system may be harsher in its treatment of girls (O’Neill, 2001). For example, the findings suggest that assaultive behaviour is not tolerated in females. This would certainly seem to have been the case for Michelle who was detained based on one charge of assault. Also, the review of charge sheets on file for the 122 children in detention in 2011 indicated that girls were more likely than boys to be detained in the criminal justice system for assault. Limited contextual information was available on the charge sheets but the empirical data derived from the detailed file review of the 32 children in both settings suggested professional concerns about assaultive behaviour of both male and female children. Seán’s file, reviewed in the children detention school, indicated that he had assaulted 11 care staff while Oisin and Catherine, both in special care, had assaulted care staff and gardaí. The fact that all but one of the files reviewed in special care had reference to criminal justice agencies working with the children made it hard to differentiate between the reasons for civil and criminal detention. Similarly, some children in detention were there for welfare reasons, particularly evidenced in Kevin’s case whereby a report on file stated he “may have a learning disability and requires a full assessment as soon as possible. We believe that he would benefit from referral to [children detention school]”.

Harris and Timms (1993b) argue that secure accommodation is a necessary response to an otherwise unsolvable problem. Their view is that restricting usage means that the same children surface elsewhere in the system, the challenges they pose unsolved and their situations unchanged. It is easier for services to work with the child who does not challenge them; the child who turns up for appointments; the child who behaves in a socially acceptable way or the child whose problem can be ameliorated in six weeks. Confining problematic children in special care or detention saves professionals “the
messiness of knowing too much about delinquents, their families, their backgrounds or their experiences" (Goldson, 2002:693). But it means that the professionals are involved in “constructing and devising the penalty itself” (Pratt, 2002b:407) as it is this dispersal of judicial power that serves to ‘adulterise’ or ‘responsibilise’ children in trouble. As Rose (2000:324) concludes, contemporary strategies have two components: “those that seek to regulate conduct by enmeshing individuals within circuits of inclusion and those that seek to act upon pathologies through managing a different set of circuits, circuits of exclusion”. For those children whose behaviour cannot be managed in the community, special care and detention are “utilised as a means of enduring incapacitation” (Rose, 2000:332). It is almost as if professionals are engaging in “punishment in practice” (Bateman, 2005:98). Placements are actively pursued despite evidence that therapeutic services are not available in special care (Health Information and Quality Authority, 2010) and offending programmes are lacking in detention (Health Information and Quality Authority, 2013). It does not matter that the evidence suggests that detention does not prevent recidivism (O’Donnell et al., 2008) or that it promotes criminal behaviour (Goldson, 2002), what is important is that these problematic children are contained.

In some cases, the objective of keeping children safe was explicitly stated particularly in reports which related to special care, a highly sought after placement (Goldson, 2002). When applications for special care were refused or when a place was not available, the reason for seeking a secure placement was re-constructed as the need for an assessment - an essential aspect of disciplinary power (Foucault, 1977, Rose, 1989). This occurred despite the fact that many of the children had been subject to a continuous process of assessment which began in the school setting before extending to health and justice sectors. Indeed, the practice of remanding children for assessment continues despite the Children Act 2001 stipulating that children cannot be detained in a criminal justice setting for welfare purposes.97 Children seemed to be repeatedly assessed in an effort to find the reason for their problematic behaviour. These assessments results were detailed in professional reports and resulted in children being “constructed as

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97 Children Act 2001, s88 (10)(a).
repositories of risk with predetermined risk trajectories ripe for intervention” (Kemshall, 2008:26).

This formal conception of children as risky encourages a deficit focused, exclusionary, dehumanising, de-individualising and pessimistic view of young people as potential offenders who must then be subject to risk focused interventions for their own good (Case and Haines, 2009). Muncie (2008) argues that this prioritises risk over rights and is incompatible with the near universal ratification of the United Nations (1989) *Convention on the Rights of the Child*. The empirical data suggests that if children did not engage with services provided in the community then there was no option for professionals but to recommend that they be sent to special care or detention. The closed institution then serves to contain the children that are hard to reach, difficult to engage and just not worth the hassle; the children deemed most problematic “by the little engineers of the human soul and their mundane knowledges” (Rose and Miller, 2008). Just as a wide range of institutions had provided a place for people that had nowhere else to go in the past (O'Sullivan and O'Donnell, 2012), the contemporary institution provides a similar function for children who just don’t fit anywhere else (Harris and Timms, 1993a, Harris and Timms, 1993b). The institution represents the ‘perfect placement’ as children have no choice but to engage. It serves as a coercive back up managing those who slip through the networks of normal control and integration. However, a focus on assessment and categorisation of risk serves to individualise the problems thereby absolving governments of any responsibility for addressing wider social issues such as poverty and disadvantage (Creany, 2013, Swirak, 2013). As was the case in relation to labels that describe mental health deficits, the problems were located within the child denying any contextual and social factors that may have underpinned them.

The fact that the closed institution does not address children’s challenging behaviour, the evidence that it is inherently damaging (Becker, 1963, Goldson, 2002) and its significant financial costs (McElvaney et al., 2013) do not matter as long as it fulfils other obligations. Alongside the functional purposes of control and containment, the
contemporary institution also serves an important symbolic function (Rothman, 1971). Rothman (2002) argues that there is a continual tension and interplay between conscience and convenience. Conscience represents the benign, well intentioned actions of professionals who convince themselves that they are recommending placements of last resort in children’s best interests while the concept of convenience can explain a more fundamental purpose. The contemporary institution provides a convenient way for ministers, officials and service providers to be seen to be doing the right thing for problematic children. Children have always been locked up. It is the names of the institutions where children have been confined and the labels used to describe the children that have changed. Once called industrial and reformatory schools, the institutions are now called special care units and children detention schools. Once described as ‘unruly’ and ‘depraved’, the children now have ‘complex needs’. What has remained constant is concern about this group of children and what to do with them. Despite the fall in youth crime, there will continue to be a reserve of secure places to contain “usual suspects” (McAra and McVie, 2007:319).

At a time when the stated policy aim is to promote detention as a last resort, the Department of Children and Youth Affairs has sanctioned an increase in detention places. On 2 April 2012, the Minister for Children and Youth Affairs confirmed that €50 million capital funding has been provided to deliver a national children detention facility. The facility will be complete in 2015 at the existing site in [Lacken], County Dublin. Similarly, the Child and Family Agency has announced that it is developing more special care places (Health Service Executive, 2012c) with capacity set to double by 2016 according to a recent headline in the Irish media (O‘Cionnaith, 2014). This focus on increasing secure places suggests that any attempt to locate these services within a welfarist framework is open to debate (Buckley and O’Sullivan, 2007). The Irish system fits with Muncie’s (2011:40) view that this area has always been fraught with differential implementation of ‘welfare’ and ‘justice’ agendas but that this is being resolved by a move towards “punitive and correctional interventions”. As long as there are secure

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98 Children Act 1908, s97; s102.
beds in the system they are in danger of being used as a "delinquency management service" (Muncie, 1999:149).

It is also possible that the number of secure beds may increase further. A single shocking youth crime can provoke media frenzy and provoke reactive policy responses (Cohen, 2011). This was apparent following the murder of Jamie Bulger in Liverpool in 1993 and more recently after the riots in London and across England in August 2011. Such events can lead to a shift in emphasis from the 'best interests of the child' to public safety reflecting a growing hardening of public, political and media attitudes and criminal justice responses to young people which can result in growing incarceration rates or repenalisation (Muncie and Goldson, 2006b). A move towards so called "zero tolerance" (Muncie 1999:157) or a political desire to be tough on crime (Muncie, 2009) was also seen in Ireland following the murder of journalist Veronica Guerin in 1996 (Rogan, 2011). The incident led to unprecedented public anger and anxiety about crime including youth crime and ultimately to an increase in the prison population (Duffy, 2004). Similarly, the death of two members of An Garda Síochána when their car was rammed in a joy riding incident in April 2002 sparked calls for more detention centres for young offenders. As Smith and Milligan (2004:188) suggest, secure accommodation gets stuck between "the proverbial 'rock' of children's needs and the 'hard place' that is public and political concern about antisocial behaviour". But the balance can tip towards concern about public safety rather than children's needs despite legislation emphasising the 'best interests' principle. Understanding "the process by which a child or young person is defined as in need of secure accommodation" (O'Sullivan, 1998:70) is a prerequisite for ensuring that the numbers of children detained continue to decline instead of rising. Policy and practice decisions designed to ameliorate social problems associated with 'troubled and troublesome children' also need to be based on an understanding of how professional groups make decisions about them (Abrams and Killen, 2014).
Conclusion

This study set out to provide a sociological understanding of the purpose and function of special care units and children detention schools, both framed by the State as placements of last resort. It sought to do this by exploring professional constructions of children deemed to need such placements in the context of policy, legislative and structural development of children's services in Ireland. The early chapters provided the background and context for the study. The literature review presented in Chapter 2 outlined how the industrial and reformatory schools system was maintained in Ireland until the 1970s. It described Ireland's late modernisation and how this contributed to a pervasive system of coercive confinement of any perceived deviance within which the industrial and reformatory schools system was just one part. From the 1970s, the site for governing children shifted to the community and changes in legislation meant that children could no longer be detained in a criminal justice setting for welfare needs. However, this led to the establishment of another secure institution in the 1990s, the special care unit.

Chapter 3 described my research strategy identifying a primarily qualitative hybrid design as appropriate to meet the aims and objectives of the study. This qualitative bottom up research methodology utilised principles of thematic analysis and aspects of constructivist grounded theory to explore professionals' constructions of children. Further context was provided by means of a review of available statistics on numbers of children confined in closed institutions from 1970, the date which is widely considered to signal the end of the industrial and reformatory schools system (Skehill, 2004, Sargent, 2009, Carr, 2010b). Chapter 3 ended with details on data collection and analysis while Chapters 4, 5 and 6 set out the study findings.

Chapter 4 presented the number of children detained since 1970 and demonstrated a significant decline in the numbers placed in closed institutions. It indicated that in the last few years approximately 130 children are detained each year in special care and children detention schools. Chapters 5 and 6 presented findings based on the empirical
data which comprised 245 professional files relating to 32 children – 10 in special care units and 22 in children detention schools.

This final chapter examined the study findings in light of the literature on the historic purpose and function of closed institutions and the ongoing welfare-justice debate. It concludes that the contemporary institution, in the form of special care units and children detention schools, continues to serve an important function – to contain children that cannot be regulated by mainstream services (Teplin et al., 2005, Carr, 2010b) and keep them safe until they are adults. The empirical data indicates that this was related to keeping children safe from themselves when requesting a special care placement or a remand for assessment but files also indicated that three children requested secure placements themselves in order to feel safe. The thesis also suggests that the historic trend of accommodating girls within the welfare system (Ferguson, 2007, Brierley, 2010) while boys were detained in the criminal justice system (Kilkelly, 2005) remains a feature of the contemporary system.

The thesis has contributed to knowledge in two ways. First, it has provided a better understanding of the process by which children end up in placements of last resort arguing that it is professional constructions of children that contribute to the view that such placements are necessary. By reviewing 245 professional reports on file for 32 children, the thesis renders visible how a group of professionals working with this “small but significant number of children” (Buckley and O'Sullivan, 2007:64) across health, education and justice constructed them as ‘problem children’ and advocated for their detention. Second, the thesis has presented empirical evidence that both supports and adds to the existing sociological literature. The thesis is based on empirical data from both welfare and justice settings; this adds to limited Irish literature in this area which to date has not addressed both settings simultaneously. It also supports the extant literature. For example, it confirmed that ‘risk’ is commonly used in formal conceptions of children with ‘complex needs’ which can prompt ‘deficit’ reporting, professional intolerance (Muncie, 2008:3) and perpetuate a perceived need for social control (Case,
This Government and its predecessor have argued that the landscape of children’s services has changed dramatically since the time of the industrial and reformatory school system (Office of the Minister for Children and Youth Affairs, 2009, Department of Children and Youth Affairs, 2012a) and it is clear that numbers of children in secure placements are much lower today. These changes have resulted from policy and legislative reform following a long period of inertia and which culminated in the establishment of the first senior ministry for children in the history of the State. However, this thesis suggests that the institution remains the predominant placement for a small group of children. Moreover, it is the professionals working in the services that were established as an alternative to the institution that are recommending its use suggesting that “certain styles of thought and technological preferences been maintained” (Rose et al, 2006:98) since the inception of the child welfare and youth justice systems in the late 19th century.

This has implications for policy and practice because in order for the principle of detention as a last resort to work, secure placements must be considered as a scarce resource rather than a sought after placement (Goldson, 2002). The real decision makers in the system – the social workers, psychologists, psychiatrists and probation officers - need to be more sceptical about such placements and outline their damaging effects (Muncie and Goldson, 2006a) rather than promoting them as an appropriate placement to the courts. This thesis confirms Bateman’s (2005:101) view that “challenging prevailing decision making cultures that maintain high levels of custody” is essential. He argues that the courts must be convinced that community based provision is effective in terms of addressing children’s behaviour but more crucially, practitioners themselves must be convinced that children will do better if they remain in the community. For this to happen, services must be prepared to work better together so that they operate as a real alternative to the secure institution for the children that they have constructed as problem children. Better service responses are required for
children who are deemed to be “out of control” or “hard to engage” (Buckley and O’Sullivan, 2007:64). This thesis has demonstrated that it is professionals’ concern about children’s behaviour that prompts them to seek a secure placement. But it could be argued that this offers a ‘quick fix’ by merely containing children’s behaviour. Furthermore, the thesis showed that services established to offer an alternative to the institution (Feeney, 2012, Ilan, 2010) were shown to be provided sequentially instead of collaboratively. These children were excluded from their homes, schools, placements and the very services established to support them to stay in such settings. They were moved along to other homes, schools, services and placements and when all had been exhausted, these children were confined in secure institution sometimes out-of-state.

Kenny (2013) argues that history is in danger of repeating itself unless we engage sufficiently with the past. Similar to the time when the predominant response was to send children away to industrial and reformatory schools, the thesis suggests that the solution is still to remove ‘problematic’ children from society, albeit in smaller numbers. Institutionalisation while now a marginal practice remains at the same time “a productive sphere” (Carr, 2010b:231) for this cohort of children. But as Goldson (2000) argues, these children’s broadly similar needs make their placement in welfare or justice settings difficult to understand. He suggests that these children should be conceptualised in terms of their primary need, which is vulnerability, in order to see beyond the welfare-justice dichotomy and the complexities of differentiating between a child in need of protection and a young offender in need of control or correction. Therefore, instead of providing more secure beds in the system, the Department of Children and Youth Affairs should be asking what kind of system it wants for children. Muncie (2001:34) suggests “a system that at least appreciates the normality of youthful transgression and adheres to some preferred basic principles of respect, protection, informalism and rights”.
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APPENDICES

1. Email of Approval from National Manager for Special Care, HSE,
2. Letter of Approval from National Director, IYJS,
3. Letter of Approval from National Manager of Children and Family Services, HSE,
4. Initial Letter of Introduction for Parents/Guardians,
5. Information Leaflet for Parents/Guardians,
Appendix 1: Email Approval from National Manager for Special Care, HSE dated 9 April 2010.

RE: Research Proposal

TO: Aidan Waterstone
CC: Sean Hickey, Anne Wall

From: Aidan Young
Date: 09/04/2010 12:20

Subject: RE: Research Proposal

Dear Aidan,

I am pleased to advise you that your research proposal has been approved by the Management Board of the Irish Youth Justice Service. I believe this work will be of significant value to the service and will contribute to a greater understanding of the experience of special care and detention. I will forward a copy of this approval to your colleagues.

Regards,

Aidan Young

(See attached file: Memo to Aidan Waterstone 090410.doc)

Aidan Waterstone

Tel: 01 4173334
Appendix 2: Letter of Approval from National Director, IYJS dated 5 May 2010.

[Image]

Sobhan Young
Student of Social Work and Social Policy, Trinity College Dublin
c/o Irish Youth Justice Service
2 Channel Street
Dublin 2

Re: Preliminary Approval to Review Files for Research Study: Pathways to Detention

Dear Sobhan,

I am writing in relation to your request to access children’s files in the children detention schools for the above named research.

I have read and understood the information provided regarding the research and hereby give permission for this research to be conducted subject to ethical approval and parental consent.

Yours sincerely,

[Signature]

Michelle Shannon
National Director

[Address]
Department of Justice, Equality and Law Reform, 43 Kavanagh Street, Dublin 2

[Contact Information]
Appendix 3: Letter of Approval from National Director, Children and Family Services, HSE dated 6 February 2012.

Mr. Andy Denton,
National Manager,
National High Support and Special Care Services,
Floor 1, Administration,
St Stephen’s Hospital,
Glanmire,
Co. Cork.

6th February 2012

Re: PhD Research on Special Care & Detention

Dear Andy,

Siobhan Young in the Department of Children & Youth Affairs is undertaking the above PhD research.

I believe that this is an important piece of work of which we can learn. The research aims to compare the similarities and differences in young people’s pathways to a welfare placement in special care and a justice placement in a detention school. The methodology requires a file review.

Siobhan has had difficulty accessing some files as each request needs to be escalated by the social worker to team leader and principal social workers. In one case it took eight months from initial contact until a signed consent form was received.

I have asked Siobhan to copy letters of her requests to you in order that this matter can be expedited. I look forward to your assistance and greater access for Siobhan to take forward this important piece of work.
Kind regards

Gordon Jeyes
National Director
Children and Family Services

C.c.  Caroline Cullen, National Specialist HSE Children & Family Services
      Siobhan Young, Department of Children & Youth Affairs
Appendix 4: Initial Letter for Parents/Guardians

School of Social Work and Social Policy,
Trinity College
Dublin 2
1 February 2011

Dear Parent/Guardian

I am writing to introduce myself and to ask your help with some research. I have worked with children since 1991 first in the Health Service Executive (HSE) and now with the Irish Youth Justice Service. During my work I have become interested in what services children attend before they are placed in detention (i.e. in a special care unit or a children detention school). I am now a part time student with the School of Social Work and Social Policy, Trinity College Dublin and am doing a study on this. I am writing to you because your child has been placed in one of the special care units (i.e. [SCU A], [SCU B] or [SCU C]) or one of the children detention schools (i.e. [CDS 1], [CDS 2] or [CDS 3]).

I would like to find out if there is a pattern in the services children attend before they are placed in a unit or school. To do this I would like to read your child’s file in the special care unit or children detention school. This will include looking at reports from services that your child attended before and may include speaking to some of the staff that have worked with your child in the past. However, I won’t need to talk to your child. I hope that this research will find ways that services can work better together so that children do not find themselves in detention.

If you would like to help with this research please complete the consent form and return it to me in the stamped addressed envelope.
If you have any questions please contact me; I can be contacted between 9.00-5.00 at my office number (01 4173334) or by email at smyoung@justice.ie.

Yours sincerely

________________________

Siobhan Young

Part Time Student
### INFORMATION LEAFLET FOR PARENTS/GUARDIANS

<table>
<thead>
<tr>
<th>NAME OF STUDY</th>
<th>Pathways to Detention</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF RESEARCHER</td>
<td>Siobhan Young</td>
</tr>
</tbody>
</table>
| ADDRESS               | Irish Youth Justice Service  
                        | 2 Clonmel Street       
                        | Dublin 2               |
| CONTACT NO            | 01 4173334            |

This leaflet provides information on the project and aims to answer any questions that you may have.

I want to find out what services children attend before they are placed in a special care unit or a children detention school. To do this I will read your child's file in the unit / school.

The information will be written up in a report and may also be presented at conferences or in reports for workers. Real names or details that might identify your child will not be used.

The following people have agreed that this project can take place:

1. The national director of the Irish Youth Justice Service and the managers of the children detention schools.
2. The national manager of alternative care in the Health Service Executive who
manages the special care units.

It has also been approved by the Research Ethical Approval Committee, School of Social Work and Social Policy, Trinity College Dublin.

What is this research about?
By looking at children’s files I hope to find out what services children attended before detention. I want to find out if there is a pattern - do children who are in a special care unit attend the same services as children who are in a children detention school?

Why is your child’s file being reviewed?
Your child has been placed in either a special care unit or a children detention school.

What do you have to do?
You must sign the consent form indicating that you are happy for me to read your child’s file and return it to me in the stamped addressed envelope.

Will your child benefit from taking part in this research?
While your child won’t benefit I hope that other children will as I want to find ways that services can work better together to prevent children coming into detention.

Are there any risks involved?
There is a small risk that someone reading the research findings might be able to recognise your child from some detail but I will make every effort to prevent this from happening. I will take out real names or details that might identify your child.

Who will be able to see the information collected?
I will read your child’s file in the special care unit or the children detention school. At no time will I take the file away from the unit or school. I will take out real names or any
detail that might identify your child before I store the information that I have collected. This will be kept in a locked filing cabinet in my office and only my supervisors in Trinity College Dublin and I will be allowed to see it. Any information kept on computer will also be protected by a password so that no-one else can see it. When the study has finished the information will be destroyed.

Is there anything else that you should know or do?

- You can contact me at Tel 01 4173334 or smyoung@justice.ie if you have any questions or concerns.
- You can contact my supervisors Dr Eoin O'Sullivan and/or Dr Helen Buckley, School of Social Work and Social Policy, Trinity College Dublin at Tel 01 6712262 if you have any concerns or complaints that have not been dealt with.
- You will receive a copy of this information and consent form for your own records.
- You can decide to withdraw your consent at any time.

Thank you for taking the time to read this leaflet!
Appendix 6: Parent/Guardian Consent Form

PARENT/GUARDIAN CONSENT

By signing below, I (name of parent/legal guardian) ........................................... agree to allow Siobhan Young (tel: 01 4173334) to read (name of child) ...........................................'s file for the research study 'Pathways to Detention'.

I have read the information leaflet and I understand the information in it. I know that I can take back my consent at any time.

__________________________________________________________________________
Signature of parent/legal guardian

__________________________________________________________________________
Date