Multi-agency Protocols to Reduce the Criminalisation of Children in Care: A Realist Evaluation

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Abstract

Background: There have been multiple calls for local areas in England and Wales to introduce multi-agency protocols to reduce the criminalisation of children in care. This thesis employs realist methodology to examine how the protocols are intended to work, for whom, in what circumstances, and why.

Methods: Local multi-agency protocols from England and Wales were analysed to understand their contents and examine the similarities and differences between them. Interviews and documents were collected and analysed from four case study areas and policy makers to develop and revise programme theories.

Results: Thirty multi-agency protocols were identified in England and Wales, with just over half of police forces signed up to a protocol (58%; n= 25/43). The protocols varied considerably in terms of the agencies involved, the types of care placements supported, and the level of guidance provided. Participants suggested that the protocols enabled partner agencies to commit to a shared goal, establish clear roles and responsibilities, and hold each other to account. The approach encouraged staff to recognise the impact of trauma on a child's behaviour and look for ways to respond that avoid prosecution wherever possible. The protocols were perceived to work well when there was a committed senior leader, buy-in from partner agencies, supportive cultures, positive staff relationships, low staff turnover, and sufficient resources.

Conclusion: Multi-agency protocols have been inconsistently introduced across England and Wales, creating a 'postcode lottery' in the protection children in care receive from criminalisation. The findings demonstrate the complexity of implementation and highlight the conditions that support the approach, such as leadership and resourcing, that policy makers and practitioners need to be aware of. This thesis also illustrates how realist methodology can aid our understanding of youth justice interventions and demonstrates some of its advantages and disadvantages.

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Dedication

This PhD is dedicated to the memory of my Dad, Dr Glyn Meredith.

Thank you for inspiring me to do a PhD.

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Chapter 1: Introduction

The criminalisation of children in care is a long-standing and persistent concern in the UK (Shaw and Greenhow 2021; Laming 2016; Taylor 2016) and internationally (Ball et al. 2024; Gerard et al. 2019; Stanley 2017). Criminalisation refers to "being unnecessarily drawn into formal criminal justice processes in relation to a minor offence or misdemeanour" (Laming 2016, p. 7). In the context of children's social care, it highlights a failure of the state to look after the welfare of children in care and protect them from the criminal justice system. Children in care are among the most vulnerable in society and they have been identified as in need of protection and support. The state is required to act as a 'corporate parent' and ensure children in care reach their potential and have the same life chances as children without experience of care (Department for Education 2018b; Welsh Government 2020). When children in care are criminalised, they can experience feelings of anger and rejection (Day 2017; Howard League for Penal Reform 2017a) and it places them at further disadvantage by increasing their risk of adverse outcomes later in life (e.g., poor health and unemployment; Barnert et al. 2017; Bernburg and Krohn 2003; Siennick and Widdowson 2022).

Furthermore, the criminalisation of children in care has significant cost implications for society due to policing, court and secure estate costs. Police officers have reported their frustration with the demand that callouts from children's homes place on their resources (Gerard et al. 2019). While it is difficult to estimate national costs, one police force reported "it would be cheaper to place an officer on the door of one of the most demanding children's homes in their area on a full-time basis rather than responding individually to each call from that home" (Howard League for Penal Reform 2017b, p. 2). Children in care are at a greater risk of receiving a custodial sentence than children without experience of care (Hunter et al. 2023; Leyland 2024) and the costs of the secure estate are significant. The estimated annual cost per child is approximately £100,000 in a Young Offender Institution and £300,000 in a Secure Training Centre or Secure Children's Home (UK Government 2024).

In 2016, there was considerable attention on the criminalisation of children in care as the findings from a high-profile review were published (Laming 2016) and the Howard League for Penal Reform began a four-year campaign to end the criminalisation of children in residential care (Howard League for Penal Reform 2016). The report and campaign attracted media attention with headlines such as "Children in care should not face prosecution for minor offences, report urges" (Pells 2016) and "Children in care being dealt with by police for cases as trivial as broken cup, Howard League warns" (Sommers 2016). Laming (2016) was clear that the protection of children in care from criminalisation needs to be given "high priority at a national level and by all relevant local agencies" (p. 1). He identified that several areas had developed a local multi-agency protocol to reduce police involvement in managing the behaviour of children in care. The protocols outlined the roles and responsibilities of partner agencies and described when it is appropriate for the police to respond to the behaviour of children in care. Laming (2016) was encouraged by the approach but noted "the extent of implementation appears to be inconsistent" (p. 17). He recommended that all areas across England and Wales should establish a local multi-agency protocol. Others have also advocated for the use of local protocols (Taylor 2016; Howard League for Penal Reform 2017a), and the UK Government and Welsh Government have published national guidance encouraging all areas to adopt this way of working (Department for Education 2018a; Welsh Government 2022).

There has been limited research looking at how widely multi-agency protocols are used and how, why and in what circumstances they are expected to work (see Section 2.5 for a discussion on the existing research). This thesis explored how and why local protocols have been introduced in England and Wales. In addition, programme theories have been produced to explain the mechanisms by which the protocols are intended to work and the influential contextual factors (Pawson and Tilley 1997). The programme theories are expected to be useful for policy makers and practitioners as they outline the logic of the approach and the conditions under which it is expected to succeed. The thesis

provides important new knowledge on how protocols are intended to reduce the criminalisation of children in care and the factors that are crucial for implementation.

In this chapter, I provide a brief overview of children in care in England and Wales including the reasons for care entry and outcomes associated with experience of care. I then describe how the number of children entering the youth justice system has changed over the last 30 years and highlight the need for partner agencies to protect children in care from entering the system. Next, I outline the research questions for this thesis and justify the use of realist methodology. I then describe the key contributions of the research and comment on the terminology used in this thesis. At the end of the chapter, I provide an overview of the thesis structure and the purpose of each chapter.

1.1. Overview of children in care in England and Wales

Children in care are often referred to as "looked after children". This term applies to children who are provided with accommodation by the local authority for more than 24 hours (Children Act 1989 and the Social Services and Well-being (Wales) Act 2014). Most often, children are accommodated under a care order made by the court (Section 31 of the Children Act 1989) or a voluntary agreement with their parents (Section 20 of the Children Act 1989 and 76 of Social Services and Well-being (Wales) Act 2014). Local authorities have a duty to safeguard the children in their care and promote their well-being. This involves acting as the children's corporate parent, and promoting high aspirations and supporting children in care to achieve positive outcomes (Department for Education 2018b; Welsh Government 2023). In 2023, there were over 80,000 children in care in England and 7,000 in Wales (UK Government 2023; Welsh Government 2024). This equates to a rate of 71 children per 10,000 children in England and 116 per 10,000 children in Wales (UK Government 2023; Welsh Government 2024). The number and rate of children in care has steadily increased over the last 30 years (UK Government 2023; Welsh Government 2024). There has been debate about whether the increase is appropriate and due to a better detection of risk, or if more could be done to keep children with their birth families where possible. In recent years,

there has been a move towards trying to safely reduce the number of children entering care in England and Wales (Family Rights Group 2018; Welsh Government 2019).

There are many reasons why a child may enter care. The most common reason is due to the experience or risk of abuse or neglect. In 2023, 65% of children in care in England and 58% of children in care in Wales entered care for this reason (UK Government 2023; Welsh Government 2024). Other reasons include chronically inadequate parenting and parental illness, disability or absence. A small minority (1-2%) of children enter care due to socially unacceptable behaviour (UK Government 2023; Welsh Government 2024). Children's experiences of care vary greatly, for example, in terms of the type of placement they live in, the number of placements, and how long they spend in care. Over two-thirds of children in care live in foster placements (68% in England (UK Government 2023) and 69% in Wales in 2023 (Welsh Government 2024)). The second most common placement type is secure units, children's homes or semi-independent living accommodation (17% in England (UK Government 2023) and 10% in Wales in 2023 (Welsh Government 2024)). In 2023, around 10% of children in care had experienced "high placement instability" which is defined as living in three or more placements during the year (UK Government 2023; Welsh Government 2024). A quarter (26%) of children leaving care in England in 2023 had been looked after for 6 months or less (UK Government 2023). The most common reason for leaving care is for a child to return home to live with their birth family (UK Government 2023; Welsh Government 2024).

Many children with experience of care lead fulfilling lives and achieve positive outcomes. However, the evidence suggests that care experienced children tend to have poorer outcomes than their peers in terms of education, employment and training, mental and physical health, criminal convictions and premature mortality (UK Government 2007; Teyhan et al. 2018; Sacker et al. 2021). Forrester (2008) argued that comparing outcomes for children with and without experience of care is not helpful because it overlooks the impact that children's pre-care experiences (e.g., abuse and

neglect) have on their outcomes. A small number of studies in the UK have looked at children's progress while in care and found that children's welfare improves suggesting that the experience of care can be protective (Forrester et al. 2009). In addition, some studies have compared outcomes for children in care with children with similar characteristics who have remained at home. Luke and O'Higgins (2018) conducted a literature review on the educational attainment of children in care and found the attainment gap between children in care and their peers "reduced and in many cases disappears when other important factors are taken into consideration" (p. 148). The authors found that children who have been in care for at least two years had better educational attainment than children supported by social services who were living with their birth families. They argue that "there is little evidence that being in care is detrimental to the education outcomes of children in care" (p. 148). They conclude that a child's characteristics, experiences and needs offer a better predictor of educational attainment than care status alone. Although there is evidence of positive outcomes for some children in care, this should not be interpreted as an argument for placing more children in care. Instead, it is important to ensure care placements, when necessary, are high quality, stable and responsive to children's needs to support their life chances.

1.2. Trends in the youth justice system

The number of children entering the criminal justice system in England and Wales substantially increased in the 1990s and decreased in the mid-2000s (House of Commons Justice Committee 2013). Goldson (2015) argued the changes are "best understood as adaptations and responses to 'political pressure', rather than reactions to the incidence and nature of youth crime" (p. 175). During the 1990s, Conservative and Labour governments took a punitive stance to youth justice as they sought to address a perceived 'youth crime problem' (Goldson 2015; Case and Haines 2021). In the early 1990s, Conservative governments made commitments to "protect law-abiding people from crime and disorder" (Conservation Party 1992, "Forward" section) and "step up the fight against lawlessness" (Conservative Party 1992, "Freedom under the law" section). The New Labour government continued to take a 'tough' approach to youth justice when they were elected in 1997. Shortly after the election, they published

a White Paper titled "No More Excuses: A New Approach to Tackling Youth Crime in England and Wales". The paper outlined plans to take "firm action... when young people begin to offend" (HL Deb 27 November 1997, para. 12) and achieve "faster justice" for victims (HL Deb 27 November 1997, para. 26).

In 2002, a target was introduced to increase the number of 'offences brought to justice' through a conviction, caution, penalty notice for disorder, formal warning for cannabis possession or consideration at court (Sutherland et al. 2017). It is widely accepted now that this led to a greater number of low-level offences being dealt with formally by the police (Bateman 2020). Children were disproportionally affected by this practice because their offending is often less serious than adults and they would have been more likely to receive an informal response or had no action taken against them before the target was introduced (Robert et al. 2019). In 2008, the target was criticised for incentivising the police to sanction minor offending (Flanagan 2008) and it was changed to focus on more serious offences.

The number of children entering the criminal justice system started to decline in 2008 and the number of first-time entrants is now at its lowest on record (Youth Justice Board 2025). First time entrants are those who received their first reprimand, final warning, caution or conviction for a recordable offence (Ministry of Justice Analytical Series 2017). In 2003, there were 88,635 first-time entrants to the youth justice system, and this declined to 8,278 in 2023, a reduction of 91% (Ministry of Justice and Youth Justice Board 2012, 2025). There was also a decline in first-time entrants in the adult system over the same period, although this was not as substantial (59% reduction in the adult system compared to 91% in youth justice; Ministry of Justice 2014, 2025). The decline in the youth justice system was suggested to be partly due to a new government target to reduce first-time entrants (Youth Crime Action Plan 2008), a greater focus on diversionary activity and a cultural shift towards a child-centred approach (Robert et al. 2019; Sutherland et al. 2017).

Unsurprisingly, the number of children in custody also reduced in this period, with 441 children in custody on average per month in 2023 compared to 3,052 in 2003 (Ministry of Justice and Youth Justice Board 2025). Recent inspection reports have described children's custodial settings as "dominated by violence and disorder and weak education provision" (HM Inspectorate of Prisons 2024, p. 3). Many have argued that custody is harmful and damaging for children (Day et al. 2020) and counterproductive "when measured against its capacity to either meet the needs of children, prevent (or even to reduce) youth crime, or offer best value for public money" (Goldson 2015, p. 172). The fall in the number of children entering the criminal justice system and being detained in custody has generally therefore been judged to be a positive outcome (Robert et al. 2019).

The reduction in children entering the criminal justice system has not been consistently experienced by all groups. Hunter (2019) argued that the "contraction in the system has served to intensify existing inequalities" for children in care and black and minority ethic children who are over-represented in the youth justice system (p. 2). The number of black and minority ethnic children in custody has not decreased at the same level as the number of white children. The proportion of black and minority ethnic children in custody increased from 25% to 41% over a 10-year period (2006 to 2016; Laming 2017), and yet black and minority ethnic children only make up 18% of the general population (Office for National Statistics 2022). In a recent study, Hunter et al. (2023) used newly available linked datasets between the Department for Education and Ministry of Justice to examine the prevalence and extent of youth justice service involvement among care-experienced children. The authors found that there had been a decline in youth justice service involvement for all children born between 1996 and 1999, but it was steeper for non-care experienced children than care experienced children. Furthermore, the decline in youth justice service involvement was smaller for black care experienced children compared to white care experienced children. The authors commented that "the data paints a stark picture of inequalities in the youth justice system for which some ethnic minority and care-experienced children have borne the brunt" (p. 13).

1.3. Protecting children in care from criminalisation

It has long been recognised that partner agencies need to do more to protect children in care from criminalisation. In 2012, the House of Commons Justice Committee conducted an enquiry into the youth justice system and investigated many areas including the use and effectiveness of disposals, the role of the youth justice system in diverting children from offending and the extent to which the system meets the needs of children who offend. Members of the committee reviewed oral and written evidence and visited custodial settings in the UK and internationally. In the report, the authors raised specific concerns about the extent to which children in care are cautioned and convicted for minor behaviours. They concluded that children in care were "being failed by the system" (House of Commons Justice Committee 2013, p. 62), and recommended that "local authorities, children's homes and prosecutors have appropriate strategies in place to prevent them from being criminalised for trivial incidents which would never come to police attention if they took place in family homes" (House of Commons Justice Committee 2013, p. 3).

A thematic inspection of the work that the Youth Justice Service does with care experienced children was undertaken in the same year (HM Inspection of Probation, Ofsted and Estyn 2012). The inspectors visited six Youth Justice Services, read case files and interviewed staff and children. They reported that children "had often been criminalised while in care for offences that probably would not have gone to court if they had been living at home" (HM Inspection of Probation, Ofsted and Estyn 2012, p. 7). They found that Youth Justice Service staff had a limited understanding of the emotional impact that the experience of care can have on children and noted there was little mention of the "loss, disruption, loneliness or sadness" that it may have caused (HM Inspection of Probation, Ofsted and Estyn 2012, p. 21). They also identified that staff across partner agencies often had very low aspirations for care experienced children. This contrasts with corporate parenting principles which require professionals to promote high aspirations and seek to secure the best outcomes for children in care (Department for Education 2018b).

In a recent study for the HM Inspectorate of Probation, Staples and Staines (2024) investigated how Youth Justice Services work with care experienced children. The authors conducted interviews and focus groups with Youth Justice Service professionals and care experienced children who were being supervised by the Youth Justice Service. Professionals shared multiple examples of children in residential care who had been criminalised inappropriately, demonstrating that the criminalisation of children in care remains an issue. Many professionals were concerned about the high staff turnover in residential care and the limited training provided. They suggested some residential staff relied on the police to resolve incidents as they lacked the knowledge and confidence to de-escalate incidents themselves. Professionals and children had mixed views on how the police responded to the behaviour of children in care, with some reporting that the police took an overly punitive approach, and others perceiving it to be fair and proportionate.

Multi-agency protocols have been recommended as one way of improving how professionals respond to the behaviour of children in care and avoiding criminalisation (Laming 2016; Taylor 2016; Department for Education 2018a; Welsh Government 2022). Some local areas have been using the approach for many years and national protocols have been published in England and Wales to encourage all areas to adopt this way of working (Department for Education 2018a; Welsh Government 2022). The protocols are underpinned by corporate parenting principles, and an understanding of the impact that trauma can have on a child's development and behaviour. Staff are encouraged to reflect on the nature and seriousness of an incident when deciding how to respond to a child's behaviour and consider the use of restorative approaches. The national protocols have been described as "a big step forward in recognising and addressing the problem" (Howard League for Penal Reform 2018a, para. 3), but some have questioned whether the protocols are capable of changing practice, or if they risk becoming "just another policy document" that is not embedded in practice (Hayden and Gough 2010; Hunter et al. 2024; McFarlane et al. 2019, p. 37). There has been very little research

conducted to understand how partner agencies are using the protocols and what successes and challenges they have experienced.

1.4. Research questions

This study aims to identify the protocols that have been developed in England and Wales and investigate how and why they are intended to work to support children in care and improve their life chances. The research seeks to address the following questions:

1. How and why have multi-agency protocols been introduced in England and Wales to address the criminalisation of children in care?
2. How and why are multi-agency protocols anticipated to work to reduce the criminalisation of children in care?
3. What are the implications of the multi-agency protocols, for who, and in what ways?

1.5. Realist methodology

A realist evaluation was conducted for this study to examine how multi-agency protocols work, for whom, in what circumstances and why (Pawson and Tilley 1997). This approach was taken because we have a limited understanding of how the protocols are anticipated to work. Realist evaluations are particularly helpful for examining how and why an intervention operates and considering how it may need to be adapted when it is scaled out (Westhorp 2014). Local areas across England and Wales have been encouraged to develop a protocol based on the arrangements established in several areas (e.g., Gwent and South East England; Laming 2016) and it is not clear how the arrangements will translate to new contexts. Programme theories are developed in this evaluation to explain the mechanisms by which the protocols are expected to work and the influential contextual factors. The Medical Research Council guidance on evaluating complex interventions recommends that programme theories are developed as they can establish a shared understanding of an intervention among stakeholders and inform the tailoring of an intervention to a local context (Skivington et al. 2021). Chapter

3 further justifies my decision to use realist methodology and provides a detailed explanation of the ontology and epistemology of the approach, the key concepts (e.g., definitions of mechanisms, contexts and outcomes) and the process of developing and refining programme theories.

1.6. Research contributions

The research makes several unique contributions to knowledge. It provides an important theoretical contribution as programme theories are developed to outline how and why protocols are anticipated to work to reduce the criminalisation of children in care. The programme theories describe the mechanisms that are anticipated to produce the intended outcomes and the contextual factors that can support or inhibit this process. They improve our understanding of the protocols and the conditions that support implementation, and they can inform the delivery of the approach (Wong et al. 2016; Skivington et al. 2021). The research also makes a methodological contribution, as I reflect on my experience of conducting a realist evaluation and share the strategies that I have found helpful when designing the evaluation and building programme theories. The challenges of using realist methodology are well documented (Bergeon and Gaboury 2020, Feather 2018) and I hope the lessons I have learnt will help researchers new to realist methodology, and improve the rigour of their realist evaluations.

1.7. Note on terminology

The terms 'child' and 'children' are used in this thesis to refer to individuals under the age of 18. It is recognised that some children may prefer the term 'young people', but the term 'child' aligns with the United Nations Convention on the Rights of the Child (1989). It is also consistent with the Child First framework in youth justice that emphasises the importance of recognising the rights and needs of children and responding in a developmentally informed way (Case and Hazel 2023).

The term 'child in care' is used in this thesis rather than 'looked after child' because it is more commonly used in practice. The term 'child in care' refers to a child who is currently 'looked after' by the local authority. 'Care experienced child' is also used in thesis and this term refers to a child who has been 'looked after' by the local authority previously.

'Restorative approaches' is used in this thesis over 'restorative justice', as it is a broader term that captures work that is reactive and proactive, formal and informal, and delivered in a diverse range of settings within and outside the criminal justice system. Restorative justice is predominantly used to refer to reactive work that is focused on addressing harm, whereas restorative approaches also look to build relationships and improve community cohesion (Wachtell 2013). Restorative approaches are commonly used in community settings such as schools (McCluskey et al. 2008) and children's homes (Hopkins 2009).

1.8. Thesis structure

This thesis comprises eight chapters. This chapter has introduced the research topic, outlined the research questions and commented on the terminology used in this thesis. Chapter 2 reviews the evidence on the disproportionate representation of care experienced children in the youth justice system and examines the reasons for this. It then considers the use of protocols to reduce the criminalisation of children in care and explores the principles that underpin the approach. Next, it examines what we know about how the protocols work and highlights the gaps in our understanding.

Chapter 3 provides a detailed description of the research design and methodology. It starts by introducing the key principles of realist methodology, the ontological and epistemological position and the reasons for conducting a realist evaluation. It then provides details of the study design, case study areas, participants, stages of data analysis and ethical considerations.

Chapter 4 is the first empirical chapter of the thesis. It examines the local multi-agency protocols developed in England and Wales to address the criminalisation of children in care. The chapter provides an overview of the protocols and describes the number and location of the protocols, the agencies involved, and the guidance provided. It highlights the similarities and differences between the protocols and presents three main types.

Chapter 5 presents eight initial programme theories that describe how and why the protocols are anticipated to work, for whom and in what circumstances. The initial programme theories cover four main activities associated with the protocols: (1) writing and reviewing the protocols; (2) delivering staff training; (3) inviting children to work with a Youth Justice Service practitioner; and, (4) facilitating a restorative approach. The initial programme theories are discussed in relation to the data collected, relevant literature and several existing theories (i.e., street-level bureaucracy theory, rational choice theory and reintegrative shaming theory).

Chapter 6 and 7 present the refined programme theories. The chapters set out how the initial programme theories have been supported, challenged or extended by the additional data collected and where revisions have been made. In Chapter 6, I discuss the changes made to the programme theories about writing and reviewing a protocol and training staff about the approach. I also describe why an initial programme theory about Youth Justice Service intervention was not refined and present a new programme theory about informal police involvement at children's homes. Chapter 7 examines the programme theories that relate to restorative approaches. As with the initial programme theories, the refined programme theories are discussed in relation to the data collected, the literature and relevant existing theories including labelling theory and procedural justice theory.

Chapter 8 discusses the main findings from the thesis, highlights the strengths and limitations of the research and sets out the implications of the findings for policy, practice and further research. It concludes by highlighting the unique theoretical and methodological contributions to knowledge that the thesis has made.

Chapter 2: Literature review

This narrative literature review discusses the reasons why care experienced children are disproportionately represented in the youth justice system and considers how protocols can be used to improve the staff response to the behaviour of children in care. The review focuses on the ways staff respond to the behaviour of care experienced children in the community. The decision to focus on this topic was made because the literature highlights the response to the behaviour of children in care in the community as a key concern, emphasising the need to divert them from the criminal justice system and avoid the negative impact of a criminal record on their future life chances. Staff responses to the behaviour of care experienced children in secure settings (e.g., youth offending institutions and secure training centres) is outside of the scope of this review. A narrative review was conducted to provide meaningful overview of the topic, by interpreting and critiquing the literature and identifying gaps in our knowledge base (Greenhalgh et al. 2018).

In undertaking this review of the literature, searches were conducted to identify relevant studies using the following terms: looked after children, care experience, child*, juvenile, youth, residential care, foster care, youth justice, offend*, crime and criminalisation. The included literature provided insights into: (a) how and why care experienced children are over-represented in the youth justice system; or (b) how protocols can be used to prevent children in care from being criminalised. The literature was available in English language and published over the last 25 years. Peer-reviewed research and grey literature (e.g., reports, practice reviews, and policies) were included. Specific supplementary searches were conducted to understand the key principles of the English and Welsh protocols to reduce the criminalisation of care experienced children (Department for Education 2018a; Welsh Government 2022). The following search terms were used: looked after child, child*, juvenile, youth, restorative approach*, restorative practice, restorative justice and trauma-informed approach*.

I discuss the literature in three sections. First, I discuss the concern that care experienced children are over-represented in the youth justice system. Second, I describe three main explanations for why care experienced children have more contact with the youth justice system than non-care experienced children. Third, I outline multiple ways practice could be changed to tackle this problem and specifically highlight the use of multi-agency protocols designed to change the staff response to the behaviour of care experienced children. The chapter concludes by outlining what we know about the use of these protocols in practice, and the rationale for the current study.

2.1. Care experienced children over-represented in youth justice system

Local authorities have a responsibility to seek the best outcomes for children in care, (Department for Education 2018b; Welsh Government 2023), and this includes protecting children from involvement in offending. Most care experienced children do not offend or have contact with the Youth Justice Service. However, care experienced children are over-represented in the youth justice system and this has been identified as a concern internationally including in Australia (Gerard et al. 2019), New Zealand (Stanley 2017), the US (Herz 2019) and UK (Shaw 2014). The United Nations Convention on the Rights of the Child (2019) reported that "Exposure to the criminal justice system has been demonstrated to cause harm to children, limiting their chances of becoming responsible adults" (p. 2). Indeed, contact with the youth justice system is associated with increased risk of further offending in early adulthood (McAra and McVie 2022; Copeland et al. 2023) and poorer outcomes later in life, including unemployment, debt and poor health (Barnert et al. 2017; Bernburg and Krohn 2003; Siennick and Widdowson 2022).

In England and Wales, data is not routinely collected on the number of children in care (for any length of time) who are convicted, cautioned or in custody. In a review of care experienced children's involvement in the criminal justice system, Laming (2016) was

critical about the lack of data available. Laming (2016) called for common standards and regular publication of data about this group so we can improve our understanding of how to meet their needs. In England, the Department for Education publish annual figures on the number of children who have been in care continuously for at least 12 months and have been convicted or subjected to a youth caution during the year. In recent years, around 2-3% of children in care are reported to have been convicted or subjected to a youth caution (UK Government 2024). It is likely that this figure is an underestimate as many children spend less than 12 months in care. In 2023, Hunter et al. took a longitudinal approach to examining the contact care experienced children have with the Youth Justice Service and analysed linked datasets from the Department for Education and Ministry of Justice. They found that a third of care experienced children (33%) born in England between 1996 and 1999 received a caution or conviction between the ages of 10 and 17, compared to 4% of children without experience of care. Care experienced children in their sample were also more likely to receive a custodial sentence (5%) than non-care experienced children (1%). Leyland (2024) built on this analysis and explored the likelihood of individuals receiving a custodial sentence by early adulthood according to their level of involvement with child welfare services. They found that individuals were more likely to receive a custodial sentence as their child welfare services involvement increased. Children who were referred to child welfare services were 1.88 times more likely to receive a custodial sentence than the general population, children in need were 2.29 times more likely, children with a child protection plan were 2.19 times more likely and children looked after were 7.33 times more likely. Others have surveyed samples of the youth justice population to identify how many children have experience of care. In an annual survey of children in secure training centres and youth offending institutions in England and Wales, around two-thirds (63%) of children reported that they had experience of care (HM Inspectorate of Prisons 2024). Figures from surveys are not directly comparable to Department for Education statistics as they include self-report experience of any type of care placement, at any time point, and for any length.

Although there is a lack of data, it is widely accepted that care experienced children are more likely to have contact with the youth justice system than their peers. Laming (2016) argued that the over-representation of care experienced children in the youth justice system "At the very least… tells us that we are missing opportunities to turn young lives around, and prevent future crime" (p. 5). Over the last 20 years, there has been increasing interest amongst researchers, policy makers and practitioners in preventing children "crossing over" from the care system to the youth justice system (Ball et al. 2024; Herz et al. 2012). However, care experienced children continue to be over-represented in the youth justice system and it "remains a significant and persistent challenge" (Day 2021, p. 4).

There are concerns for children who have contact with both the care system and the youth justice system due to their vulnerability and complex needs. Colvin et al. (2020) reviewed over 100 court files in New South Wales (Australia) and compared the histories of children with and without care experience. They found care experienced children attending court were more likely to have experience of abuse, mental health conditions and difficulties accessing education than non-care experienced children. In the UK, surveys conducted by Her Majesty's Inspectorate of Prisons have highlighted that care experienced children in custody are more likely to report having a disability (32% compared to 18%), health needs (52% compared to 32%), and drug problems than children without experience of care (26% compared to 13%; HM Inspectorate 2023, 2021). Care experienced children are also more likely to report poorer experiences while in custody, including being more likely to experience physical restraint and separation from their peers as punishment and less likely to receive visits from family and friends than children without experience of care (HM Inspectorate of Prisons 2023).

Contact with the care system and the youth justice system are associated with poorer long-term outcomes. There are additional concerns for children who have contact with both systems as they are at greater risk of negative outcomes. Children who have contact with both systems are more likely to experience low educational attainment,

unemployment, and homelessness in early adulthood than children who have contact with either the care or youth justice system (Center for Innovation through Data Intelligence 2015; Baetz 2015). They are also more likely to be re-arrested (Baetz 2015) and receive a custodial sentence than children involved with one of the systems (Culhane et al. 2011; Center for Innovation through Data Intelligence 2015). These studies have used administrative datasets to track children's involvement in the care system and/or youth justice system and examine differences in outcomes. They benefit from large sample sizes; however, the analysis is limited to the data that has been routinely collected and the quality and completeness of the records. The studies were also conducted in the US which limits the applicability of the findings to the UK due to differences in policies, legal frameworks and social contexts, including different thresholds for care entry and approaches to sentencing children.

2.2. Why care experienced children are over-represented in the youth justice system

Due to the increased risk of poor outcomes, there has been much consideration about why care experienced children are more likely to have contact with the youth justice system than their peers. Three main explanations have been proposed.

2.2.1. Overlapping risk factors

The first explanation is because the risk factors for entering care overlap with the risk factors for offending. For example, many children who enter care have experienced abuse, neglect and poor parental supervision (UK Government 2023; Welsh Government 2024) and they are more likely to have mental health problems (McAuley and Davis 2009), a disability, educational difficulties (Ford et al. 2007) and live in areas of high deprivation (Doebler et al. 2022; Bywaters et al. 2018). These risk factors are also associated with an increased likelihood of offending (Farrington, Loeber and Ttofi 2012; Farrington 2007; National Crime Council 2002). It is therefore expected that children in care are more likely to offend than their peers who have fewer risk factors.

In the 1990s, risk factor explanations for offending behaviour grew in popularity in the field of youth justice (Haines and Case 2008). The 'Risk Factor Prevention Paradigm' sought to "identify the risk factors for offending and implement prevention methods designed to counteract them" (Farrington 2002, p. 660). The paradigm is predominantly based on longitudinal quantitative research that examines the factors that predict offending including the Cambridge Study of Delinquent Development (West and Farrington 1973). The approach has been attractive to policy makers in youth justice as it offers clear guidance for assessing a child's risk and targeting interventions (O'Mahony 2009). However, it has been criticised for being over simplified and providing a partial explanation, for example, it is not clear which risk factors are most important and why, or how the risk factors interact (France 2008). It can also produce a high number of false positives with children who are identified as high risk of offending not going on to commit crimes (France 2008). Furthermore, the approach is suggested to overemphasise individual responsibility and risks blaming, stigmatising and marginalising children (Case 2006).

2.2.2. Care environment

The second explanation for why care experienced children are over-represented in the youth justice system is related to children's experiences of the care environment itself. A child's experience of care may be positive and mitigate their early adverse experiences and reduce their chance of offending. On the other hand, a child's experience of care may be negative and increase their risk of offending. A child's experience of care is likely to depend on many factors such as the nature, quality, location, and stability of the placement and their relationships with staff/carers and other children at the placement.

The literature predominantly focuses on the environment of residential care and how it may contribute to offending behaviour. Studies suggest that children in residential care are more likely to engage in offending behaviour than children in other placement types (Ryan et al. 2008). Some have suggested that offending behaviour is more likely in

residential care because it is often a "last resort" placement for "high risk" children (Holmes et al. 2018). However, placement-related factors are also suggested to play a role. Day et al. (2023) interviewed 19 children living in residential care in England who were subject to youth justice supervision and asked about their experiences. The children talked about the stigma associated with residential care with some labelling themselves as "bad" or "behavioural". They discussed the institutional features of the home (e.g., locks on the doors, rules and restrictions), how these differed to a family home and impacted their sense of self-identity. Day et al. (2023) suggested that stigmatisation and disruption to identity may potentially explain the over-representation of care experienced children in the youth justice system.

Children in residential care have reported that their relationships with staff can positively or negatively impact their offending behaviour (Blades et al. 2011; Shaw 2014). Children appreciated staff who were respectful, approachable, good at listening, and offered them emotional and practical support (Blades et al. 2011; Shaw 2014). They voiced frustration when staff were disrespectful or focused on controlling behaviour rather than providing care (Day et al. 2023; Shaw 2014). Children suggested that this type of response from staff could lead to unnecessary conflict and escalate incidents that may have otherwise been avoided (Shaw 2014). In Moolan and Noodie's (2016) study, staff working in residential care emphasised the importance of relationship-based care. They explained that getting to know a child and building a rapport helped them to recognise behaviours before they escalate and understand what approaches are likely to be effective when responding to that individual.

Peer relationships in residential care have also been suggested to contribute to children's offending behaviour (Blades et al. 2011; Shaw 2014; Shaw and Greenhow 2021). Children may engage in offending behaviour due to feeling pressured into offending, looking for social recognition and a source of identity and status, or to avoid being bullied by their peers (Blades et al. 2011; Shaw 2014; Stanley 2017; Taylor 2006). Taylor (2006) suggested that residential care can act as "universities of crime" where

children learn offending behaviour from their peers at the placement who are already engaged in offending behaviour. Blades' et al. (2011) qualitative study provides some support for this idea as children discussed the importance of the mix of children in a placement. Some reported that they preferred to live with children of a similar age as older children could be a negative influence and increase the risk of offending.

The impact of placement stability on children's offending behaviour is frequently discussed in the literature. Placement moves can disrupt relationships with family, friends, and communities, interrupt access to education and health care, and increase insecurities and feelings of rejection and loss. Quantitative studies comparing the experiences of care experienced children with and without a conviction found that care experienced children with convictions were more likely to have had multiple placements (Darker et al. 2008; Schofield et al. 2015). In Hayden and Graves' (2018) study, the authors reviewed Children's Social Care and Youth Offending Team case files for 64 children who had offended while in care and found that offending rates were lower for children who had been in care continuously for six months or more. Although the authors note that their study is likely to underestimate offending behaviour as the records only included offences with substantive outcomes (rather than informal outcomes such as restorative justice) and offences may be missing for children who lived in a placement outside the study area as the Youth Justice Service were not routinely informed about offending behaviour in these placements. Qualitative studies have explored children's perceptions of the impact of placement stability on their behaviour. In Blades' et al. (2011) study, children reported that placement moves had led them to feel unsettled and impacted their ability to trust adults involved in their care and build relationships with staff and children in future placements. They reported that these experiences had contributed to their offending behaviour. The relationship between placement moves and offending behaviour may be circular as placement moves may lead to disruption that increases the risk of offending behaviour and offending behaviour may lead to more placement moves due to difficulties managing behaviour (Staines 2017).

2.2.3. Staff response to behaviour

The third explanation for why care experienced children are over-represented in the Youth Justice Service is due to the way care staff and criminal justice agencies respond to the behaviour of children in care. It has been suggested that care staff may have a lower threshold for calling the police and involve the police for matters that would not involve the police in a family home (Gerard et al 2019; Hayden and Gough 2010; Howard League for Penal Reform 2017a; Shaw and Greenhow 2021). For example, there are reports of police being asked to attend children's homes for children throwing food or kicking doors (Day et al. 2023; Laming 2016). It has also been suggested that there is a culture in some police forces to record a crime and take formal action (e.g., make an arrest) when responding to these incidents, rather than using their discretion (Taylor 2016). Care experienced children are most likely to be charged with property damage and threats or assaults towards staff or other children living in the placement (Baidawi and Sheehan 2020). Ryan et al. (2008) questioned whether these behaviours are more common in care settings or whether the response to the behaviour differs and organisational factors (e.g. policies and procedures) increase the risk of arrest.

Some studies have reported tensions between care staff and police around their roles and responsibilities in responding to the behaviour of children in care. Care staff have talked about the challenging nature of their role and feeling that "the reality of the behaviour with which they were coping was not understood" (Hayden 2010a, p. 467). While police officers have expressed frustration at the number of calls they receive from children's homes and feel relied upon to respond to minor matters and believe more behaviour should be managed 'in-house' by care staff (Gerard et al. 2019). There have been calls for further training, support and guidance to provide care staff with the confidence and skills to respond to children's behaviours and deescalate conflict internally where possible (Colvin et al. 2020; Shaw and Greenhow 2021; Gerard et al. 2019). Training for police staff has also been recommended in practice reviews to raise awareness of the risk of criminalisation and encourage officers to use their discretion when responding to minor incidents in care placements (Laming 2016; Taylor 2016).

In addition, there are concerns about the staff response to children missing from care. The charity Missing People estimate that 1 in 10 children in care are reported missing to the police compared to 1 in 200 children generally (Missing People 2023). Biehal and Wade (2000) attempted to compare missing episodes for children in residential care with children in foster care, but noted substantial difficulties because foster carers are not required to record missing incidents and "recording by social workers was often hit and miss" and "no central records of unauthorized absence were collated and maintained at an authority-wide level" (p. 214). As a result, it was not possible to ascertain the number of times children in foster care had been reported missing. When examining records for children in residential care, Biehal and Wade (2000) found that between 25% and 71% of children aged 11-16 had been reported missing in a one-year period. The authors found considerable variation in the proportion of children reported missing across the four local authorities involved in their study as well as across children's homes within the local authorities. Biehal and Wade (2000) argued that the culture of the home is likely to greatly influence the frequency of missing episodes.

There are many reasons why a child in care may go missing including feeling unhappy or unsafe in their placement, not feeling listened to, or being placed far away from family and friends (Children's Rights Director 2012; Colvin et al. 2020; Missing People 2021). While missing, care experienced children are at increased risk of abuse, exploitation and involvement in criminal activity (National Crime Agency 2017; Westminster All Party Parliamentary Group for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers 2012). On return from missing episodes, some children have reported feeling "like a criminal" and wanted more support, understanding, and empathy from care staff and police (Beckett et al. 2015, p. 55; Taylor et al. 2014).

In Colvin et al. (2020)'s study, some police officers viewed missing care experienced children as "troublesome and delinquent" (p. 239). The authors concluded that officers

had conflated going missing with criminality and did not recognise the children's vulnerability, therefore, making punitive responses more likely. Davis (2022) identified that care experienced children are at-risk of adultification. Adultification is a type of prejudice whereby "notions of innocence and vulnerability are not afforded to certain children" because they are perceived to be older or more mature than they are (Davis 2022, p. 5). In this context, professionals are suggested to perceive missing care-experienced children to be more responsible for their actions than other children which leads to a punitive response and makes safeguarding less likely. Adultification bias has been predominately studied in relation to black children and the consequences it can have for their experiences of safeguarding (Davis 2022), health services (Hayward and Critcher 2023) and the criminal justice system (Bateman et al. 2022). The concept of adultification has also been applied to other groups for example, children experiencing homelessness and young carers who have adult responsibilities (Davis 2022).

There is evidence to suggest that care experienced children are treated differently by staff at court in terms of the support they receive and the outcome of their case. US studies have found that children in care were more likely to be sentenced to custody and less likely to receive probation than children without experience of care, while controlling for factors such as age, gender and type of offence (Ryan et al. 2008, Tam et al. 2016). In the UK, practice reviews have found that children in care are often not accompanied in court by their social worker or a professional who knows them well (Carlile 2014; Criminal Justice Joint Inspection 2012; Staples and Staines 2024). This can have a "detrimental impact on the decisions made in court, making the use of custody more difficult to avoid" (Criminal Justice Joint Inspection 2012, p. 14). In Laming's (2016) review, a retired youth magistrate said:

> From my experience I would suggest that the Youth Courts, may, unwittingly, be discriminating against young people who are in care... This occurs when the social worker or carer, accompanying the young person, has nothing positive to say in their mitigation and has no knowledge of their progress within the Home or their plans for the future. This absence of context makes sentencing harder and is likely to lead to a harsher interpretation of events and the imposition of a tougher sentence than would be the case with full information from supportive parents (p. 101).

In a recent paper, Fitzpatrick et al. (2024) examined judicial perspectives on care experienced girls and women in court, highlighting numerous challenges for them. These included a lack of support for care experienced girls and women in court, professionals' negative perceptions of this group and inadequate training for professionals on the criminalisation of children in care. The Crown Prosecution Service recommends that alternative disposals such as restorative approaches are considered for children in care where appropriate and outcomes such as prosecution, caution or conditional caution are only followed if it is in the public interest (Crown Prosecution Service 2023). In 2023, the Youth Justice Legal Centre published guidance to support lawyers representing care experienced children to reduce unnecessary criminalisation. The guidance includes information on how to identify if children have experience of care, understand the legal duties, and support care experienced individuals at the police station, in court, and at sentencing hearings.

It is likely that care experienced children are over-represented in the youth justice system due to an interplay between the three explanations outlined in this section. Staines (2017) explained:

> children who enter care having experienced abuse and trauma are then particularly vulnerable to being negatively influenced by relationships and experiences within care. This impact of this interaction is then exacerbated by involvement in the youth justice system itself, which can further criminalise looked after children (p. 6).

The relationship between the three explanation is complex as a child's experiences before and during care are likely to interact and be compounded by their experiences of the youth justice system and the way staff respond to their behaviour.

2.3. Changing practice to address the over-representation of care experienced children in the Youth Justice Service

Given the problems outlined, there have been calls to improve practice to better meet the needs of care experienced children and prevent unnecessary contact with the Youth Justice Service. Most of these calls have been made in grey literature sources including

reports (Colvin et al. 2020; Howard League for Penal Reform 2017a) and practice reviews (Laming 2016, Taylor 2016). The three main explanations for why care experienced children are over-represented in the youth justice system offer different ways to intervene. First, additional support could be provided to children in care considered at 'high risk' of future contact with the youth justice system. Herz et al. (2012) argued that there are "lost prevention opportunities" to support children in care who are at risk of offending (p. 20). They called for staff to work with children in care to promote their education, prosocial activities and family relationships, and address substance misuse and mental health needs. It is anticipated that better meeting the needs of children in care will reduce the chance of them engaging in offending behaviour. Second, changes could be made to the care environment to tackle some of the problems associated with offending behaviour. For example, identifying the right placements for children with an appropriate mix of peers and hiring care staff with the qualities valued by children (e.g., good listening skills). Third, the way care staff and criminal justice agencies respond to the behaviour of children in care could be changed, through new policies, procedures and training, with the aim of reducing police callouts and the risk of criminal justice outcomes.

There has been a great deal of interest in improving the staff response to reduce the criminalisation of children in care. In 2016, several practice reviews highlighted how staff responses to the behaviour of children in care could be improved. First, the Ministry of Justice commissioned a review into the youth justice system in England and Wales due to concerns around the high rates of reoffending. Taylor (2016) conducted the review and identified problems in how care staff and the police were responding to the behaviour of children in care. Taylor (2016) recommended that training should be provided for both care staff and the police. The author proposed training for care staff should cover how to resolve behaviours without involving the police and training for the police should advise officers to only take formal action when absolutely necessary. Taylor (2016) identified that several areas in England had set up a protocol between care staff and the police to outline their roles and responsibilities and establish when it is

appropriate for the police to be called, recommending that all areas should take up this approach "to agree proportionate approach to offending in care homes" (p. 24).

Second, the Prison Reform Trust commissioned a review to specifically look at the involvement of children in care in the youth justice system. Laming (2016) led the review and Staines (2016) conducted a literature review to inform the work. In the literature review, Staines (2016) examined the evidence on the relationship between care and offending, explored risk factor explanations, considered the adverse influence of the experience of care, and highlighted examples of interventions. Staines (2016) concluded that there is a "need for a multi-agency, multi-dimensional approach to reducing looked after children's contact with the youth justice system" (p. 32). Laming (2016) drew on this literature review alongside over 200 written submissions and oral evidence gathered at meetings, visits, conferences and practitioner and policy maker forums. He argued that staff need to do more to protect care experienced children from youth justice involvement and made several recommendations similar to those of Taylor (2016). Laming (2016) recommended that care staff receive training, support and supervision so they can respond to children's behaviour without formally involving the police whenever possible. Laming (2016) also called for closer partnership working between care placements and criminal justice agencies, advocating for the use of protocols between children's homes and the police.

A third review was undertaken in 2016 into residential care in England. The review was commissioned by the Prime Minister and the Secretary of State for Education due to concerns around the quality and safety of residential care including those raised in the Independent Inquiry into Child Sexual Exploitation in Rotherham (Jay 2014). Narey (2016) conducted the review and made 34 recommendations for improving residential care. In contrast to the reviews by Taylor (2016) and Laming (2016), Narey (2016) concluded he had found no evidence that children in care were frequently being criminalised and argued that the issue has been exaggerated by others. Narey (2016) suggested that for children in custody "time spent in care was often a relatively small

part of their troubled and often neglected childhoods" (p. 39). In response to the review, Staines (2017) argued that Narey "emphasises the role of early adversity in looked after children's offending behaviour, but minimises the significance of experiences during and after care, and downplays the effect of policies and practices that may exacerbate looked after children's involvement in the youth justice system" (p. 1). Similarly, Fitzpatrick (2017) commented that in Narey's review "any potential systemic problems in explaining the care-crime connection are neatly side-stepped, and replaced by a focus on the problems within the individual and their families" (p. 8). Both Staines (2017) and Fitzpatrick (2017) suggested that Narey overlooked system-level problems and the need for change.

Several charities have called for a change in how care staff and the police respond to the behaviour of children in care. In 2017, the Howard League for Penal Reform launched a four-year programme of work "to end the criminalisation of children in residential care" (Howard League for Penal Reform 2017a). They published a number of reports describing children's experiences of care and the Youth Justice Service and discussed practice in policing and residential care (Howard League for Penal Reform 2017a, 2017b, 2018b, 2018c). The charity found that practice in police teams and residential care varied. They highlighted good practice in some areas with the police implementing a child-centred approach, delivering training, assigning named officers to individual children's homes to build relationships, and setting up protocols with children's homes (Howard League for Penal Reform 2017b). The charity advocated for greater consistency in practice and strong leadership, and commitment to reducing the number of care experienced children involved in the youth justice system. More recently, the National Youth Advocacy Service (NYAS) campaigned to reduce the criminalisation of care experienced children (NYAS 2021). They asked all Police and Crime Commissioner candidates in Wales standing in the 2021 election to pledge to improve practice and "work to keep care-experienced young people out of the criminal justice system" (para. 11).

In a recent paper, Leyland et al. (2025) also recognised the need to establish consistent practice to reduce the criminalisation of care experienced children. The authors analysed linked administrative data from the Department for Education and Ministry of Justice. They found regional differences in rates of criminal cautions and convictions in England for children involved in welfare services after adjusting for the local authority conviction rate in the general population and deprivation rates. The rates were examined for children with different levels of child welfare involvement (referral only, child in need, child protection plan and child looked after), and all groups experienced local authority variation in criminal cautions and convictions. Children with the highest level of involvement (child looked after) had the highest proportion of criminal cautions and convictions, and the largest variance between local authorities. Leyland et al. (2025) concluded there is "an urgent need to equalise local level policies and practices to improve outcomes for our most vulnerable children" (p.8).

2.4. Protocols to reduce the criminalisation of care experienced children

As highlighted, it has been frequently recommended that police teams, children's services and other agencies work together to develop a local protocol that can inform practice and reduce the contact that children in care have with the youth justice system (Taylor 2016, Laming, Howard League for Penal Reform 2017a). Laming (2016) recommended that protocols should be used nationally across England and Wales. Laming (2016) argued that the use of protocols had been localised, and this created a risk that children in care who present with behaviours that challenge may receive informal support in one local authority and a criminal record in another. Laming (2016) argued that national leadership is needed to ensure "there is good joint working, proper regulation and policy development across UK government departments, and across the Welsh Government" (p. 7). Following Laming's (2016) review national protocols to reduce the criminalisation of care experience children were published in England (Department for Education 2018a) and Wales (Welsh Government 2022).

The English and Welsh protocols set out a framework of best practice and encouraged local partner agencies to consider how they can implement this way of working in their area. The guidance applies to partner agencies working with children in all types of care placements and care leavers. The national protocols are based on the same set of core principles. First, staff are reminded to apply corporate parenting principles which involves protecting care experienced children from involvement in offending and promoting their recovery, resilience and well-being (Department for Education 2018b; Welsh Government 2023). The protocols state when responding to the behaviour of children in care, staff should ask themselves, "would this be good enough for my child?" (Department for Education 2018a, p. 9).

Second, the English and Welsh protocols encourage staff to work in a child-centred way and listen to children's views, wishes and feelings, and take these into account. It is anticipated this approach will help meet children's "needs and minimises the risk of incidents arising" (Welsh Government 2022, p. 12). When incidents do occur, it is recommended staff listen to children's views to understand what happened before, during and after an incident, and use this to decide how best to respond and learn. The authors of the English and Welsh protocols acknowledge this way of working aligns with Article 12 of the United Nations Convention on the Rights of the Child which states that children have a right to express their views freely and have this taken into account (United Nations Convention on the Rights of the Child 1989). It is also consistent with the Child First approach that the Youth Justice Board have committed to taking in England and Wales in recent years (Youth Justice Board 2024). Child First advocates for professionals to work in collaboration with children and take children's views seriously. It argues children cannot be treated as "fully independent, capable, mature and responsible 'mini adults'" (Case and Haines 2015, p. 163). Instead, their status as children must be recognised and a child-friendly, child-appropriate response to behaviour should be taken. It encourages professionals to meaningfully engage with children, develop their pro-social identity, and promote diversion from the youth justice system (Case and Browning 2021).

2.4.1. Restorative approaches

Third, the English and Welsh protocols recommended that staff use restorative approaches as an alternative to formal police involvement wherever possible and appropriate. Restorative approaches are made up of "those activities used to engage those affected by harm and conflict to communicate effectively about the impact of behaviour, explore relationships and mutually agree the steps that need to be taken to acknowledge and where possible repair the harm that has been caused" (Restorative Justice Council 2020, p. 4). Restorative approaches typically provide the opportunity for those that have caused harm and those harmed to share their feelings, thoughts and experiences, and reflect on what is needed to move forward. The person who caused harm is encouraged to take ownership for their behaviour and make amends (e.g., through an apology or reparation activity), and they are then reintegrated back into the community.

The Restorative Justice Council (2020) proposed six key principles of restorative approaches: restoration, voluntarism, neutrality, safety, accessibility, and respect. The values of a restorative approach are suggested to include fairness, respect, equality, personal accountability, and inclusiveness (Hopkins 2009). Restorative approaches are underpinned by reintegrative shaming theory (Braithwaite 1989) and procedural justice theory (Tyler 1990). Reintegrative shaming theory suggests when individuals experience community disapproval for their behaviour and are provided with the opportunity to reintegrate, they will be less likely to offend in the future. Procedural justice theory proposes that when an individual perceives that they have been treated fairly and with respect, they will be more likely to cooperate, accept the outcomes, and comply with the law in the future.

Many literature reviews have been conducted to assess the effectiveness of engaging children in restorative approaches. The primary outcome of interest in the literature is reducing reoffending. Reviews have found modest reductions in repeat offending for children who have taken part in restorative programmes compared to children who have

taken part in traditional youth justice processes (Strang et al. 2013; Wong et al. 2016; Kimbrell et al. 2023). Several reviews report that the effect is weaker for randomised control trials than quasi-experimental studies signalling potential concerns with the robustness of the findings and "reducing confidence in the general effectiveness of restorative justice programs" (Wong et al. 2016; Wilson et al. 2017 p.38; Kimbrell et al. 2023). Kimbrell et al. (2023) stated that the evidence was "promising but not definitive" and further randomised controlled trials were needed to conclude whether restorative approaches were effective or ineffective in reducing reoffending. Wilson et al. (2017) and Kimbrell et al. (2023) reported that descriptive characteristics of the sample were missing from many studies, and it was not possible to conduct subgroup analysis. In an earlier review, Wong et al. (2016) examined subgroup differences and found positive effects of restorative programmes for predominately white children and no significant effect for one programme for children from minority ethnic groups. The authors warn that "restorative programs may not adequately address the needs of certain youths" (Wong et al. 2016, p. 14).

The secondary outcomes of interest in the literature include the perceived fairness and satisfaction reported by individuals who have taken part in a restorative approach. Several reviews found individuals who took part in restorative approaches (either as the person who was harmed or the person who caused harm) rate the experience higher in terms of fairness (Kimbrell et al. 2023; Strang et al. 2013) and satisfaction (Strang et al. 2013) than those who took part in traditional youth justice processes. Kimbrell et al. (2023) found that the evidence of increased perceptions of satisfaction was stronger for those who were harmed, rather than those who caused harm. The authors concluded that the evidence from their review provided some support for the explanation that increased perceptions of fairness and satisfaction may promote compliance with the law and reduce reoffending.

Restorative approaches are commonly used with children involved in the youth justice system. It has also been widely used in schools (Lodi et al. 2021) and residential care

(Hopkins 2009). In residential care, restorative approaches have been introduced for two primary reasons. First, as an alternative to police involvement and a way for homes to "'own their own conflicts' in a similar way to families" (Hayden and Gough 2010, p. 14). Second, to improve communication and relationships between children and staff in the home. Restorative approaches can be implemented formally (e.g., through a structured conference with all involved parties), or informally as part of day-to-day conversations (e.g., by asking questions that encourage an individual to reflect on how their behaviour has affected others; Wachtel 2013). Wachtell's (2013) restorative practice continuum illustrates the range of responses available (Figure 1). Formal responses are predominately used by the criminal justice system, while informal responses tend to be favoured in care settings as they require less preparation and planning, and incidents often need to be resolved quickly as children and staff work and live together. Staff report that formal conferences are rarely used in children's homes and are reserved for the most problematic events (Hayden and Gough 2010).

Figure 1. Restorative practice continuum (adapted from Wachtel 2013)

Informal ← → Formal

Affective statements | Affective questions | Small impromptu conference | Group or circle | Conference
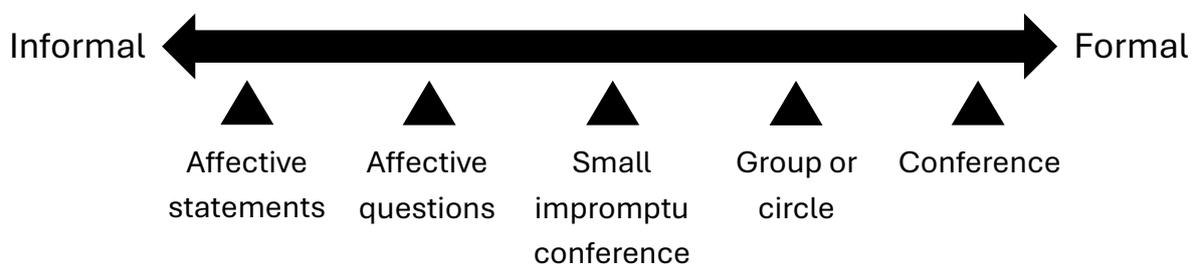
Reviews assessing the evidence base on restorative approaches are predominantly based on restorative approaches that have been conducted formally (e.g., a victim-offender conference) and the findings may not be applicable to care settings. In one review, Kimbrell et al. (2023) noted the difference in delivery of restorative approaches across settings. The authors chose to focus on assessing the effectiveness of restorative approaches delivered by the Youth Justice Service, and they excluded a handful of studies that evaluated school-based restorative approaches. Separate reviews have been conducted to specifically examine the effectiveness of school-based

restorative approaches (Lodi et al. 2021; Zakszeski et al. 2021). However, no reviews have been conducted to look at the effectiveness of restorative approaches in care settings. This is likely to be due to the lack of research on the topic. Two key evaluations of restorative approaches in care settings were identified to inform this literature review. First, Littlechild and Sender (2010) evaluated the use of restorative approaches in four children's homes in England. The authors found evidence of an overall reduction in police callouts across the homes in the three years after staff had received training on restorative approaches compared to the three years previously. However, there was variation across the homes with one home experiencing an increase in callouts and Littlechild and Sender (2010) were not able to identify the reason for this variation. Furthermore, the analysis in another home was limited as they had a very few police callouts in the three years before (n= 6) and after the training (n= 4). In interviews, staff and children reported that restorative approaches had provided the opportunity to talk about their feelings, understand the perspectives of others, develop social skills, and improve relationships. Littlechild and Sender (2010) concluded that restorative approaches can have benefits for staff and children however, they were not able to draw firm conclusions on whether restorative approaches reduced police callouts to the homes or not.

Second, Hayden and Gough (2010) evaluated restorative approaches in 10 children's home in England and identified more mixed findings than Littlechild and Sender (2010). Children in the homes took part in interviews and/or completed questionnaires about how staff responded to behaviour in the home, and they had varying levels of understanding of restorative approaches. Some children were unsure what the approach entailed while others identified it as an opportunity to communicate about something that had happened and share their feelings. Hayden and Gough (2010) found staff generally perceived restorative approaches to be a useful tool. However, some staff were resistant to using the approach and considered it to be a "soft option" compared to a 'sanction' in the home (e.g., the child not being allowed to watch TV) or police involvement. Hayden and Gough (2010) concluded restorative approaches may require a culture change in some homes. In addition, the local context made it

challenging for staff in some homes to focus on restorative approaches for example, due to staffing problems or plans to relocate the home.

Both Hayden and Gough (2010) and Littlechild and Sender (2010) reported that restorative approaches may not be appropriate to use for all children. Some of the staff who took part in the research questioned whether restorative approaches were useful for example, when children had low motivation to engage in the work, a significant degree of learning difficulty, or an attachment disorder. Other authors agree that restorative approaches "should not be viewed as the panacea and treated with a degree of caution" as it may not be appropriate for all individuals in all circumstances (e.g., Shaw 2016, p. 149). For example, girls' experiences of restorative approaches have been largely overlooked in the literature, and the suitability of the approach for this group has been questioned (Hodgson 2022). Hodgson (2022) interviewed girls who had participated in a restorative conference (n= 15) and Youth Justice Service practitioners (n= 13) and found a clear divergence between girls' experiences and practitioners' views. Practitioners generally regarded restorative conferences as a positive intervention, while many girls perceived it to be punitive. Some girls reported they had felt unable or unwilling to participate in the conference and share their account of what happened. These experiences conflict with the intentions of the approach and practitioners' perceptions of it as an effective intervention for girls involved in the youth justice system.

In recent years, questions have been raised about whether restorative approaches are appropriate to use with children and if it adheres to the Child First principles (Case and Hazel 2023). Advocates of the Child First approach have argued that a restorative approach has the potential to prioritise the needs of the person who was harmed and overlook the child who caused harm (Case and Hazel 2023). They suggested there is a risk of blaming and stigmatising the child who caused harm for their behaviour and reinforcing their pro-offending identity. The Child First approach draws on labelling theory which suggests that the process of being labelled as an 'offender' can change a

child's perception of themselves and encourage future offending (Becker 1963). Hazel et al. (2019) advised that restorative approaches should be delivered in a way that is future-oriented and allows the child to see that mistakes are something that they can move on from. The authors proposed that if a restorative approach is implemented in this way then it can align with Child First principles and help to promote a child's pro-social identity and enable them to develop positively and desist from offending.

2.4.2. Trauma-informed approach

The fourth key principle of the English and Welsh protocols is for staff to take a trauma-informed approach to supporting care experienced children. Interest in trauma-informed approaches has increased over the last 20 years and predominately stems from Felitti et al.'s (1998) seminal study of adverse childhood experiences that found a strong association between exposure to abuse and household dysfunction in childhood and poor health outcomes in adulthood. Research on the use of trauma-informed approaches is relatively new and there are many outstanding questions in the literature, including how trauma-informed approaches should be defined, implemented and evaluated (Champine et al. 2019; Mahon et al. 2022). The Substance Abuse and Mental Health Services Administration (2014), an agency within the US Department of Health and Human Services, suggested that a trauma-informed approach is one that "incorporates key trauma principles into the organizational culture" (Substance Abuse and Mental Health Services Administration 2014, p. 9). There is evidence that trauma can impact children's cognitive abilities (e.g., attention, memory and decision-making abilities), emotion regulation (e.g., impulse control) and relationships (e.g., trusting others), and therefore increase the likelihood of engaging in offending behaviour (Sapp 2024). The protocols want staff to understand the impact that trauma can have on children's development and use this to inform their response to behaviours. The Substance Abuse and Mental Health Services Administration (2014) outlined four Rs of trauma-informed approaches and advise practitioners to:

(1) Realise the impact of trauma,
(2) Recognise the signs of trauma,

(3) Respond by incorporating knowledge of trauma into practice, and,

(4) Resist re-traumatisation.

Trauma-informed approaches have been increasingly adopted by children's services over the last decade including in residential care (Asmussen et al. 2022), the police (Brodie et al. 2022; Wilson et al. 2022) and Youth Justice Service (Davis et al. 2024; Welsh Government 2019). The approaches are likely to include elements of workforce development (e.g., staff training), trauma-focused services (e.g., screening to identify a child's trauma history) and organisational practices (e.g., policies that reference trauma; Hanson and Lang 2016). There are many anticipated benefits of using trauma-informed approaches including increased staff empathy, children and families feeling less judged, reduced behavioural problems, better placement outcomes for children, and improved staff retention (Asmussen et al. 2022). The evidence base of organisation-wide trauma-informed approaches is less well developed than trauma-specific interventions (e.g., therapy; Malvaso et al. 2024). Several reviews have raised concerns about the quality of studies evaluating the effectiveness of organisation-wide trauma-informed approaches due to a lack of experimental designs, small sample sizes, and difficulties disentangling the effects of trauma-informed approaches with multiple components (Bailey et al. 2019; Bunting et al. 2019; Zhang et al. 2021). However, the reviews found preliminary evidence that suggest trauma-informed approaches in children's services improve children's well-being (Bailey et al. 2019; Bunting et al. 2019; Zhang et al. 2021). Asmussen et al. (2022) concluded there are currently high levels of interest and investment in trauma-informed approaches, but the evidence base is limited. The authors called for robust evaluations of trauma-informed practice to be conducted in different contexts, including children's services and the criminal justice system.

2.4.3. Implementation advice for local areas

The English and Welsh protocols offer staff guidance on how to respond to children's behaviour and when police involvement is appropriate. The English protocol provides

local agencies with a template local protocol to base their arrangements on (Department for Education 2018a, pp. 31-39). Local agencies (including local authorities, police, care providers, health services, education settings) are encouraged to adapt the template to the needs of care experienced children in their area, their local services, and any existing arrangements. The template protocol instructs local areas to document their plans, including how they will respond to behaviours that challenge, support staff and carers, share information between agencies, and monitor the protocol. Local areas are advised to agree an accountability structure and identify a named senior leader from each organisation who is committed to supporting protocol implementation.

In Wales, a template local protocol is not provided. Instead, an online toolkit has been created to help practitioners apply the principles outlined in the Wales protocol to their work (Missing People no date). The toolkit was developed in consultation with around 65 care experienced children (Missing People 2022). It provides advice and resources for practitioners including examples of children's experiences of the care and/or youth justice systems, children's views on what would help to improve practice, and information on topics such as de-escalation techniques and setting boundaries.

While local areas are encouraged to implement a protocol to address the criminalisation of care experienced children, it is not a statutory requirement. The English protocol advises that where a protocol is in place, Ofsted will consider the work under "the experiences and progress of children in care and care leavers" element of the Local Authority Children's Services Framework (Ofsted 2020a). In addition, during inspections of children's homes, Ofsted will look at the relationship between the home and the police. Practice will be considered 'good' if "proactive and effective working relationships with the police help to support and protect children. Staff work with the police to protect the children living in the home from any unnecessary involvement in the criminal justice system" (Ofsted 2020b). The Welsh protocol notes "The Welsh Government expects agencies and relevant partnerships to consider the ways in which

the approach set out in this protocol can best be implemented", but the approach is not mandatory (Welsh Government 2022, p. 5).

2.5. Research on protocols to reduce the criminalisation of care experienced children

There has been very limited research looking at the implementation and effectiveness of local protocols. The authors of the Welsh protocol do not include any plans for monitoring which local areas are using the national guidance. While in the English protocol, the authors stated that "At a national level, the effectiveness of this protocol will primarily be measured by the number of areas informing the Department for Education that they are/have implemented local protocols on reducing criminalisation of looked-after children and care leavers" (Department for Education 2018a, p. 29). However, the number of local protocols that have been set up in England is not publicly available. It is important to identify how widely protocols are used to understand whether it is consistent across England and Wales or not. In addition, understanding where protocols are being used is an important step for future research to assess whether the protocols have achieved the intended outcomes in these areas, and allow for comparison between areas to identify best practice and lessons learnt.

In 2024, Hunter et al. located copies of local protocols set-up in England and Wales through internet searches and contacting Youth Offending Services. They found that the approach had not been consistently adopted, and the scope and contents of the protocols varied. The authors were interested in whether the protocols considered the needs of specific groups of children, and found most took a 'one size fits all approach' and did not refer to individual characteristics. The authors also considered the potential unintended consequences of the protocols and raised several concerns. For example, over half of the protocols included in their analysis encouraged informal police involvement in care placements that may breach children's right to privacy, and lead to labelling and inappropriate police action. In addition, some protocols advised care staff to record all incidents of behaviours that challenge. This approach may stigmatise

children living in care placements and have adverse consequences for them if they attend court and a Magistrate reviews their records. Hunter et al. (2024) concluded "we must ensure that agreements have the *appropriate* provisions to divert care-experienced children and young people" from the criminal justice system (p. 54; original emphasis). They recommended that research is conducted to examine the effectiveness of the protocols and the factors important to implementation, such as training and resources." (page 40)

The Home Office (2004) warned against rolling out the use of local protocols to tackle the number of care experienced children involved in the youth justice system before conducting an evaluation of the existing protocols. The authors interviewed residential care staff in one local authority where a protocol had been developed. The staff reported that the protocol had helped them to consider alternative ways to respond to children's behaviour (e.g., restorative approaches) and reduced police callouts and improved their relationship with the police. The authors noted that the approach looked promising, but "A first step would be a full evaluation of the impact of the reporting protocols currently in place" (Home Office 2004, p. 16). To my knowledge and based on a thorough review of the literature, no evaluations have been undertaken to evaluate the effectiveness of the protocols.

At a local level, the English protocol states areas should collect data on offending behaviour to assess the impact of the protocol on care experienced children (Department for Education 2018a). In the grey literature, there are some anecdotal reports that local protocols have led to a reduction in the number of care experienced children involved in the youth justice system. In Surrey, the South East England protocol was reported to have "resulted in a 92% decrease in first time entrants to the youth justice system (1,499 first-time entrants to youth justice system in 2007/8 compared with 113 in 2017/18) and an 18% drop in reoffending between 2007/08 and 2017/18" (Department for Education 2018a, p. 6). Some staff have reported that their local protocols have led to a reduction in offending by children in care in their area (Home

Office 2004, Colvin et al. 2020). Data was not provided in these grey-literature reports, and it is unclear if the reported reductions are attributable to the protocols or not. There has been a lack of experimental studies to assess the effectiveness of the protocols.

Furthermore, there is a lack of clarity around how protocols are intended to reduce the criminalisation of children in care. A logic model or programme theory is not provided in the English or Welsh protocols to describe how the approach is intended to work. There is often the assumption that once a policy has been published it will be implemented and achieve its intended outcomes (Smith 1973). However, many factors can influence whether a policy is implemented successfully or not. Several reviews have identified a long list of factors suggested to shape policy implementation including, the clarity of the policy goals, leadership, resources, communication, trust, and the commitment, skills, and abilities of those responsible for implementing the policy (O'Toole 1986; Brynard 2009).

In the 1980s, policy implementation research was initially divided between top-down and bottom-up perspectives (Winter 2012). Top-down perspectives focus on the policy decision, its goals, and the extent to which they are achieved. Authors of top-down perspectives suggest success is more likely when the goals are clear and consistent, and the number of actors involved are limited (Matland 1995). Bottom-up perspectives focus on how frontline staff influence policy delivery. Lipsky (1980) argued that frontline workers make decisions on how to implement policies based on their knowledge, experience, and the context of their interactions with service users. Frontline workers, also known as "street-level bureaucrats", have substantial discretion over their work and include, for example, social workers, police officers and teachers. They have limited time and resources to respond to situations, and interpret and apply policies in their daily interactions. The decisions made by street-level bureaucrats shape how policies are received by recipients. Bottom-up perspectives suggest "Program success depends in large part on the skills of individuals in the local implementation structure who can adapt policy to local conditions" (Matland 1995; p. 149). Some authors have suggested

that the top-down and bottom-up perspectives may be appropriate in different circumstances (Sabatier 1986). Top-down perspectives may be appropriate when conducting a preliminary assessment of a policy and how well it has been implemented overall. Bottom-up perspectives may be suitable when there are a lot of actors involved in delivering the policy and researchers are interested in local variation. Others have made efforts to integrate the two perspectives (e.g., Sabatier 1986).

There are many models and frameworks of policy implementation in the literature (Albers et al. 2017; Nilsen 2015). The frameworks aim "to describe the complexity of implementation processes and to identify key influences that help individuals, organizations and systems to better understand and guide their implementation work" (Albers et al. 2017, p. 102). They often consider the stages of implementation (e.g., pre-implementation, planning, implementation and sustainment), the key influences of implementation (e.g. enabling and inhibiting factors), the role of stakeholders (e.g., at frontline, organisational, community and policy levels), and capacity for implementation (e.g., resources, skills; Albers et al. 2017). It is hoped that understanding the factors influencing the uptake and success of policies will improve practice and outcomes.

A very small number of studies have reported on practitioners' experiences of implementing the protocols and the factors that enable or inhibit implementation. In a previously mentioned study by the Home Office (2004), residential staff were interviewed about their protocol, reporting that strong co-operation between the partner agencies helped to facilitate the approach. The study is limited as only staff in one of the three case study areas were using a protocol and could share their experiences of implementation. In 2012, Schofield et al. conducted a study to identify ways to reduce offending among care experienced children and collected a range of data (e.g., a survey completed by professionals employed by children's services and the Youth Justice Service, focus groups with professionals and interviews with children). Schofield et al. (2012) reported that protocols were commonly used in England and

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Wales, but they did not report how many areas had a protocol in place or provide further details on the guidance included in the protocols and how the contents varied. The authors reported that some areas had experienced difficulties implementing their protocol as it was challenging to provide training to residential staff due to high staff turnover and a lack of resources.

In 2024, Staples and Staines conducted a study to investigate how Youth Justice Services work with care experienced children and explored the extent to which protocols are being used. They interviewed 39 youth justice professionals and found that their knowledge and use of the guidance in the English and Welsh protocols varied. Some professionals had not heard of the protocols and others were aware of the guidance but noted that it was not consistently implemented in their area. Professionals shared examples where children in care had been inappropriately arrested and reported that the criminalisation of children in care continued to be a concern.

In Australia, policy makers and practitioners have been inspired by the protocols in the UK and several local protocols have been set up including in New South Wales (McFarlane et al. 2019), Queensland (Queensland Government 2018) and Victoria (Victoria State Government 2020). McFarlane et al. (2019) interviewed 45 representatives from care providers and criminal justice agencies about their experiences of developing a local protocol in New South Wales. Participants had high hopes for the protocol but said that its success would depend on a culture change, regular training for staff and cooperation between partner agencies (McFarlane et al. 2019). McFarlane et al. (2019) warned that the New South Wales protocol "has the potential to be just another failed initiative unless supported and adequately communicated and resourced" (p. 42). It would be valuable to conduct further research to examine what happened after the protocol was introduced in New South Wales, what challenges and successes they experienced, and how the approach was sustained (or not) in the longer-term.

There is a gap in our understanding around how and why the protocols are expected to work in certain circumstances. This study addresses this gap by conducting a review of the protocols that have been introduced across in England and Wales and developing programme theories to describe the intentions of the approach. In a framework to inform the evaluation of complex interventions, Skivington et al. (2021) argued that developing programme theories is vital and "will help inform transferability of interventions across settings and help produce evidence and understanding that is useful to decision makers" (p. 4). Understanding what enables and inhibits the implementation of the protocols is expected to inform policy makers what support is required, for example, in terms of resources. It is also anticipated to help practitioners to learn from the experiences of others, and plan the set-up and delivery of a protocol in their area (Wong et al. 2016).

Programme theories tend to focus on how interventions produce their intended outcomes. However, Bonell et al. (2015) argued that it is worthwhile also considering the unintended outcomes of an intervention and the underlying mechanisms that produce them. The unintended consequences of the protocols have not been explored in the literature and adverse outcomes are possible. For example, it was highlighted earlier in this literature review that restorative approaches can risk blaming, labelling and stigmatising children and this can increase the risk future offending behaviour, rather than prevent criminalisation (Case 2006). This study will consider the key unintended outcomes of protocols and how they might be produced to help policy makers and practitioners anticipate and avoid adverse outcomes (Bonell et al. 2015; Cavanagh and Brehony 2024).

2.6. Conclusion

The criminalisation of children in care is a persistent challenge that agencies have a responsibility to address as they strive to promote positive outcomes for children in care and prevent involvement in the criminal justice system, and the adverse impact

this can have on children's life chances. As highlighted, protocols have been recommended as one way of improving the staff response to the behaviour of children in care. However, there is a lack of theoretical understanding of how the protocols are anticipated to work. This study takes a theory-based approach (Pawson and Tiley 1997) to studying the protocols and unpacking how and why they are anticipated to support children in care. As previously stated, the study seeks to address the following research questions:

1. How and why have multi-agency protocols been introduced in England and Wales to address the criminalisation of children in care?
2. How and why are multi-agency protocols anticipated to work to reduce the criminalisation of children in care?
3. What are the implications of the multi-agency protocols, for who, and in what ways?

The study identifies the protocols that have been set-up in England and Wales and examines their contents to gain a detailed understanding of the agencies involved, the guidance provided and how much the protocols vary. In addition, data will be collected from practitioners in four case study areas and policy makers to develop programme theories that can explain how and why the protocols are expected to work in certain circumstances. The findings will highlight the implications that the protocols have for children in care and key partner agencies. The theory-driven approach provides an original contribution to knowledge as previous studies have not articulated how the protocols are intended to operate. The next chapter further explains the reasons for taking a theory-driven approach and outlines the evaluation design, stages of data collection and analysis and ethical considerations.

Chapter 3: Methodology

The purpose of this chapter is to describe and justify the evaluation design and outline the rationale for my methodological choices. At the beginning of this chapter, I provide an overview of realist methodology, starting with an introduction to realist evaluations, the underpinning ontology and epistemology, key concepts and design features. I then describe the design of this research and provide details of the case study areas, the participants and recruitment process, data collection methods, stages of data analysis and ethical considerations. Realist reporting standards have been developed to promote thorough reporting of realist evaluations, and to help readers assess quality and rigour (Wong et al. 2016). This chapter has been informed by the reporting standards and covers the content that should be included in a methodology section of a realist evaluation (items six to 14 in the guidance; Wong et al. 2016). In addition, the realist quality standards guided the study design and are referenced in this chapter as they outline what constitutes inadequate, adequate, good and excellent practice for realist evaluation design, choice of data collection methods, recruitment and data analysis (Wong et al. 2017).

3.1. Introduction to realist evaluation

Realist evaluations use a theory-driven approach to understand how an intervention operates, what causes intended and unintended outcomes, and what contextual factors are associated with the outcomes (Salter and Kothari 2014). Pawson and Tilley (1997) argued that realist evaluations overcome the limitations associated with experimental evaluations (Pawson and Tilley 1997). Experimental evaluations have been described as "black box" evaluations because they focus on the causal relationship between an intervention and outcome (i.e., intervention X leads to outcome Y) and do not investigate how the outcome was produced (Astbury and Leeuw 2010). Black box evaluations assess the effectiveness of an intervention, and they tend to study a small number of pre-selected outcomes (Salter and Kothari 2014). They have been criticised for overlooking the role of context. Randomised control trials are a type of black box evaluation where participants are randomly allocated to an intervention or

control group to balance out contextual factors and examine how an intervention works on average. Randomised control trials often produce mixed findings when seemingly similar interventions are delivered in different settings and with different population groups and it is not possible to explain the reasons for these differences (Wilcox et al. 2005). 'White box' (or clear box) evaluations "open the black box" and explore the inner workings of an intervention (Kazi 2003; see Figure 2). Realist evaluations are a type of white box evaluation because they go beyond asking "does it work?" and ask, "what works for whom in what circumstances… and why?" (Pawson 2013).

Figure 2. Realist evaluations "opening" the black box
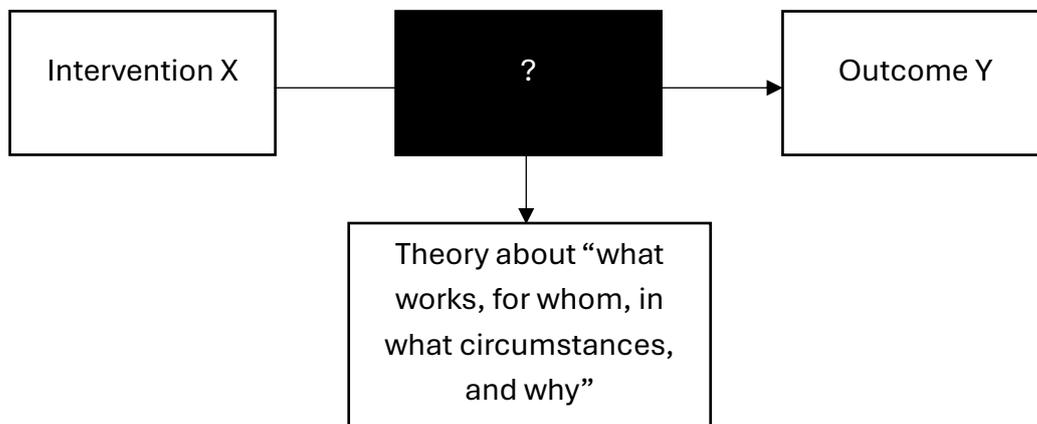
Over the last 20 years, realist evaluations have been increasingly used (Lemire et al. 2020) in the fields of healthcare, education, and criminology (Jagosh et al. 2016). In 2022, Sutton et al. called for researchers to utilise realist methodology in the field of youth justice. The authors argued that youth justice has been dominated by the 'what works' agenda and as a result, it has focused on individualised explanations of youth offending, experimental evaluation designs, and the overall effectiveness of interventions. The field has therefore neglected to identify contextualised explanations of offending and to explore how interventions vary for children and their local circumstances. Sutton et al. (2022) suggested realist approaches can provide stakeholders with a more holistic understanding of how an intervention works (or not), for whom it will be most effective, and the situations where it will achieve its intended

outcomes and those where it will not. Such findings can inform decisions on how to target resources and maximise the impact of an intervention (Wong et al. 2017).

3.1.1. Ontology and epistemology of realist evaluations

The ontological and epistemological position of Pawson and Tilley's (1997) scientific realism sits between the positivist and constructivist research paradigms (Greenhalgh et al. 2017a). Positivism suggests there is a single objective reality that can be observed via the senses and measured (Williamson 2018). Positivist researchers systematically collect data to test hypotheses and generate universal laws. Experimental designs are typically used such as randomised control trials and quasi-experimental studies. Constructivism, on the other hand, suggests reality is socially constructed (Williamson 2018). This means that individuals make sense of the world through their interactions with others and their social and cultural norms (Creswell and Creswell 2018). Qualitative designs are used to understand the meaning that participants give to their experiences. Constructivism usually takes a theory building (inductive) approach, whereas positivism typically takes a theory testing (deductive) approach (Williamson 2018).

Scientific realism includes aspects of both perspectives. It acknowledges an objective reality, but accepts the importance of knowledge construction (Kazi 2003). Scientific realism is based on a stratified ontology with three levels of reality (Sayer 2000):

1. The real (causal powers or mechanisms),
2. The actual (what happens when mechanisms are triggered), and
3. The empirical (the events that are experienced).

This suggests reality cannot be directly measured as the events in the empirical domain are caused by unobservable activity in the real and actual domains. Jagosh (2019) used an iceberg metaphor to show the observable empirical domain above the water, and the actual and real domains underneath the surface (Figure 3). Realist researchers are

required to "penetrate beneath the surface of observable inputs and outputs of a program" and explain how it is working (Pawson and Tilley 1997, p. 261).

Figure 3. Ontological depth in realism (adapted from Jagosh 2019)

Empirical (observable) reality

Ontological depth

Underlying mechanisms that cause empirical reality when triggered by context
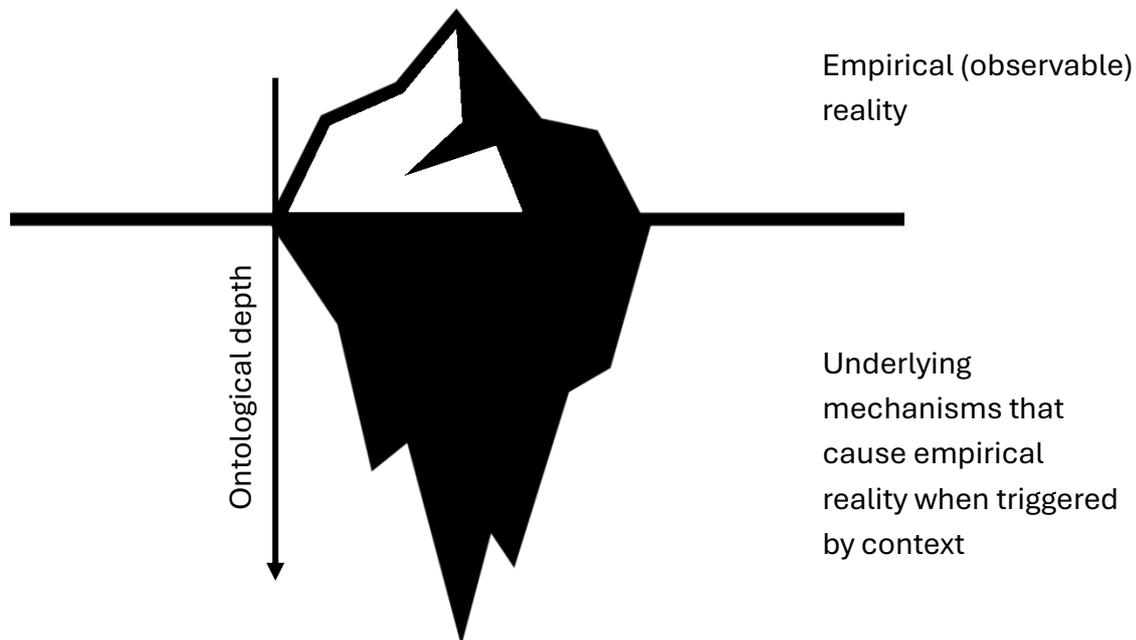
Realist researchers develop programme theories to explain how an intervention works through the process of retroduction. Retroduction "entails the idea of going back from, below, or behind observed patterns or regularities to discover what produces them" (Lewis-Beck et al. 2004, p. 2). Researchers use retroduction to work backwards from what is observable in the empirical domain, to theorise what is happening to produce the events. The creative process involves the use of abduction, induction, and deduction (Mukumbang et al. 2021). Realist researchers typically start by using abduction (hunch-driven theorising) to develop the initial programme theories and draw on their imagination, knowledge, common sense, and the available evidence (Greenhalgh et al. 2017b; Mukumbang et al. 2021; Jagosh 2020). Induction and deduction are then used to refine and revise the programme theories throughout the evaluation. Scientific realism proposes that observations and enquiry are shaped by our

interpretation and there is no "final" truth or knowledge (Petrova et al. 2021). Researchers can collect data to better understand how interventions work, however, it is not possible to provide "100% 'proof' of any conclusion" (Greenhalgh et al. 2017a, p. 2).

3.1.2. Key concepts in realist evaluations

In this section I describe the key concepts in realist evaluations and provide a table of definitions (Table 1). Realist researchers are encouraged to clearly document the definitions that they have used because there is often a lack of transparency, and the terms have not been uniformly conceptualised (Greenhalgh and Manzano 2021; Lemire et al. 2020; Marchal et al. 2012).

3.1.2.1. Contexts

Realist evaluations recognise that interventions are introduced into pre-existing contexts that can influence the effectiveness of an intervention (Pawson and Tilley 1997). Contexts refers not only to the physical setting or location, but also the existing social and cultural systems (Jagosh 2018). The outcomes of an intervention may for example, depend on an individual's characteristics, an organisation's values, and/or the level of deprivation in the area. The importance of contextual factors means that interventions do not transfer simply from one situation to another. Interventions are expected to work for some people and not others, and in some circumstances and not others. Realist researchers are therefore interested in investigating contextual differences to understand how social and physical conditions influence the effectiveness of an intervention (Pawson and Tilley 1997). In realist evaluations, context is studied in relation to mechanisms "to identify what it is within the setting that shapes whether and how the programme works" (Greenhalgh and Manzano 2021, p. 8). Greenhalgh and Manzano (2021) recommended thinking about context as having dynamic features and focusing on "what it *does*" rather than "what it *is*" (original emphasis; p. 5). For example, context may trigger or modify mechanisms, or contexts may interact with each other.

3.1.2.2. Mechanisms

Realist evaluations look to identify mechanisms that explain how outcome patterns are produced. It is recognised that the intervention itself does not effect change, but it offers resources to participants (such as advice, information, or money) and these resources can change a participant's reasoning and decision-making (Westhorp et al. 2011). Mechanisms are frequently described as "invisible", "underlying", or "hidden". They are often not observable because "(a) they operate at different levels of the system than the outcome they generate; (b) they operate at different timescales than the outcome of interest; and (c) they necessarily depend on relationships and interactions between components, some of which can be observed but others cannot" (Emmel et al. 2018, p. 45). Realist researchers are therefore required to "make up mechanisms" based on observation, measurement, and reasoning (Emmel et al. 2018, p. 26). It is anticipated that the proposed mechanisms are likely to be a resemblance or approximation of what actually exists. The exploration of mechanisms is fundamental to realist research because it helps researchers to identify what it is about an intervention that makes it work. However, mechanisms continue to be one of the most poorly understood concepts of realist research (Emmel et al. 2018; Marchal et al. 2012). In a review of realist evaluations, Marchal et al. (2012) found that researchers used different definitions of mechanisms, and some struggled to differentiate mechanisms from intervention activities and contexts. Table 1 includes the definition of mechanisms used for this evaluation.

3.1.2.3. Outcomes

Realist evaluations are concerned with identifying the outcomes of an intervention and how they are generated. It is assumed that interventions will have multiple outcomes as they work in different ways for different people and in different contexts. Outcomes may include changes in attitudes, values, skills, or behaviour, and they can be intended, unintended, good, or bad (Westhorp 2011).

3.1.2.4. Programme theories

Programme theories outline how and why an intervention is anticipated to work in certain circumstances. Realist researchers often present their programme theories as context-mechanism-outcome configurations (CMOCs). CMOCs outline the "causative links between the contexts (C) within which programs are implemented, the generative mechanisms (M) the programs trigger, and the outcomes (O) of interest" (Mukumbang et al. 2020, p. 490). CMOCs are frequently presented as 'Context + Mechanism = Outcome' to demonstrate the causal relationship between the elements (Pawson 2013). For example, Skuker (2013) proposed multiple CMOCs in an evaluation of a project for sexually exploited and trafficked children. A simplified example from Skuker's (2013) study is outlined in Figure 4.

Figure 4. Example Context-Mechanism-Outcome Configuration (based on Skuker 2013)

Context	+	Mechanism	=	Outcome
Carer experienced with children		Carer consistently applies boundaries		Reduced risk of children going missing
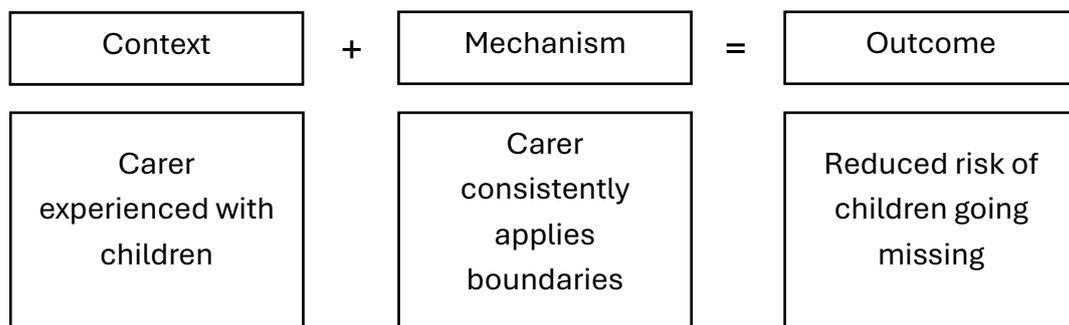
Researchers are advised to develop initial programme theories at the start of the evaluation so they can tailor their data collection to the proposed contexts, mechanisms, and outcomes (Pawson and Tilley 1997). The programme theories are revised and refined during the evaluation to more accurately capture how an intervention is working by for example, speaking to a range of participants, collecting administrative data, and observing practice. Realist researchers are also encouraged to also seek out rival theories that explain how the same intervention activity can lead to a different response and produce a different outcome. The rival theories should be

contrasted with the initial programme theories to make critical comparisons and test the plausibility of explanations (Belrhiti et al. 2012; Van Durme et al. 2016).

Table 1. Definitions of key terms in realist evaluation

Context	The social and physical conditions that enable or prevent mechanisms from working and achieving the outcome. For example, these conditions may include individual characteristics, organisational values, cultural norms, economic conditions, or geographic conditions.
Mechanism	Mechanisms are underlying forces that produce outcomes in certain circumstances. They are made up of resources and reasoning: • Resources: participants are provided with opportunities as part of an intervention (e.g., advice, information, or money). • Reasoning: the resources lead to an internal response such as a change in how a participant thinks or feels.
Outcome	Intended and unintended outcomes result from a change in participants' reasoning. Outcomes may include changes in knowledge, skills, behaviour, or values.
Context-Mechanism-Outcome configurations (CMOCs)	CMOCs describe how contexts interact with mechanisms to produce outcomes.
Retroduction	Retroduction is a mode of inference used to identify underlying mechanisms that cause observable events. It is an overarching approach that typically uses induction, deduction, and abduction.
Abduction	A researcher uses this reasoning process to generate the most plausible explanation for a set of observations, when the evidence is limited. They interpret the observations and hypothesise that could explain a particular outcome.
Induction	This reasoning process moves from specific to general statements. The researcher makes sense of things through observation and test a hypothesis to develop a theory.
Deduction	A researcher uses this reasoning process to move from general statements to specific statements. They start with a theory and develop a hypothesis, and test it empirically.
Initial Programme Theories (IPTs)	Initial programme theories are developed at the start of a realist evaluation to outline how and why an intervention is anticipated to work in certain circumstances. The researcher gathers evidence for and against these theories and revises them to produce refined programme theories.

Refined Programme Theories (RPTs)	Refined programme theories are created during a realist evaluation as the initial programme theories are revised.
Rival programme theories	A rival programme theory proposes an alternative explanation to an initial programme theory and explains how the same mechanism (resource) can produce a different response and outcome.

Note. The definitions have been developed from several sources: Dalkin et al. 2015; Jagosh 2018; Lewis-Beck, Bryman and Liao 2011; Merton 1949; Pawson and Tilley 1997; Westhorp 2014.

3.2. Rationale for using a realist evaluation

Realist evaluations are particularly useful for evaluating three types of interventions (Westhorp 2014):

1. New interventions that seem to work but it is not clear 'for whom and how';
2. Interventions that are going to be scaled out and implemented in new contexts; and
3. Interventions that have demonstrated mixed outcomes.

Multi-agency protocols that aim to reduce the contact that children in care have with the criminal justice system fit into the first two categories. First, as highlighted in the literature review, protocols have been identified as good practice in several case study areas, but our understanding of 'for whom and how' they work is limited. To my knowledge, no studies have examined the mechanisms by which the protocols work and who the intervention may work for and why. Second, local areas across England and Wales have been encouraged to implement a protocol (Department for Education 2018a, Welsh Government 2022). However, we do not know how well this approach will transfer to new areas. Realist evaluations can unpick the role of context and explain why an intervention may work better in one area compared to another (Pawson 2013). These findings can help practitioners to decide whether to implement this approach and aid planning and delivery (Astbury 2018).

3.3. Designing a realist evaluation

The steps for how to conduct a realist evaluation "cannot be expressed simply in technical or sequential terms (first do X, like this, then move on and do Y, like this)" (Wong et al. 2012, p. 93). Instead, realist evaluations involve an "iterative explanation-building process" (Wong et al. 2012, p. 93). Pawson and Tilley (1997) outlined this process using the realist evaluation cycle (see Figure 5). The realist evaluation cycle starts and ends with theory development. The researcher's first task is to develop theories about the intervention that can explain how mechanisms are triggered in pre-existing contexts to produce outcomes (Pawson and Tilley 1997). These theories inform specific hypotheses, and the researcher collects data on the identified contexts, mechanisms and outcomes. The researcher uses the data to determine how the intervention is working for whom in a certain context. The researcher is not seeking generalisation as the intervention is anticipated to work differently in different contexts and therefore universal conclusions about "what works" are not feasible. The evaluation cycle continues back around to theory and the knowledge that has been generated from the evaluation informs further theoretical development. The process is cyclical, and the researcher may decide to end the evaluation and present their findings, or repeat the process in different settings or with different groups (Wong et al. 2012).

Figure 5. Realist evaluation cycle (based on Pawson and Tilly 1997)

```
                                              Mechanisms (M)
                                              Contexts (C)
                                              Outcomes (O)

  What works for                    Theory
   whom in what
   circumstances

        Program                                    Hypotheses
      specification
                                                         What might
                                                        work for whom
                         Observation                       in what
        Multi-method data                               circumstances
       collection and analysis
          based on M, C, O
```
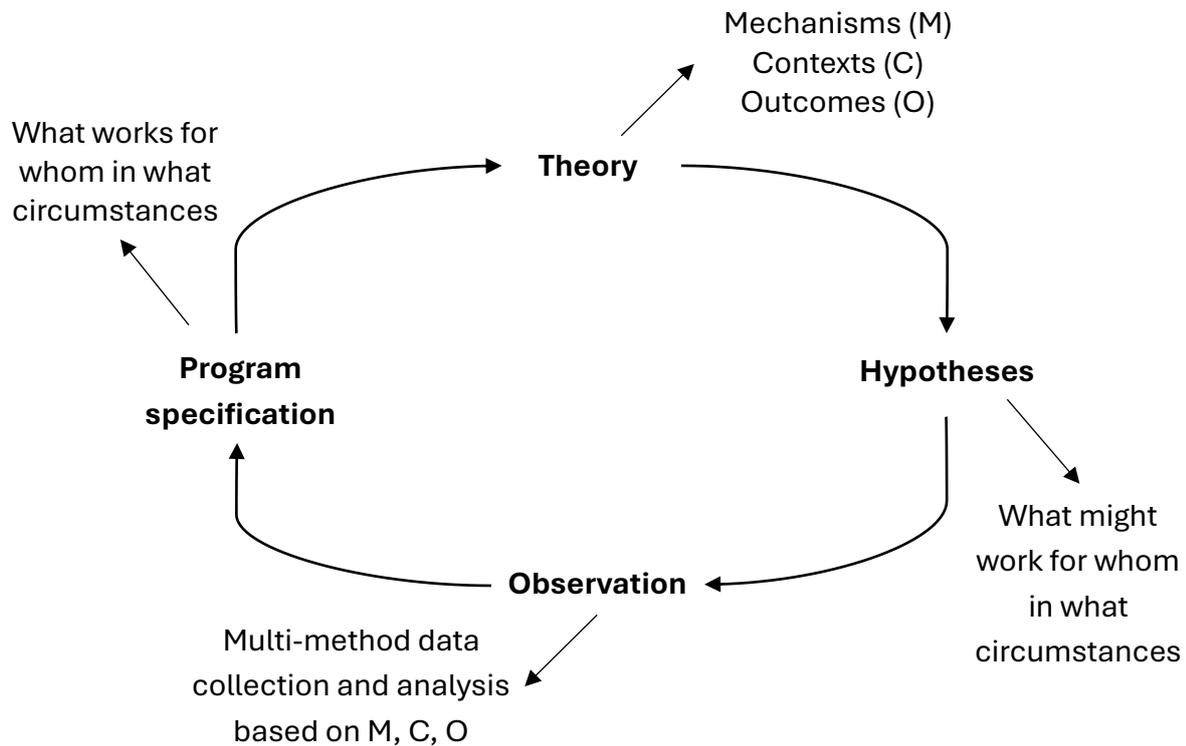
During the realist evaluation cycle, researchers are required to select the most appropriate data collection methods. Realist evaluations are "method neutral" (Marchal et al. 2012) and a range of methods are typically used (Wong et al. 2017). Researchers select methods that cover relevant contexts, mechanisms and outcomes, and that allow them to develop, support, refute or refine their programme theories (Wong et al. 2017). Interviews are commonly used and supplemented with other methods such as ethnographic observation and documentary analysis (Manzano 2016). Quantitative methods, such as surveys, are used much less frequently but are helpful for examining the outcomes of an intervention for different groups or contexts (Westhorp and Feeny 2024). Renmans and Castellano Pleguezuelo (2023) conducted a review to map the methods used in realist evaluations. The review included 166 realist evaluations, and almost all used interviews (96%). Over half of the evaluations used observations (55%), 26% used surveys and 8% used innovative methods such as pictures or diaries. Most evaluations (66%) combined different data collection methods (e.g., interviews and

observations). Triangulating methods is recommended in realist research for 'abductive inspiration' (i.e., generating new ideas about the underlying causal mechanisms), obtaining detailed and complementary perspectives and corroborating findings (McEvoy and Richards 2006).

In addition to collecting empirical data, realist researchers are encouraged to draw on existing theories to inform their programme theories (Emmel et al. 2018). Researchers may decide to identity suitable existing theories at the start of the evaluation to generate ideas about how and why an intervention is working, or incorporate them after they have developed their initial hypotheses (Fick and Muhajarine 2019). Realist evaluations do not seek to prove or disprove existing theories (Wong et al. 2012). Instead, the theories are used to identify the potential mechanisms by which the intervention is working and the influential contextual factors (Greenhalgh et al. 2017c). It can be challenging to find the most applicable existing theories due to the vast number of theories in the literature (Emmel et al. 2018). Shearn et al. (2017) shared their experiences of drawing on existing theories to develop programme theories about the delivery of youth sexual health services. The authors identified potentially relevant existing theories by searching the literature and drawing on their own expertise. They selected theories according to how well the theory fit with their study aims, its ability to inspire theory generation, and its guidance on underlying causal processes. Shearn et al. (2017) argued that including existing theories is important as they provide a framework for more detailed analysis and avoid researchers developing theories that are already known in the literature.

When designing this realist evaluation, I drew on the methodological guidance in the literature and looked to start and end with theory development, use multiple data collection methods and incorporate existing theories. Figure 6 provides an overview of the research design and the three key stages of the evaluation. In the first stage, I collected and analysed local protocol documents from across England and Wales to improve my understanding of their contents and what they were looking to achieve. During the second stage, I collected data from two case study areas (A and B) to inform

theory development. I produced initial programme theories for case study areas A and B and then synthesised them. Across the third stage, I collected data from two additional case study areas (C and D) and interviewed individuals who contributed to the English and Welsh protocols. I analysed the data and identified where aspects of the initial programme theories were supported or challenged, or new ideas were presented, and produced refined programme theories.

Figure 6. Overview of research design
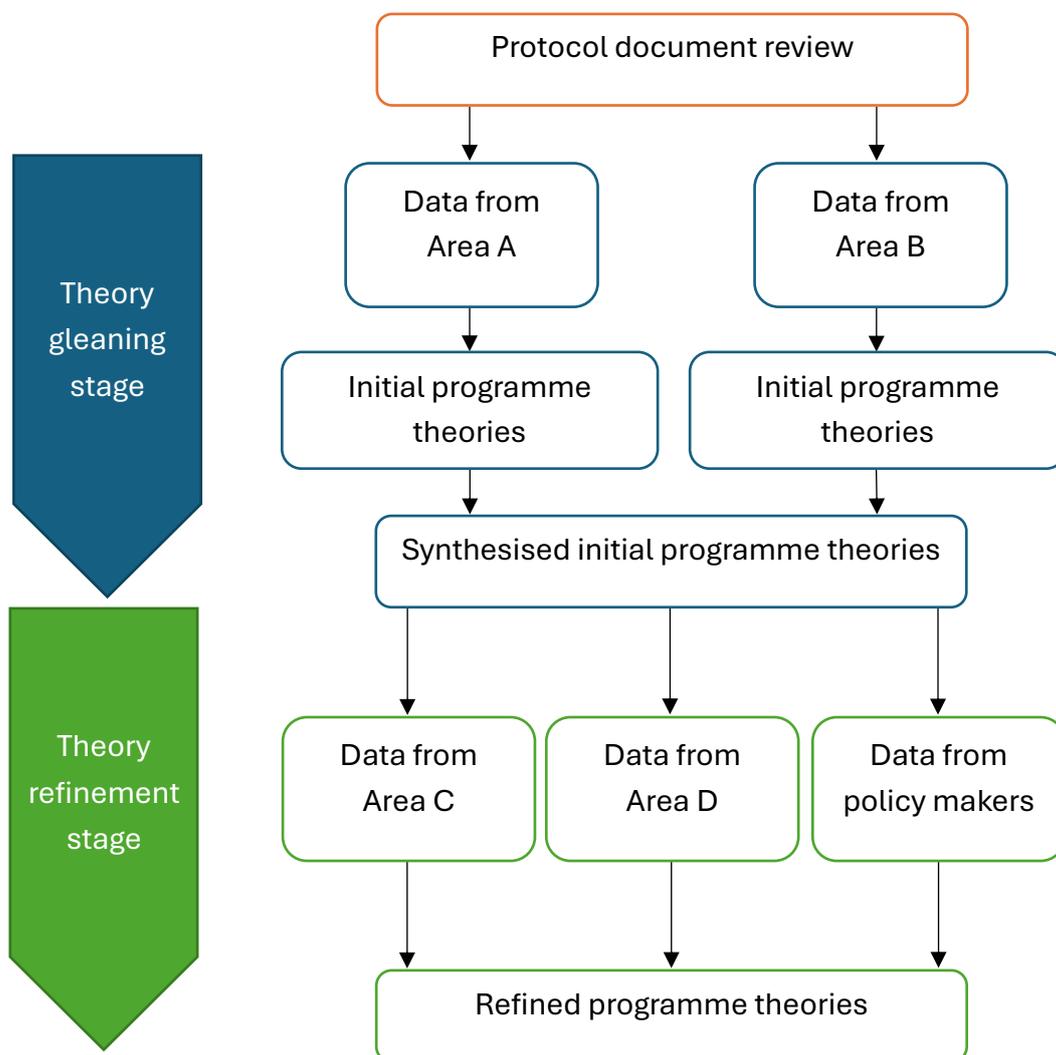
As advised in the literature, I used multiple data collection methods to inform the programme theories and analysed documents, interviews and observation notes. Data were collected between October 2020 and July 2022. Figure 7 provides a timeline of data collection and demonstrates when protocol documents were obtained, and data collected in case study sites and with policy makers. The following sections in this chapter provide further details on the case study areas, participant recruitment, data collection methods and data analysis.

Figure 7. Data collection timeline by month and year (October 2020 – July 2022)

Legend:
- Protocol documents (orange)
- Theory gleaning data (blue)
- Theory refining data (green)

Protocols | | | | | | | | | | | | | | | | | | | | | |
							Areas A & B													
									*								Areas C & D			^
10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
2020			2021												2022						
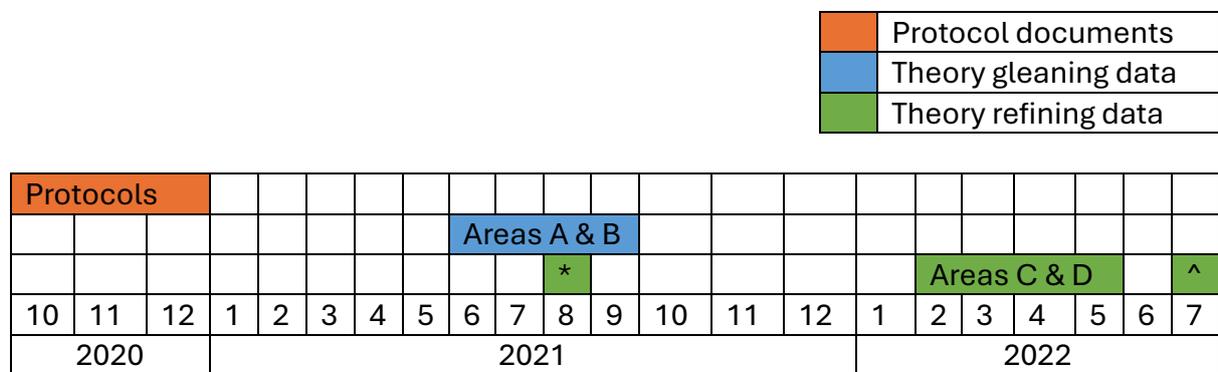
Note. *Interviews with individuals who contributed to the English protocol. ^Interviews with individuals who contributed to the Welsh protocol.

3.4. Case study areas

A multiple case study design was used as it is helpful for addressing 'how' and 'why' questions (Yin 2018). This is relevant to realist evaluations as they look to explore how and why an intervention is expected to produce change in different contexts (Easton 2010). I approached a manager, employed by the Youth Justice Service or the police, in the areas with a protocol and invited them to participate in the research. Four managers replied and expressed an interest in taking part. I met with the managers to discuss the research, and they agreed to participate.

The case study areas varied in terms of size, geography and social-economic profile. Areas A and B each cover around 600 square miles and are predominately urban, while Areas C and D cover over 1,000 square miles and are mostly rural (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), no date). In terms of deprivation, Areas B and C are described as affluent (HMICFRS, no date). Both areas have local authority districts that rank as less deprived than at least 60% or more of the other districts in England according to the Index of Multiple Deprivation (UK Government 2025a). In contrast, Areas A and D include districts with high levels of deprivation (UK Government 2025a; Welsh Government 2025a). The rate of looked after children per 10,000 children aged under 18 also varied by area. In Areas C and D, the rates were close to the national average in 2024, while Area B had a considerably lower rate than average, and Area A had a higher rate (UK Government 2025b; Welsh Government 2025b). Regarding crime, Area A had a higher rate of police recorded crime per 1,000 population in 2025 than the national average, whereas Areas B, C and D had a lower rate than average (Office for National Statistics 2025).

Table 2 provides an overview of the protocols in the four case study areas and highlights the key factors related to implementation (e.g., the leading organisation(s) and whether there is funding to support the approach). The table enables the areas to be compared, and highlights aspects that are similar and different across the areas.

Table 2. Overview of the protocols in the case study areas

	Area A	Area B	Area C	Area D
Who leads on the protocol?	Youth Justice Service.	Youth Justice Service and the police.	Youth Justice Service.	Youth Justice Service and the police.
Who does it support?	Children living in multiple care placement types.	Children living in multiple care placement types.	Children living in multiple care placement types.	Children living in residential care.
Are there meetings to discuss the protocol?	Yes, several times a year.	No, meetings stopped due to a change in management.	Yes, several times a year.	No, meetings stopped when the group felt that the protocol had become embedded in practice.
Is there staff training?	Youth Justice Service deliver training about the protocol and restorative approaches to partner agencies.	Each organisation is responsible for training their staff on the protocol.	Each organisation is responsible for training their staff on the protocol	Each organisation is responsible for training their staff on the protocol
Has funding been obtained to support the approach?	Yes	No	No	No

3.5. Recruitment and participants

Participants were invited to take part in the research based on their knowledge about the protocol and how they can aid our understanding of the programme theories (Greenhalgh et al. 2017d). Managers and practitioners were recruited for this study in Area A-D because they have experience of the successes and failures of the protocol, an awareness of how it works for different subgroups, and knowledge of any unintended outcomes (Manzano 2016). Staff from different partner agencies were invited to take part in an interview to understand their views and experiences of the protocol and the roles and responsibilities of the different agencies. Managers in the case study areas were approached via email, informed about the study, and asked if they would like to take part. If managers expressed an interest in taking part, I invited them to attend an initial meeting to discuss the research. If they agreed to participate, managers acted as the key contact for the research and introduced the research to their team and/or contacts in the partner agencies. I also approached managers from the organisations that contributed to the English and Welsh protocols to invite them or a member of their team to take part in an interview. The purpose of these interviews was to explore their hopes for the protocols, how they expected the guidance to work in practice, and any enabling or inhibiting factors they anticipated to impact on implementation.

Table 3 provides an overview of the participants recruited by organisation and case study area. In total, 25 professionals took part in the interviews which is a typical sample size for a qualitative PhD study (Mason 2010). The number of interviews conducted in realist evaluations varies substantially. For instance, recent realist evaluations included around 10 (Vugts et al. 2020), 20 (Shuttleworth 2023), 45 (Warren et al. 2020) or 50 interviews (Nguyen et al. 2022). Sample size is not a central focus in realist evaluations and Manzano (2016) argued that "the importance is not on 'how many' people we talk to but on 'who', 'why' and 'how'" (p. 349). A recent mapping review of realist evaluations did not examine the sample size of included studies and instead investigated participant type (e.g., key informants, beneficiaries or both) and whether a realist interviewing technique was used (Renmans and Castellano Pleguezuelo 2022)

In this evaluation, participants from the case study areas were employed by a range of organisations and worked in professional or managerial roles such as: Youth Justice Service manager, Youth Justice Service practitioner, Children's home manager, Children's home practitioner, Police Lead for Youth Justice and Police Community Support Officer. The Youth Justice Service were leading or co-leading the protocols in the case study areas, and one or more Youth Justice Service professional took part in an interview in each area (n= 8 in total). Individuals also commonly took part from children's homes (n= 6) and the police (n= 4). These organisations were often actively involved in the protocol with representatives attending multi-agency meetings about the approach. In the policy interviews, participants held senior roles with over 10 years' experience in the field. They had all been involved in the development of the English or Welsh protocols.

Table 3. Number of participants by organisation and case study area

Case study area	Organisation	Total	Grand total
A	Children's home	1	6
	Police	1	
	Youth Justice Service	4	
B	Police	1	3
	Youth Justice Service	2	
C	Children's home	5	10
	Children's Services	1	
	National Health Service	1	
	Police	2	
	Youth Justice Service	1	
D	Youth Justice Service	1	1
English / Welsh protocols	Children's home	1	5
	Independent consultant	1	
	Third Sector	2	
	Youth Justice Service	1	

3.6. Data collection methods

In this section, I outline the qualitative methods used during the theory gleaning and theory refinement stages of the evaluation, including interviews, observations, and documents. I then discuss the challenges associated with administrative data and why it was not collected in this research.

3.6.1. Qualitative methods

3.6.1.1. Documents

Realist researchers are encouraged to draw on a variety of primary and secondary data sources when developing and refining their programme theories (Wong et al. 2017). Copies of protocols from England and Wales were used to inform my understanding of the guidance and to generate ideas for the programme theories. I obtained copies of the protocols through internet searches, contacting Youth Justice Services and the police, and submitting Freedom of Information requests (see Section 3.7.1 for further details of the process of identifying and analysing the protocol documents). In addition, in all case study areas, I asked participants for a copy of the local protocol and any relevant supplementary documents. The supplementary documents provided included information about staff training, meetings about the protocols and an evaluation of a restorative approach (see Table 4). Documents from case study areas A and B informed theory development and documents from case study areas C and D informed theory refinement.

Table 4. Documents obtained by case study area

Case study area	Documents provided
A	- Area A protocol - Staff training PowerPoint - Staff training leaflet for partner agencies
B	- Area B protocol - Evaluation report on a restorative approach in the area
C	Area C protocol

	• Meeting agenda, previous minutes, Terms of Reference
D	• Area D protocol
English / Welsh protocols	• English protocol • Welsh Protocol

3.6.1.2. Interviews

Interviews were used to develop and test programme theories about the protocols. As previously discussed, interviews are commonly used in realist evaluations (Manzano 2016; Salter and Kothari 2014). They provide a useful way of "gaining access not only to the attitudes and emotions of informants but crucially to richly textured accounts of events, experiences and underlying conditions or process" (Smith and Elger 2012, p. 14). Manzano (2016) outlined that realist interviews can be used in different stages of the evaluation for theory gleaning, theory refining and theory consolidation. I used interviews for theory gleaning and theory refining. Theory consolidation interviews were not conducted due to time constraints (see Chapter 8 for a discussion of the limitations of the evaluation). Theory gleaning interviews were conducted with nine managers and practitioners in Areas A and B to generate initial hypotheses about how and why the protocols are anticipated to work. Participants in each area were assigned codes that corresponded with the area (e.g. participants in Areas A were recorded as A1, A2, A3 etc). A semi-structured interview schedule was developed following an analysis of the protocol documents (Appendix A). I followed guidance on realist interviewing (Greenhalgh et al. 2017d; Manzano 2016), and the interviews started with general questions about the participant, their role, and their experience of the protocol. I then asked participants exploratory questions about the contexts, mechanisms, and outcomes of the protocols. Participants were asked to share an example of when the protocol had worked well and when it had worked less well. Participants' stories illuminated the processes and outcomes of the protocols (Patton 2003), and the factors that had enabled or inhibited positive outcomes from being achieved. Using data collection methods, such as realist interviews, that are "explicitly consistent with realist methodology" is considered good practice in realist evaluations (Wong et al. 2017).

Theory refining interviews were conducted with 11 managers and practitioners in Areas C-D and five individuals who contributed to Welsh and English protocols. In this stage, I was looking to further understand how the protocols work and clarify the ideas developed during the theory-gleaning interviews. The interview schedule (Appendix B) was inspired by the contexts, mechanisms, and outcomes identified in the initial programme theories (Bergeron and Gaboury 2020). I used the 'teacher-learning function' and 'conceptual focusing function' during the interviews. This involved presenting parts of my initial programme theories to the participant (teaching-learning function) and inviting the participant to share their views on the theory to clarify my ideas (conceptual focusing function; Pawson and Tilley 1997; Mukumbang et al. 2020). By asking participants about parts of the initial programme theories, I was able to refine my ideas about how the protocols work, in what circumstances, and for whom. In realist interviews, the researcher takes an active role in presenting their theories and asks participants for their views, experiences, and input in developing, clarifying, and refining the theories. General advice for the interviewer to take a neutral stance to the subject matter, or to act deliberating naïve is therefore not appropriate (Manzano 2016). In Box 1, I provide an example to illustrate how I asked participants for their views on parts of an initial programme theory. The timing of a restorative approach was mentioned by participant C1, and I probed for further information to test the idea that restorative approaches need to happen quickly after an incident. In the theory refining interview, I also asked exploratory questions to encourage the participant to share their experiences of the protocol in their area and identify any additional contexts, mechanisms, and outcomes.

Box 1. Example of 'testing' the notion that a restorative approach should be conducted quickly after an incident

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C1 (Youth Justice Service): The court date can be months after the offence. Like for us, our restorative justice workers then have to contact the victim and see if they want to take part in a restorative justice process for something that might have happened six, nine, or even 12 months ago. And that's a really hard thing to sell to the victim and we've sensed it. We don't want to be taking them back to the unpleasant experience they had when maybe they've got over it and moved on so...

Interviewer: Do you think the timing is quite important then, so would it need to happen fairly quickly after something has happened?

C1 (Youth Justice Service): Yeah, I think so, and I think also I mean from that point of view, there are some different things. There are different angles to it. So I think generally 'justice delayed is justice denied' is a kind of slogan but it's got some truth in it, and I think from the point of view of the child committing the offense, the sooner the consequence follows the better. And then for the victim's point of view, again we don't want to leave them waiting ages and then go back and ask them to think about something that that happened a long time ago that kind of reopens something painful. The only kind of thing against saying you should get on with it and do it really quickly is sometimes you do need to do a little bit of work with the child first to get them into it. If you want to do it restorative justice meeting, then you do need a bit preparation work.

In both theory gleaning and refining interviews, I modified the schedules according to the participant's role and their understanding and experience of the protocol (Manzano 2016). This was necessary because different participants were able to contribute to different programme theories. For example, some participants attended meetings to discuss the protocol and others did not, and some participants worked in children's homes and delivered training about behavioural support and others did not. The interviews were conducted over Microsoft Teams or Zoom between June 2021 and November 2022 (see Figure 7 for data collection timeline). In June 2021, there were legal limits on social contacts that prevented social gatherings and large groups from mixing due to the Covid-19 pandemic (Institute for Government 2022). It was therefore important that the research interviews were conducted virtually. Conducting virtual interviews has several benefits, including the opportunity to recruit physically distant participants in a flexible and time and cost-efficient way (Pocock et al. 2021; Self 2021), and I continued to use virtual interviews after the COVID-19 restrictions had been lifted.

Virtual interviews can pose some potential challenges and ethical considerations (see Section 3.9 for discussion). The interviews lasted for 46 minutes on average (ranging from 22 to 76 minutes). They were recorded, automatically transcribed verbatim, and the transcripts were checked for accuracy.

3.6.1.3. Observations

Observations are a useful method for gaining insight into what happens and why, and how people interact (Mason 2002). In realist research, observations have been used to uncover mechanisms and emerging programme theories (Handley et al. 2020; Rycroft-Malone et al. 2010). Others have found observations helpful for understanding the role of context and how it impacts on the implementation of an intervention (Eldh et al. 2020). I asked each case study area if I could observe meetings or training related to the protocol. In Area C, I was invited to observe two meetings where their protocol was discussed. Observing the meetings helped me to understand the purpose of the meetings, the roles of the different agencies at the meetings and what the agencies were hoping to achieve with the protocol. Handwritten notes were taken during the observations. An observation schedule provided prompts for note taking, and it included the date and time of the meeting, number of attendees, roles of the attendees, topics of conversation, and interaction between partner agencies. It also included prompts based on an initial programme theory regarding meetings about the protocol (IPT 2; see Appendix G for a full list). For example, I looked for evidence regarding whether attendees had a shared understanding of the protocol and if the meetings were used to identify opportunities to help others implement the protocol. I typed up my observation notes in full at the end of the observation. I included my reflections on the meeting and ideas that I wanted to explore in future interviews. The observations were completed between February and November 2022 during theory-refinement stage of the research. They took place virtually, and each observation lasted 90 minutes.

3.6.2. Quantitative methods

Realist researchers predominately collect qualitative data on the hypothesised contexts, mechanisms, and outcomes (Renmans and Castellano Pleguezuelo 2023). However, it is recommended that researchers collect quantitative data to examine the outcomes of an intervention. In this study, the protocols were seeking to reduce the contact that children in care have with the criminal justice system. I planned to collect data on the contact that children in care had with the police for several years before the protocols were introduced until the present year. I explored the publicly available data about the contact that children in care have with the police and identified that it was very limited. The Department for Education report the number of children in care in England who have been convicted or cautioned each year, however the figures only include children who have been in care continuously for a 12-month period (UK Government 2024).

I then explored the option of requesting data on police callouts to care placements from the police force(s) in each case study area. However, the Howard League for Penal Reform (2018b) previously submitted a Freedom of Information request to the police forces in England and Wales to ask for the annual number of callouts to children's homes, and all police forces reported difficulties accessing this data. This is because there are no identifiers on police databases to note whether a premise is a children's home or not. In case study Area C in this research, the team leading on the protocol compiled a list of known care placements and regularly extracted police callout data for these addresses. The Youth Justice Service manager advised that it was difficult to make meaningful comparisons over time because the number of children's homes in the area changed and the number of children in care changed. It was therefore difficult to compare police callouts before and after the protocol was introduced to determine whether the protocol had reduced police callouts (or not). A previous study that attempted to evaluate the impact of restorative approaches on police callouts noted the challenges of conducting research in "the context of constantly changing circumstances" as homes in the case study area closed and relocated during the study period (Hayden and Gough 2010; p. 118).

As a result of these challenges, I focused on collecting qualitative data and asked participants for their views on the intended and unintended outcomes of the protocols. Pawson and Manzano-Santaella (2012) have warned against making claims about whether an intervention 'works' or not based on qualitative evidence. The authors advise that participants' views about an intervention need to be checked with quantitative data to understand whether behavioural changes occurred or not. This evaluation focused on exploring how the protocols are anticipated to work and in what circumstances rather than the effectiveness of the protocols and whether they 'work' or not.

3.7. Data analysis

In this section, I detail the data analysis conducted during the protocol document analysis and the theory gleaning and theory refining stages of the research. Wong et al. (2017) advise data analysis in realist evaluations should be conducted in stages where possible so that data can be collected to develop, confirm, refute and refine programme theories.

3.7.1. Document analysis of the local protocols

In the first stage of this research, a document analysis of local protocols in England and Wales was conducted to identify the number and location of the protocols, understand the content of the protocols, identify similarities and differences between the protocols and discover if there are distinct types of protocols. Document analysis "entails finding, selecting, appraising (making sense of), and synthesising data contained in documents" (Bowen 2009, p. 28). It useful for "understanding policy content across time and geographies" (Dalgish et al. 2020, p. 2). The READ approach to document analysis was followed in this study (Dalglish et al. 2020). The approach is made up of four steps: (1) Ready your materials, (2) Extract data, (3) Analyse data and (4) Distil your findings.

In the first step, I located copies of the local protocols through conducting internet searches, contacting Youth Justice Services and police forces, and submitting Freedom of Information requests to police forces in England and Wales between October 2020 and December 2020. The Information Commissioner's Office advises organisations that they should respond to Freedom of Information requests within 20 working days (Information Commissioner's Office 2023), and protocols provided within this time frame were included in the analysis. The protocols were screened to ensure they were relevant and included if they met the following criteria:

- The protocol aimed to reduce the criminalisation of children in care and/or care leavers,
- Two or more agencies were involved, and,
- The arrangements covered an area(s) of England or Wales.

There were no restrictions on date. If multiple versions of a protocol were obtained, the most recent version was included in the main analysis. A separate analysis was completed to examine the changes made to protocols with multiple versions. One or more protocol was identified for 25 police forces in England and Wales (n= 25/43; 58%). Several police forces were involved in more than one protocol, for example, Northumbria Police supported a protocol in Northumberland and Sunderland. Eleven police forces did not have an eligible protocol (26%) and seven did not reply to the information request (16%). There is no publicly available collated list of the protocols in England and Wales, and other protocols may exist but were not identified through the searches and information requests.

The second step of the document analysis was to extract the data. The protocols were initially 'skimmed' to develop familiarity with the content and structure of the documents (Bowen 2009). Data was then extracted during a second close reading of the documents. A data extraction sheet was used, and it included: title of the protocol, date, geographical location, aims, number and type of agencies involved, type of care placement(s) supported, type of guidance provided, plans for staff training, and plans for monitoring the arrangements.

The third step was to analyse the data using content analysis. Content analysis is "the process of organising information into categories related to the central questions of the research" (Bowen 2009, p. 32). It is a systematic approach useful for reducing large amounts of textual information (Vaismoradi et al. 2013) and identifying patterns, themes and meaning in the data (Berg 2013). The characteristics of the protocols were recorded in the data extraction sheet. They were then summarised and presented in descriptive tables. Code frequencies were calculated to identify trends in the data and compare similarities and differences between the protocols.

The final step was to distil the findings and provide a detailed description of the protocols. This involved presenting the results in a narrative, including the code frequencies and interpretation, and visually presenting the findings (e.g., with a map of the locations covered by a protocol).

3.7.2. Theory gleaning data analysis

I collected data from Areas A and B in the theory gleaning stage. I analysed the data from the two areas separately at first using two NVivo databases. NVivo has been recommended in realist research as it can improve the transparency of the analysis and demonstrate how initial programme theories are developed and revised (Gilmore et al. 2019). Interviews and documents were coded using a 'realist lens' (Wong et al. 2016) and realist concepts were applied to explore "what works for whom in what circumstances" and why (Pawson 2006, p. 25). In NVivo, the "nodes" were set as 'Context', 'Mechanism: resource', 'Mechanism: reasoning' and 'Outcomes', and "child nodes" were created under each heading as the data were coded inductively. After the initial coding, the child nodes were grouped according to the person that the outcome, mechanism, or context related to (see Figure 8). Similar child nodes were then merged under higher order categories. For example, under "Outcome" for the "Child", the higher order category "children's reduced contact with the criminal justice system" included

child nodes such as reduced offending behaviour, reduced prosecutions and reduced reoffending.

Figure 8. Nodes used during the theory-gleaning coding process
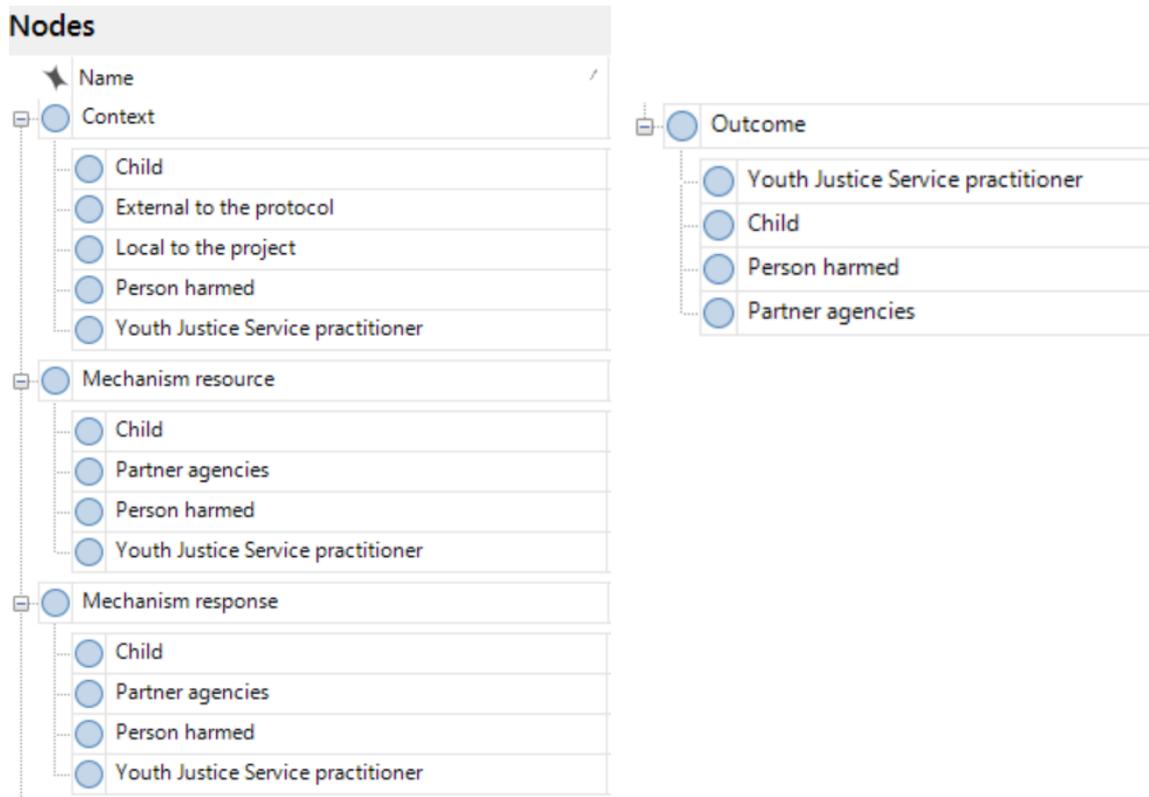
While coding the data, it was often challenging to identify if a data extract was a context, mechanism, or outcome. Others have noted this difficulty as the categories are not clear cut but interlinked and related to one another (Dalkin et al. 2015; Emmel et al. 2018; Jagosh et al. 2013; Marchal et al. 2012). Jagosh et al. (2013) found that data extracts could regularly be coded as a context, mechanism and an outcome, and its role could change over time (e.g., a concept may act as an outcome initially and then become a contextual factor). The authors advised that "differentiating context from mechanism is secondary to ensuring the assessment has captured all or most of the key elements that determine outcome success or failure (i.e., although it may be difficult to decide if a piece of evidence is context or mechanisms, it is not that critical, because there is natural overlap)" (Jagosh et al. 2013; p. 136). Dalkin et al. (2015)

suggested that it is easier to distinguish between contexts and mechanisms if researchers think about mechanisms as either (1) resources that are offered to participants by the intervention; or (2) changes in the participants' reasoning. Dalkin et al. (2015) proposed the following configuration:

Mechanism: resources + Context → Mechanism: reasoning = Outcome.

The configuration suggests that resources are introduced into a pre-existing context that can alter participants' reasoning and lead to outcomes. I used this configuration and the definitions in Table 1 to guide my thinking and inform my coding decisions.

In the next stage of the analysis, I looked for connections between the contexts, mechanisms, and outcomes and created Context-Mechanism-Outcome configurations using the heuristic suggested by Dalkin et al. (2015). The configurations represented my programme theories. For each mechanism: resource, I reviewed the data and worked backwards from the outcomes to identify how they were believed to be achieved and created links between mechanisms (reasoning) and outcomes (Jackson and Kolla 2012). I then looked for relevant contexts that either enabled or inhibited the mechanisms (reasoning) from producing the outcomes. I created a table in Microsoft Excel with "Enabling context", "Inhibiting context", "Mechanism: resources", "Mechanism: reasoning" and "Outcome" as the column headings, and detailed the provisional programme theories in the rows. The "Outcome" column was later split into intermediate and protocol outcomes. Intermediate outcomes reflected a change in response to the intervention (e.g., a change in knowledge, skills, or behaviour). The protocol outcome was the overall goal of the protocols (i.e. to reduce children's contact with the criminal justice system). I included quotations from the data to illustrate the programme theories and kept notes throughout the process, for example, if there was limited data about a programme theory or if two programme theories were later merged. While developing the programme theories it was evident that they related to four different activities: (1) writing and reviewing the protocol; (2) delivering staff training; (3) inviting children to work with a Youth Justice Service practitioner; and (4) facilitating

restorative approaches. Ten programme theories and two rival theories were created for Area A (Appendix E) and seven were created for Area B (Appendix F).

The programme theories from Area A and Area B were collated, and I prioritised the programme theories that were relevant to both areas. I looked for similar patterns, or demi-regularities, across the two areas and consolidated the programme theories where possible (Wong et al. 2013). I also examined the differences between the programme theories to identify important contextual factors in the two areas. For example, a programme theory had been developed to describe the new knowledge and skills that staff gained from training about the protocol in Area A and a participant in Area B noted that similar training was not feasible in the area due to a lack of resources. I therefore added the need for resources as a contextual factor to the programme theory. I kept both rival programme theories that were developed from limited data in Area A so they could be explored further in the next stage of data collection. This is worthwhile as considering alternative explanations can improve objectivity and rigour (Jagosh 2021).

During the data analysis process, I identified relevant existing theories by reading around the subject and conducting literature searches. I searched Google Scholar using key terms that related to the four types of programme theories being developed. These terms included "policy making", "policy implementation", "restorative practice", "restorative justice", "restorative approach", and "youth offending". I included theories that helped to make sense of the data and further articulated the ideas discussed by participants or in the documents. Including theories that 'best fit' with the data is a common approach in realist studies (for example, see Micklitz et al. 2021). I included three theories: (1) rational choice theory; (2) reintegrative shaming theory; and (3) street-level bureaucracy theory. The theories are presented in Table 5 and discussed alongside the initial programme theories in Chapter 5. Other theories were considered but not included, because they were less relevant and/or less able to aid the development of the programme theories.

Table 5. Included existing theories in the initial programme theories

Rational choice theory (Coleman 1986)	The theory suggests that individuals decide how to act based on their calculations of the risks and rewards. Individuals choose to commit a crime if they believe that the rewards outweigh the risks.
Reintegrative shaming theory (Braithwaite 1989)	The theory distinguishes between two types of shaming: (1) Disintegrative shaming is where the offender is stigmatised and outcast from the community. (2) Reintegrative shaming is where the offender experiences community disapproval for their behaviour, but they are provided with the opportunity to make amends and reintegrate back into the community. Reintegrative shaming is suggested to lead to lower reoffending rates because offenders can re-join society and reassume a law-respecting identity.
Street-level bureaucracy theory (Lipsky 1980)	Street-level bureaucrats are "public service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work" (Lipsky 1980, p. 3). They have large amounts of work and limited resources, so they use their discretion to develop routines and shortcuts to cope with the demands. Street-level bureaucrats decide how to implement policies and their decisions can be influenced by many factors including their interests, skills, and values.

3.7.3. Theory refining data analysis

Data collected during the theory refinement stage was added to a new NVivo database. This included interview transcripts, documents, and observation notes from Areas C and D and individuals who contributed to the English and Welsh protocols. The nodes were set as the initial programme theories and rival theories outlined in the theory development stage, and child nodes were created for each element of the programme theories (see Figure 9). This approach was taken as I was looking for evidence to support, refute, or modify the programme theories. I coded the data against these nodes and added new nodes when new context, mechanisms, or outcomes were identified. For example, new nodes were added to RPT 2 'meetings about the protocol'

to note that attendees feel they are working towards a shared goal (mechanism: response) and attendees update the protocol document (outcome).

Figure 9. Example nodes used during the theory-refining coding process
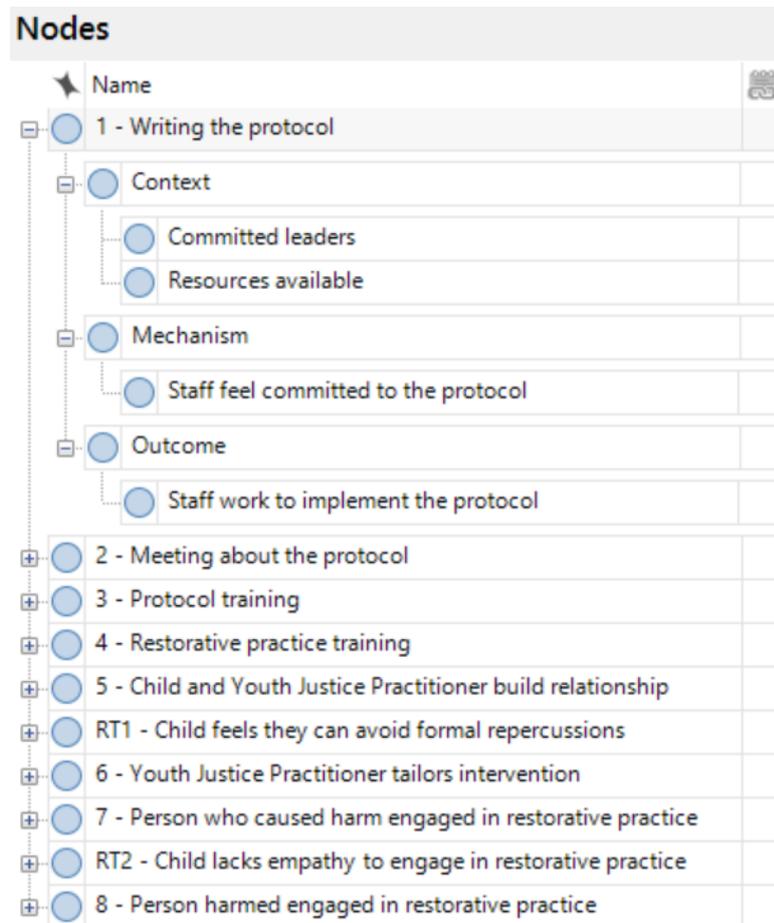
While coding the data, I created a table in Microsoft Excel for each programme theory and made notes about the evidence that was emerging. I recorded when there was a lack of evidence about part of the programme theory and when new elements were identified. When I was considering making changes to a programme theory, I revisited the data from Areas A and B to familiarise myself with the original ideas and look for data that may have been previously overlooked. For example, I identified "differing professional cultures" as an important contextual factor during theory refinement, and I revisited the data from Area A and B to check for relevant codes that had not been prioritised and included in the initial programme theories due to limited evidence at that

stage. The data coded as "police culture" and "punitive vs welfare views" aided theory refinement and provided evidence that supported the inclusion of "differing professional cultures" as a contextual factor to a refined programme theory (RPT 3). When I revised a programme theory, I recorded my rationale in the spreadsheet and included examples of the quotations that had informed my decisions.

As the programme theories were modified, I conducted a new search for relevant existing theories and included two theories: labelling theory (Becker 1963) and procedural justice theory (Tyler 1990; see Table 6).

Table 6. Included existing theories in the refined programme theories

Labelling theory (Becker 1963)	The theory suggests that individuals will be influenced by the labels assigned to them by society. If individuals are labelled "potential criminals" then this can act as a self-fulfilling prophecy. This means that individuals may internalise the label of "criminal" and act in a manner that is consistent with the label.
Procedural justice theory (Tyler 1990)	The theory suggests that when an individual perceives a process to be fair, they are more likely to comply with authority. It outlines four principles that can influence whether an individual perceives a process to be fair or not: (1) the voice of the individual, (2) the neutrality of the decision maker, (3) how respected the individual feels and (4) the trustworthiness of the decision maker.

3.8. Reflexivity

Reflexivity is considered an integral part of qualitative research, and it has been defined as "a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes" (Olmos-Vega et al. 2023, p. 242). Downey et al. (2024) argued that reflexivity is fundamental to realist evaluation as the process of developing and refining programme theories relies on the researcher's creative interpretation of data which is influenced by many factors including their biography and

academic and professional background. They suggested that engaging in reflexivity practices can improve the quality of realist evaluations and support auditability and credibility. Reflexivity practices commonly include reflexive writing and collaborative reflection (Olmos-Vega et al. 2023). I engaged in reflexive writing during the data collection and analysis stages of the research. After each interview, I noted my initial reflections and thoughts about the data. I recognised that some ideas described by staff working in children's homes resonated with me as I previously worked as a support worker for individuals with complex mental health conditions and learning disabilities. I related to ideas such as the need to tailor how you respond to an individual's behaviour based on their needs and your relationship with them. In my role as a support worker, I was responsible for defusing and resolving challenging incidents, and I had attended training on behaviour support and restrictive practices. The protocols cover this type of work, but in the context of children's social care. Some ideas and concepts in this field were new to me, and I made a note of the gaps in my knowledge so that I could do further reading and check my understanding in future interviews. For example, several participants mentioned the PACE model that is commonly used in children's homes to inform how staff care for and communicate with children (Hughes and Golding 2012). I was not aware of this model and asked participants follow up questions to check my understanding and read key texts to learn about it.

I continued to keep notes while developing and refining the programme theories to record my hunches, assumptions and interpretations (as discussed in Section 3.7). This process was useful for documenting the rationale for my decisions. For example, why I had linked certain contexts, mechanisms and outcomes, or revised an initial programme theory. In addition, I collaborated with other researchers to discuss the data and my interpretation. I regularly discussed the analysis with my supervisors and presented my programme theories at seminars to gain the perspectives of researchers with different backgrounds, and subject and methodological expertise. My supervisors and other researchers asked critical questions to test my assumptions and prompt further consideration (e.g. are partner agencies also using the protocol to hold each other to account when they are perceived not to be doing what they should?). I had

planned to conduct a follow up focus group in each case study area to share my interpretation of the data with participants and seek feedback on the programme theories, but this was not possible due to time constraints (discussed further in relation to the strengths and limitations of the research in Section 8.3).

In addition, I considered how taking part in the research may have influenced participants. In the case study areas, the interview questions may have prompted participants to reflect on their protocol for example, when they were asked about the children they support, the agencies they work with and how they monitor their approach. In an observed meeting, the team in Area C reviewed their Terms of Reference and made several changes. For example, when discussing group membership, they decided to encourage more care providers to attend the meeting to raise awareness of the protocol and support implementation. In addition, they removed the following objective from their Terms of Reference document as it was considered to be outside the scope of their protocol: "To ensure that young people who enter police custody are detained for the shortest time possible and all alternative options are considered, including the remand foster scheme" (Area C, Observation notes). Several members of the group had taken part in an interview in the weeks leading up to the meeting, and it was not clear whether the experience had consciously or unconsciously led them to review their Terms of Reference, or informed the changes. For individuals who contributed to the English or Welsh protocol, the invitation to participate in the interview demonstrated ongoing interest in the guidance. The English protocol had been published for over two and half years at the time of the interviews, while the Welsh protocol had been published for several months. In an interview about the English protocol, the participant had a hardcopy of the protocol with them and refamiliarized themselves with the guidance during the interview, demonstrating that the document was not something they used in their day-to-day practice. Participating in the interview may have led participants to reconsider or re-engage with the guidance.

I also considered the wider context within which the research was conducted and how it influenced the research process. The interviews for this research were conducted online during the COVID-19 pandemic, and for many, this time was characterised by feelings of uncertainty, isolation, anxiety and fear. Staff employed by the partner agencies involved in the protocols were presented with new challenges at work and had to adapt their practices (e.g., by shifting to remote working, wearing personal protective equipment and responding to changes in concerns or priorities). The online interviews created a physical distance between me and the participants, and I needed to develop a rapport virtually and be mindful of the challenging circumstances in which the research was being undertaken. In the next section, I discuss how I managed the online interviews and considered key ethical issues.

3.9. Ethical considerations

Ethical approval was obtained from the School of Social Sciences Research Ethics Committee at Cardiff University (Reference number: SREC/4121; Appendix C). A key ethical consideration was to obtain informed consent from participants. Before the interview, I provided participants with an information sheet about the project and an online consent form. The documents outlined the purpose of the research, what taking part would involve, and the potential benefits and disadvantages of taking part. It was made clear that taking part was voluntary and participants can decline or stop the interview without giving a reason and without consequence. At the start of the interview, I went over the information sheet and the consent form with participants and answered any questions.

Another key ethical consideration was to ensure the privacy and confidentiality of participants. Virtual interviews present some challenges for ensuring privacy as the researcher has less control over the setting. To address these concerns, I shared a unique meeting link with the participant and used the "waiting room" function to control who entered the video conference. Participants were predominantly working from home during the COVID-19 pandemic and may have been concerned about the visibility of

their home environment during the interview (Lobe et al. 2020). I offered participants the option to blur their background or use a background picture, and many participants used this function. I conducted the interviews alone from a private office in my house and followed best practice advice such as removing information from the wall in the background that could be private or distracting and asking others in the house not to disturb the interview (Marhefka et al. 2020).

Participants may have been experiencing additional stressors at the time of the interview due to the COVID-19 pandemic for example, extra home responsibilities, health concerns, and economic insecurity (Pocock et al. 2021; Santana et al. 2021). In addition, participants had been using video conferencing for over a year at the time of the interviews and although they were comfortable using the technology, regular use can result in "Zoom fatigue" (i.e., feeling drained from the overuse of videoconferencing; Santana et al. 2021). To address these concerns, I made it clear that the interview was voluntary and if participants wished to take part, I scheduled the interview at a time that was suitable for them. I also scheduled breaks for myself in between the interviews. Minor distractions were common during the interviews (e.g., the doorbell ringing, dogs barking, or other household members needing something from the room that the participant was in). The conversation was paused during these times, and participants were offered the opportunity to take a longer break or reschedule if needed.

The confidentiality of participants was protected through secure storage of the data. Data was stored and analysed on an encrypted Cardiff University computer. The consent forms, recordings, and transcripts were saved in separate folders that only I had access to. The recordings and transcripts were saved anonymously with the participant's research number. A master file with participants' research numbers was password-protected. To protect the anonymity of participants, names and locations were removed from the transcripts. In line with Cardiff University's policy, the data will be kept for five years after publication of the research findings and then destroyed.

3.10. Conclusion

This chapter provides a detailed account of how programme theories were developed and refined, and the different steps of data collection and analysis. In the literature, it is evident that quality of realist evaluations is variable, and realist principles have been inconsistently applied (Marchal et al. 2012; Wong et al. 2016). In recent years, researchers have started to publish explicit accounts of how they have analysed data (Gilmore et al. 2019) and developed programme theories in their realist evaluations (Blewitt et al. 2023; Smeets et al 2021). This chapter contributes to the discussion, promotes transparency and aids others' understanding of how realist evaluations are conducted. In the discussion chapter (Chapter 8), I reflect on my experience of using realist methodology and the lessons I have learnt to support novice researchers to conduct high-quality realist evaluations. In the next four chapters, I report the findings from the document review (Chapter 4), the initial programme theories that were developed from case study areas A and B (Chapter 5) and the refined programme theories that were informed by case study areas C and D and interviews with policy makers (Chapters 6 and 7).

Chapter 4: Review of local protocols

This chapter analyses the local protocols developed in England and Wales to reduce the criminalisation of children in care. As highlighted in Chapter 1, local areas have been advised to develop a protocol to improve how staff respond to the behaviour of children in care and prevent involvement in the Youth Justice Service wherever possible and appropriate (Department for Education 2018a; Taylor 2016; Laming 2016; Welsh Government 2022). Protecting children from involvement in the Youth Justice System is likely to have many benefits including in terms of their education, employment, offending and health outcomes (McAra and McVie 2022; Barnert et al. 2017; Bernburg and Krohn 2003; Siennick and Widdowson 2022). The chapter identifies where protocols have been established, and provides an in-depth understanding of the contents of the protocols and how the arrangements vary. To inform this chapter, I collated copies of the local protocols that have been developed in England and Wales through internet searches, emailing police forces and councils, and submitting Freedom of Information requests in Autumn – Winter 2020 (see Chapter 3 for further details). At this time, the English protocol had been published for a couple of years (Department for Education 2018a), and the Welsh protocol had not yet been published (Welsh Government 2022). Hunter et al. (2024) reviewed the protocols in England and Wales, with a specific focus on whether the protocols considered the needs of distinct groups of children (e.g., according to gender, ethnicity or disability). The current research adds to our understanding of the protocols as it examines many aspects of the arrangements including plans for partnership working, staff training and monitoring the approach.

In this chapter, I provide an overview of the number and location of the protocols and the date they were produced. I consider whether the protocols have been informed by local data and review the content of the protocols including their aims and plans for partnership working, staff training and monitoring and evaluation. I then outline three types of protocols and explore the inter-relationships between the different types of protocol identified: (1) regional protocols; (2) incident-focused protocols; and (3)

pathway protocols. Following this, I review the protocols with multiple versions and discuss how the content of the protocols has changed over time. The chapter concludes with an overview of the key findings from the different sections.

4.1. Number of protocols

Thirty-nine protocols were identified and screened (Figure 10), and 30 protocols satisfied the inclusion criteria and were included in the analysis (see Chapter 3 for details of the methodology).

Figure 10. Flow diagram of the protocols identified, screened, and included in the analysis
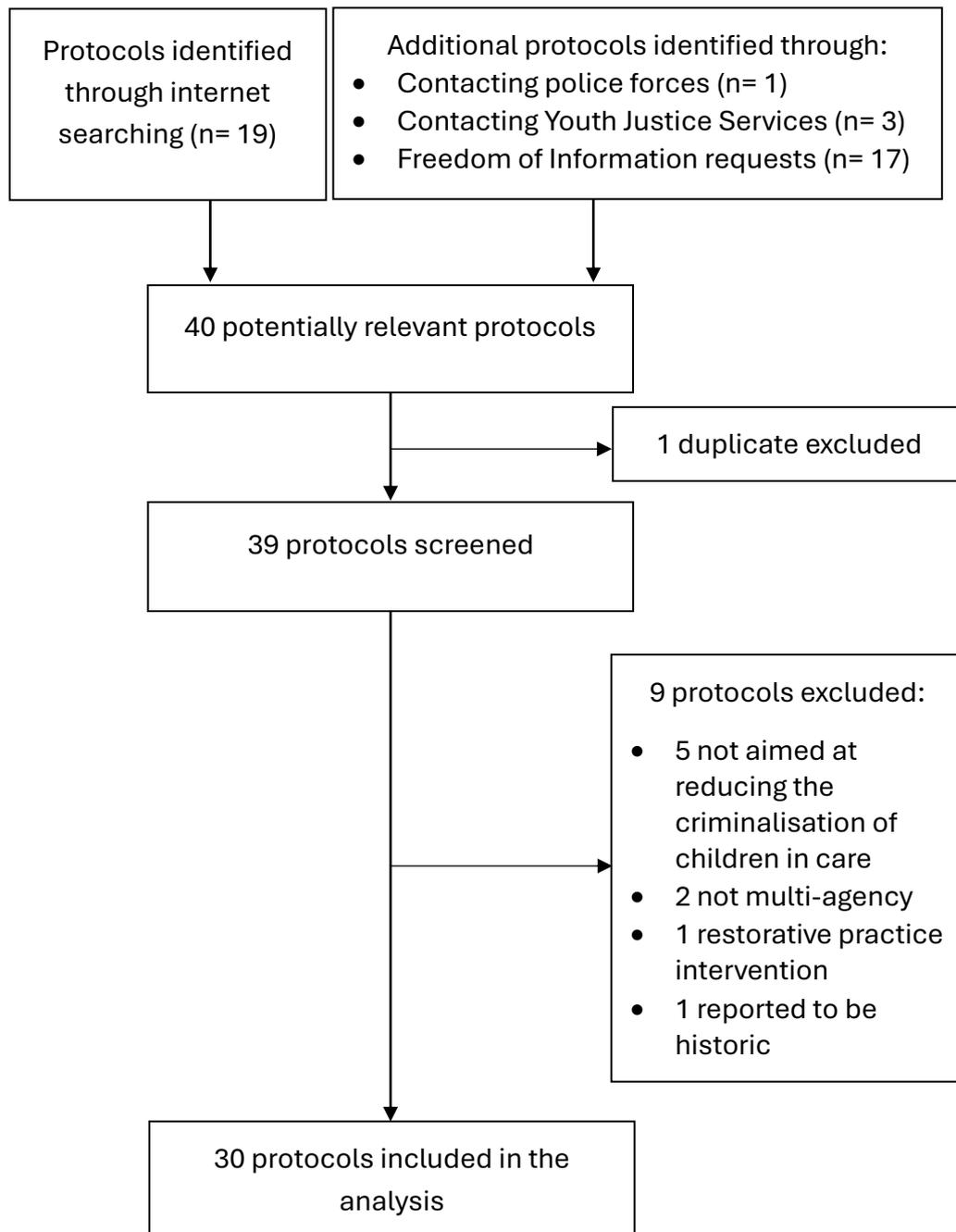
4.2. Geographical areas covered by the protocols

Of the 30 protocols included in the analysis, 27 were in England and three were in Wales (see Table A in Appendix D for a full list). Around 60% (n= 25/43) of the police forces in England and Wales were involved in at least one protocol. Police force boundaries are not consistent with local authority boundaries and in some cases police forces were involved in more than one protocol. For example, Derbyshire Constabulary were involved in one protocol covering Derby City and another protocol covering Derbyshire. Eleven police forces were not signed up to a protocol on this topic (26%) and seven (16%) did not reply to the Freedom of Information request. A higher proportion of police forces that cover predominantly urban areas had a protocol in place (66%; n= 19/29) than those supporting rural areas (55%; n= 6/14). It may be that the need to address the criminalisation of children in care is more prominent in urban areas due the higher number of children in care living there and the greater number of placements available (Ofsted 2016).

The size of the geographical area covered by the protocols varied substantially. Some protocols covered one local authority (e.g., Bradford; Hillingdon), while others covered five (e.g., Gwent; Merseyside) or even 10 local authorities (e.g., South East). Figure 11 shows the local authorities that were covered by a protocol in England and Wales. The figure includes five areas that reported they were in the process of developing a protocol at the time of the Freedom of Information request (Bath and North East Somerset; Hampshire; London; South Gloucestershire; Wrexham).

Figure 11. Local authorities in England and Wales covered by protocols to reduce the criminalisation of children in care
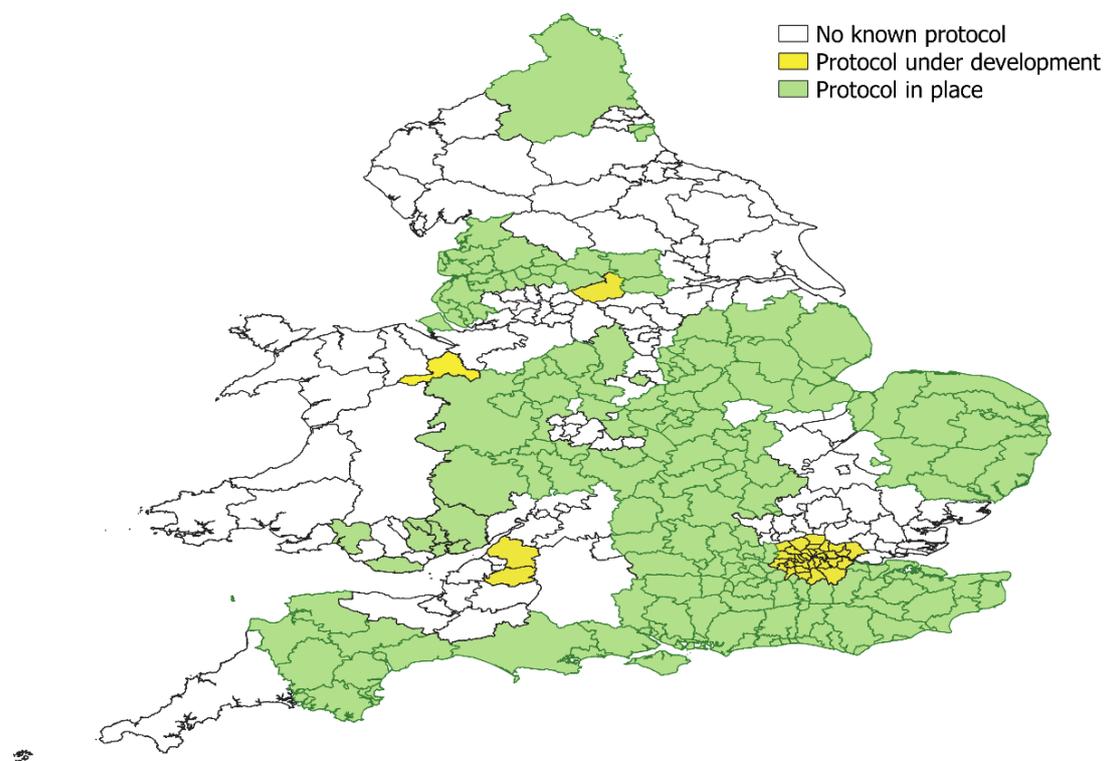
4.3. Publication date of the protocols

The protocols were published between 2009 to 2020 (see Figure 12). Over half (57%; n= 17) were published after Laming (2016) and Taylor (2016) reported that several areas in England and Wales were using this approach and recommended that others do the same. In a fifth of protocols (20%; n= 6), the authors reported that their arrangements were informed by existing protocols. For example, Dorset, Norfolk, and Suffolk all based their arrangements on the South East protocol, which was cited as an example of good practice by Laming (2016). In a handful of protocols (n= 5), the authors noted their arrangements were based on the English protocol published by Department for Education in 2018 (Department for Education 2018a; Lancashire; Leeds; Northamptonshire; Northumberland; Thames Valley).

Figure 12. Timeline of when protocols to reduce the criminalisation of children in care were produced in England and Wales

Key policy documents

Department for Education's English protocol

Laming's review

Taylor's review

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

Derbyshire

Gwent, South East

Sussex

Merseyside, Staffordshire & Stoke

Sunderland, Warwickshire & West Mercia

Bedfordshire, Calderdale, Derby City, Lincolnshire, Vale of Glamorgan

Bracknell, Northamptonshire, Thames Valley

Bradford, Dorset, Hillingdon, Leicestershire, Norfolk

Lancashire, Northumberland, West Berkshire

Protocol documents

Note. No date was available for five protocols: (1) Devon, Plymouth and Torbay, (2) Leeds, (3) Neath Port Talbot, (4) Suffolk, and (5) Wakefield.

4.4. Aims of the protocols

The protocols shared the overall aim of reducing the criminalisation of children in care. A number of other aims were also mentioned including promoting the use of alternative approaches to criminal justice system involvement (n= 14), establishing clear processes (n= 11), strengthening multi-agency working (n= 13) and improving the outcomes and life chances of children in care (n= 7). One of the most cited aims (n= 26) was:

> to strike a balance between the rights and needs of victims, the rights and needs of children and young people in care, the rights of families, staff and foster carers and the decision to involve the police and/or Crown Prosecution Service (Devon, Plymouth and Torbay, p. 5).

This aim recognises that there are multiple parties to consider when deciding how to respond to the behaviour of children in care and the views, rights and needs of all those involved need to be considered. For example, staff are encouraged to use restorative approaches, but it is noted that victims may wish to pursue a prosecution, and a restorative approach may not be appropriate.

4.5. Using local data to inform practice

The English protocol encouraged local areas to develop an understanding of the "local and national factors that can increase children and young people's risk of being criminalised" and "use this to inform their practice and local implementation of the protocol, and to target prevention efforts effectively" (Department for Education 2018a, p. 9). The authors of six protocols (20%) reported that they had analysed local data to understand the number of children in care that lived in their area and the extent to which they were involved in the Youth Justice System (Bedfordshire; Leeds; Northamptonshire; South-East; Staffordshire and Stoke), although the depth of the analysis varied. In the South-East, the authors reported that there was a significant proportion of children in care in the area who were placed outside their home local authority. They argued that "Further reductions in CiC [children in care] offending will only be achieved through improved joint working between all agencies and local authorities across the whole region" (South-East, p. 1). As a result, the protocol was set

up at a regional level, covering 10 local authorities, to ensure consistent protection and support for children in care wherever they are placed in the area.

Four protocols analysed local data from the Youth Justice Service (Bedfordshire; Northamptonshire; Staffordshire and Stoke). The authors of Bedfordshire's protocol stated that "the picture locally in Bedfordshire indicated that Children in Care are more likely than their peers [to] become involved in offending behaviour" (Bedfordshire, p. 3). However, no further details or figures were provided. In Leeds and Northamptonshire, the authors also identified that children in care are over-represented in the Youth Justice System locally. In Leeds, the authors reported that between 9% and 12% of children in youth justice system cohort were in care. In Northamptonshire, 32% of the children in the Youth Justice Service cohort were reported to have experience of care. The analysis in Northamptonshire also revealed differences in offending behaviour and needs of care experienced children in the youth justice system cohort compared to their non-care experienced peers. For example, care experienced children supervised by the Youth Justice Service were seven times more likely to be a prolific offender (i.e., have five or more previous convictions), three times more likely to display aggression to others, and three times more likely to have had contact with mental health services than non-care experienced children supervised by the Youth Justice Service.

In Staffordshire and Stoke, a protocol was set-up in 2013, and the arrangements were reviewed in 2017. A report was produced in 2017 to "better understand the local picture of children in care who are involved in offending behaviour to help shape commissioning responses to these challenges" (Staffordshire County Council 2017, p. 2). The report was written by a working group that included representatives from the police, council, and Youth Justice Service. The group reviewed police and Youth Justice Service data and conducted a survey with local practitioners including those employed by the police, Youth Justice Service and children's homes (n= 65). The analysis of service data identified that crime rates were higher for children in care than children in the general population in Staffordshire and Stoke-on-Trent. The interventions that

children in care received also appeared to differ in Staffordshire and Stoke-on-Trent, with children in care more likely to receive a court-based intervention than pre-court or out-of-court disposals compared to children in the general population. In the survey, only 66% of practitioners were aware that out-of-court disposal options were available to the police to divert children in care from the youth justice system and 62% were aware of local prevention services. Most practitioners reported that they were familiar with restorative approaches (89%). The working group reviewed the findings and recommended that the protocol should be relaunched. The protocol includes information on the different ways incidents can be resolved and emphasises the importance of community resolution and use of restorative approaches. Staff are advised they "should always consider a community resolution where appropriate to do so" and "a criminal justice disposal… should not be regarded as an automatic response to offending behaviour by a looked after child, irrespective of their criminal history" (Staffordshire and Stoke 2017, p. 9).

4.6. Types of care placements supported

The protocols support children in different types of care placement. The protocols were most likely to focus on supporting children living in residential care only (30%) or residential and foster care (33%, see Table 7). The national English protocol stated that the arrangements in the local protocols should support all children in care and care leavers up to the age of 25 (Department for Education 2018a). The protocols published after the English protocol (2019 onwards) were more likely to support children in multiple types of placements (60%; n= 6/10) than protocols published earlier (29%; n= 4/14). A minority of protocols extended their arrangements to support care leavers (13%; n= 4).

Table 7. Placement types supported by the protocols

Type of care	Number	Percentage
Residential care only	9	30
Residential and foster care	10	33
Multiple placement types	7	23

| Multiple placement types and care leavers | 4 | 13 |
| Total | 30 | 100 |

4.7. Plans for partnership working

The protocols were referred to as a "multi-agency partnership commitment" (Thames Valley, p. 1) that involved the "contribution of relevant local agencies and staff" (Northamptonshire, p. 2). Local areas were advised by the English protocol to identify a named senior leader from each partner agency who agrees with the protocol and is committed to supporting its implementation (Department for Education 2018a). Nearly all (87%; n= 26) protocols included a signature, or space for a signature, for an individual from each agency involved in the protocol. The signatures were frequently provided by individuals from senior roles such as Heads of Service, Directors and Assistant Directors, Chief Crown Prosecutors, Chief Constables, and Chief Inspectors.

The English protocol advised local areas to set up a protocol between local authorities, police, care setting, health services, education settings and criminal justice agencies (Department for Education 2018a). On average, four agencies signed up to the protocols (ranging from two to 10). Most protocols included Children's Services, the Youth Justice Service, and the police (see Table B in Appendix D). The Bracknell protocol was the only one that did not include the police as a signatory. Bracknell Forest Youth Offending Team and Children's Social Care were noted to be the owners of the protocol, but it was recognised that the Youth Offending Team had "close links with the Youth Justice Unit at Bracknell Police Station" (Bracknell, p. 3) and the police are available to support restorative approaches. The Crown Prosecution Service was involved in half of the protocols (53%; n= 16). Her Majesty's Courts and Tribunals Service (23%; n= 7) and Her Majesty's Prison and Probation Service (10%; n= 3) were less frequently involved in the protocols.

The protocols established after the English protocol was published included more agencies on average (mean= 6, range= 4-10) than protocols set-up earlier (mean= 3, range= 2-5). The protocols in Northumberland and Thames Valley were explicitly based on the English protocol and included the most agencies (10 and nine respectively). Northumberland was the only area to involve a charity, Active Northumberland, who provide leisure facilities, including sports clubs and community groups for children. Thames Valley was the only protocol to involve the Legal Aid Agency who are an executive agency of the Ministry of Justice that provide legal advice and representation.

Health services were rarely involved in the protocols (n= 4; 13%). Where health services were involved, they included the National Health Service (Northamptonshire; Northumberland; West Berkshire) and a designated nurse for children in care (Bracknell). Education services were also infrequently included, with two protocols directly involving education staff. In the first, Northumberland asked schools to sign up to their protocol. Middle and Primary schools were asked to sign up "in spirit" and Secondary and High schools were asked to sign and return a copy of the protocol (Northumberland Education 2020). In the second, Bracknell involved an educational psychologist and a virtual school head teacher. Three other protocols did not include education settings as a signatory of the protocol, but they referred to their involvement in the approach and planned to train education staff in restorative approaches and raise awareness of their protocols (Calderdale; Northumberland; Northamptonshire). In Northamptonshire, education staff were asked to consider a number of factors when deciding how to respond to an incident. They were asked to "be proactive and work with the young person to understand why it happened, make sure the young person understands the consequences of their behaviour and find a constructive way to deter the same behaviour in the future" (Northamptonshire, p. 13).

Most protocols (n= 23; 77%) specified their plans for partnership working. This included an outline of the roles and responsibilities of the different agencies, information sharing agreements, and/or plans for multi-agency meetings. Some protocols provided further

details about how care providers and the police will work together and outlined plans for liaison meetings (n= 10; 33%). The meetings usually involved care staff and a dedicated member of the neighbourhood policing team. Several protocols recommended that the child's social worker or Youth Justice Service worker should also be invited to join the meeting (Bedfordshire; Calderdale; Lancashire). The purpose of the meeting was to discuss non-urgent concerns about a child's behaviour so that staff can decide the best action to take to support the child, identify whether police assistance is needed, and if any referrals should be made (e.g., for mental health support). The frequency of the meetings was rarely reported, with the exception of Bedfordshire where they were scheduled to take place every four weeks. In some areas, a Single Point of Contact officer was assigned to care placements (Bradford; Neath Port Talbot; Staffordshire and Stoke; Sunderland; Sussex; Wakefield; West Berkshire). The protocols specified that the role of the Single Point of Contact officer was to ensure a consistent response to children's behaviour in the home, represent the views of staff and children in the home to other police officers, and promote a good relationship between the home and the community.

4.8. Guidance on preventing and responding to incidents

The protocols rarely provided guidance on how local agencies should work to prevent offending behaviour (n= 4; 16%). Where mentioned, the protocols highlighted the importance of providing children with the right care placement, engaging children in education, training, and leisure activities, and improving their access to health services. The English protocol included advice on prevention and stated "It is important that agencies recognise the vital role of early intervention and prevention in reducing criminalisation of looked-after children and care leavers" (Department for Education 2018a, p.33). The protocols that commented on prevention were all based on the English protocol (Leeds; Northamptonshire; Northumberland) or published recently (Bracknell).

The most common type of guidance provided by the protocols was regarding how staff and carers should respond to incidents when they do occur (n= 28; 93%). The Department for Education (2018a) advise that "we must ensure our response to incidents does not initiate or exacerbate negative behaviour and contribute to unnecessary police involvement or criminalisation" (p. 6). This is because police involvement and criminalisation disadvantages children and places them at risk of poor criminal justice, education, employment and health outcomes later in life (McAra and McVie 2022; Barnert et al. 2017; Bernburg and Krohn 2003; Siennick and Widdowson 2022). The protocols typically categorised incidents into three groups depending on their nature and seriousness (e.g., low, medium, and high). For each type of incident, staff and carers were provided with advice on what to consider (e.g. is there a risk of serious physical harm?) and how to respond (e.g. call 999 for immediate police response, record the incident and inform the child's social worker). The advice was commonly provided in the form of a flow diagram to aid decision making. Many of the protocols (n= 18; 60%) also detailed how staff should respond to specific types of incidents such as substance misuse, criminal damage, and theft. Derby City, for example, outlined the steps that care providers should follow for several types of incidents. If a child is in possession of a weapon, staff are advised to encourage the child to surrender the weapon, share information with the child's network and the police, and consider whether to engage the child in education on this issue. If a child is using illegal substances, staff are advised to share the information with the police, submit a referral to a drugs and alcohol service, and keep the child's social worker informed.

Over half of the protocols (n= 17; 57%) provided staff with guidance on using restorative approaches as an alternative to calling the police. This included information on the aims of restorative approaches, the key principles, the type of restorative interventions that can be used (e.g., restorative conversation, restorative conference, reparation), and when it is likely to be appropriate. Several protocols note that the Youth Justice Service and police are available to support and assist care staff with restorative interventions when required. For example, the Dorset protocol stated that "For low level incidents it

may be suitable for another staff member to facilitate the RJ [Restorative Justice] meeting, provided the young person has confidence in the worker's impartiality. For more serious incidents an external facilitator, such as one of the RJ specialists in the Youth Offending Service, is likely to be more suitable" (Dorset, p. 14).

In two-thirds of the protocols (67%; n= 27), staff were provided with guidance on how to record incidents when they do occur. This included both how care staff and the police should record incidents. Care staff were encouraged to record incidents "to provide informed histories on the children and young persons looked after, assisting with assessments and liaison meeting" (Devon, Plymouth and Torbay, p. 14). The police were advised to record incidents in accordance with the National Crime Recording Standards. The standards advise the police to record an incident as a crime "if on the balance of probability: (a) the circumstances of the victims' report amount to a crime defined by law (the police will determine this, based on their knowledge of the law and the counting rules); and (b) there is no credible evidence to the contrary immediately available" (Home Office 2024, p. 7).

Approximately two-thirds of the protocols (n= 20; 67%) provided guidance on the decision to prosecute children in care. Most included a copy of the 10-point checklist used by the Crown Prosecution Service to determine whether it is in the public interest to prosecute a child in care. The checklist encourages staff to take into account the child's circumstances, the circumstances of the incident, and any aggravating or mitigating factors when making a charging or prosecution decision (The Crown Prosecution Service 2020). It is made up of 10 questions that prompt staff to collate the relevant information (e.g., the policies in the children's home and the child's care plan) and understand the views of child, their social worker, and the person who was harmed before making a decision.

Only a small number of protocols provided guidance on how to support children after a conviction *(*n= 4; 13%). Those that did, set out expectations for visiting children in custody and planning for resettlement (Northamptonshire; Northumberland; Thames Valley; Warwickshire & West Mercia). Four protocols discussed how further offending behaviour could be reduced, for example, through care planning and identifying and addressing risks for reoffending (Bracknell; Hillingdon; Leeds; Northumberland).

4.9. Staff training and support plans

A handful of protocols discussed the need to support staff and carers as victims or witnesses of incidents (n= 4; 13%). They outlined that staff will have access to mediation, supervision, and learning and development opportunities (Hillingdon; Northamptonshire; Northumberland; West Berkshire). The English protocol encouraged local agencies to recognise their duty of care to staff who may have been involved in "frightening or abusive incidents" (Department for Education 2018a, p. 37). These incidents can lead to stress, burnout, and high staff turnover (Colton and Roberts 2007; Dowling 2019; Hastings 2002), and the English protocol called for local areas to ensure the appropriate support is available (Department for Education 2018a).

In addition to staff support, it has been recommended that all areas should provide training alongside their protocols (Department for Education 2018a; Home Office 2004; Nacro 2012; Laming 2016; Schofield et al. 2012; Taylor 2016). Just under half of the protocols (47%; n= 14) discussed the training opportunities that would be provided to staff and/or carers. The plans varied with some areas noting that training on the protocol and/or restorative approaches will be provided to care staff and carers, and others extending the training to social workers, police officers and Youth Justice Service workers. The Northumberland protocol went beyond this and planned to offer training to those agencies not directly involved in the protocol (e.g., schools, colleges, and voluntary organisations). The authors hoped that the training would raise awareness of the protocol and why the needs of children in care should be specifically considered when deciding whether to involve criminal justice agencies or not.

Some areas were less definite about their training plans. For example, the authors of the Suffolk protocol noted that the Youth Justice Service "in discussion with the residential children's home and foster carers can consider delivering additional training and support to staff and foster carers to enable restorative work to become a natural and normal response to incidents within the home" (Suffolk, p. 4). However, they noted that the "discussion will also need to consider the SYJS [Suffolk Youth Justice Service] resources available at that time and any costs incurred to deliver this training" (Suffolk, p. 4). Therefore, emphasising the resource implications and potential challenges of delivering training to support staff to implement the guidance in the protocol.

4.10. Monitoring and evaluation plans

Most protocols (70%; n= 21) provided information on how they plan to monitor and evaluate the progress of their arrangements (see Table C in Appendix D). All plans involved a collaborative effort by the partner agencies. Nine protocols (30%) named the board(s) that will take responsibility for overseeing the monitoring activities, for example, Youth Justice Service Management Board or Corporate Parenting Board. Ten protocols specified how regularly the protocols will be assessed, ranging from quarterly to annually.

The English protocol advised agencies to use their local data to monitor the impact of the protocol on children in care and care leavers (Department for Education 2018a). Ten protocols decided to take this approach. Devon, Plymouth, and Torbay reported that they would assess the "rate, frequency and level of offending by children and young people in care so as to be satisfied that whenever possible a non-criminal response is being used" (Devon, Plymouth and Torbay, p. 15). Six areas listed the data that would be scrutinised. This typically consisted of the number of incidents dealt with internally by care providers, the number of incidents dealt with jointly by care providers and police resulting in an informal or formal disposal, and the number of cases discontinued by the Crown Prosecution Service. Two areas (7%) planned to supplement their local data with

other monitoring activities. Lincolnshire stated that they would conduct a policy impact assessment six months after the protocol had been introduced, and West Berkshire reported that verbal feedback would be collected from key stakeholders. Seven protocols (23%) reported that "compliance" would be assessed rather than the effectiveness. However, no further information was provided on the data that would be collected to inform this assessment.

4.11. Types of protocols

In this section, I describe the three types of protocols that were identified through reviewing and comparing the documents: (1) regional protocols; (2) incident-focused protocols; and (3) pathway protocols. The protocols differed according to their purpose, the geographic area covered, and the type of guidance provided (see Table 8 at the end of this section). The regional protocols provided a high-level overview of the approach in their area. In contrast, the incident-focused protocols provided more detailed guidance for staff to inform their decision-making. The pathway protocols built upon the incident-focused protocols, and covered how to prevent incidents and reduce reoffending behaviour as well as how to respond when an incident does occur.

4.11.1. Regional protocols

The regional protocols aimed to establish consistent practice across a large area. Three protocols were part of this group: (1) South-East; (2) Thames Valley; and (3) Warwickshire and West Mercia. They covered many local authorities (ranging from four to 10) and often involved more than one police force. The protocols were seeking to "ensure any child in care (CiC) within the region is afforded the same protection and consideration wherever" they live (South East, p. 2). They supported all children in care living in the region, irrespective of their placement type.

The protocols outlined a set of key principles and sought to gain commitment for this way of working from the agencies involved. The principles included striving to

understand the underlying causes of a child's behaviour, underpinning responses with restorative approaches, and ensuring that any special needs presented by children in care are acknowledged and addressed. The protocols also emphasised the importance of providing children who are placed outside their home local authority with the same protection against criminalisation.

The regional protocols do not detail the processes or procedures that should be followed. Instead, the South-East and Thames Valley protocols stated that each local authority within the region has or will develop their own supplementary protocol to describe the local process. In the South-East, a protocol has been established in Sussex, and the Youth Justice Service in Hampshire reported that a protocol is under development. No protocols were identified in the other local authorities covered by the South-East protocol (i.e., Isle of Wight, Kent, Medway, Portsmouth, Southampton and Surrey). In Thames Valley, protocols have been set up in Bracknell and West Berkshire, but protocols were not identified in the other areas (i.e., Oxfordshire, Buckinghamshire, Milton Keynes, Slough, Royal Borough of Windsor and Maidenhead, Wokingham and Reading). In Warwickshire and West Mercia, there were no documented plans for local authorities to develop supplementary protocols.

4.11.2. Incident-focused protocols

The incident-focused protocols concentrated efforts on providing staff and carers with guidance on how to respond when children in care present behaviour that could be liable to prosecution. The protocols emphasised "the importance of flexibility in determining the most suitable option for dealing with young people" (Leicestershire, p. 4). They sought to avoid unnecessary police involvement for low-level incidents. However, they acknowledged that formal police involvement would be needed in some circumstances. For example, when there is a risk of serious physical harm or substantial damage to property. In contrast to the regional protocols, they outlined processes and procedures for responding to children's behaviour. Flow-charts were commonly provided to help carers and staff decide whether an immediate police

response was needed. Guidance was also frequently provided on the factors that should be considered when responding to specific types of incidents (e.g., violence, criminal damage, theft, substance misuse) and the process for recording incidents.

Most protocols were incident-focused (n= 22; 73%). They covered one or more local authority, but did not span across more than one police force area. Some police forces were involved in more than one protocol. For instance, Northumbria Police support both Northumberland and Sunderland protocols.

4.11.3. Pathway protocols

Five protocols went beyond the incident itself and discussed the action that should be taken before, during and after an incident. First, staff and carers were given advice on the preventative action that can be taken. In Northumberland, the authors noted that "all agencies understand that preventing looked after children and care leavers from ever becoming involved with the criminal justice system significantly helps with providing them with the best outcomes" (Northumberland, p. 3). Preventative work included effective care planning and ensuring children have the right placements, engaging children in educational opportunities, and ensuring they have access to health and leisure services.

The response to incidents was covered in a similar way to the incident-focused protocols. The protocols offered advice on when police assistance is likely to be required, and flow-charts were often provided to inform practice. The protocols then outlined the steps that can be taken after an incident. Guidance was often provided on supporting children after a conviction, meeting the needs of staff and carers as victims of crime, and reducing further offending. Agencies in Northumberland were advised that it is:

> paramount that where a child or young person is convicted of an offence or even if they receive an out of court disposal that every effort is made by all agencies

working with them to minimise the risks of them reoffending (Northumberland, p. 4).

Hillingdon's protocol encouraged staff to reduce the risk of further offending by considering several factors including those related to the child's health needs, educational needs, strengths, and involvement in constructive leisure activities. For example, staff were asked to "Consider their educational needs and circumstances and how these are being met. Do any special educational needs impact on their behaviour or understanding the consequences of it?" (Hillingdon, p. 7).

The pathway protocols were the most consistent with the template provided in the English protocol (Department for Education 2018a). Three out of the five pathway protocols were explicitly based on the English protocol (Leeds; Northamptonshire; Northumberland). Three other protocols reported that they were informed by the English protocol (Derbyshire; Lancashire; Thames Valley), however, these protocols were considered to be regional or incident-focused protocols as they did not discuss how to prevent incidents and/or reduce reoffending.

Table 8. Types of protocols to reduce the criminalisation of children in care

	Regional protocols [a] (n= 3)	Incident-focused protocols [b] (n= 22)	Pathway protocols [c] (n= 5)
Geographical area	Single or multiple police force areas; multiple local authorities.	Single police force area; single or multiple local authorities.	Single police force area; single or multiple local authorities.
Purpose	To provide a set of key principles and ensure children in care receive the same support wherever they live within the region.	To develop clear processes, strengthen multi-agency working, and advise how to respond to incidents.	To advise on preventing incidents, responding to incidents when they do occur, and reducing the risk of future incidents.
Common guidance	• Key principles • Support for children placed outside their local authority	• When to involve the police • Advice for specific types of incidents • How to record incidents • How the Crown Prosecution Service decide whether to prosecute	• Key principles • Prevention activity • When to involve the police • Reducing reoffending
Care setting	• Multiple placement types (n= 3)	• Residential care (n= 8) • Residential and foster care (n= 9) • Multiple placement types (n= 5)	• Residential care (n= 1) • Foster care (n= 1) • Multiple placement types (n= 3)

[a] South East; Thames Valley; Warwickshire & West Mercia. [b] Bedfordshire; Bradford; Calderdale; Derby City; Derbyshire; Devon, Plymouth & Torbay; Dorset; Gwent; Lancashire; Leicestershire; Lincolnshire; Merseyside; Neath Port Talbot; Norfolk; Nottinghamshire; Staffordshire & Stoke; Suffolk; Sunderland; Sussex; Vale of Glamorgan; Wakefield; West Berkshire. [c] Bracknell; Hillingdon; Leeds; Northamptonshire; Northumberland.

4.12. Revised versions of the protocols

Multiple versions of two protocols were obtained through the internet search and information request: (1) Nottinghamshire and (2) Dorset. The first version of Nottinghamshire's protocol was not dated, and the second version was published in 2018. Nottinghamshire updated their protocol in collaboration with children in care and care leavers. This approach is consistent with corporate parenting principles that advocate for local authorities to listen to children's views, wishes and feelings (The Children and Social Work Act 2017). It also reflects the United Nations Convention on the Rights of the Child (1989) which stipulates that a child has the right to express their opinions (article 13) and for their views to be taken into account in all matters affecting them (article 12). No other protocols reported that they collaborated with children when developing their arrangements. This is inconsistent with the national guidance, as the English protocol advised local areas to seek the input of children in care and care leavers into their arrangements (Department for Education 2018a).

The revised Nottinghamshire protocol included new guidance on how to respond to sexual offences (including "sexting" and child sexual exploitation) and it gave further details on how to work with children in possession of a weapon. These changes reflect the priorities outlined in Nottinghamshire's Police and Crime Needs Assessment at the time of the update (Nottinghamshire Police & Crime Commissioner 2018). The Police and Crime Needs Assessment highlighted more work needs to be done to strengthen the response to online safety, child sexual exploitation, and weapon enabled violence. Across the UK, there has been growing concern around these types of crimes (National Police Chiefs' Council 2017; Office for National Statistics 2020). Although it was rare for protocols to cover sexual offences (n= 6; 20%) or weapon use (n= 5; 17%). The remaining text in Nottinghamshire's protocol remained unchanged.

Copies of Dorset's protocol were obtained from 2016 and 2020. The text remained largely unchanged however, the arrangements were extended in 2020 to support care leavers. The English protocol promoted this inclusive approach and states that "care

leavers often remain vulnerable, and all agencies should be aware that childhood trauma can continue to affect behaviour and behavioural and emotional development into early adulthood" (Department for Education 2018a, p. 22). Local authorities continue to be corporate parents to care leavers and have a responsibility to provide a Local Offer of support until the age of 25 (The Children and Social Work Act 2017). The Local Offer should detail the advice and services that are available to care leavers (Department for Education 2018c), and local areas have been encouraged to include a reference to their protocol on reducing criminalisation (Department for Education 2018a). Only three other protocols stated that their arrangements sought to support care leavers (Northamptonshire; Northumberland; Thames Valley), and Norfolk Police reported they were in the process of revising their protocol to include support for care leavers (Sandell 2020).

4.13. Conclusion

This chapter identifies how widely protocols have been introduced across England and Wales to reduce the criminalisation of children in care and examine the contents of the arrangements. The take-up of this approach has been inconsistent, with just over half (58%) of police forces in England and Wales identified as having a protocol in place. The criminalisation of children in care has been a long-standing issue and several protocols were set-up over a decade ago. However, there was a renewed interest in developing protocols on this topic after several practice reviews recommended their use in 2016 (Laming 2016; Taylor 2016) and the national English protocol was published in 2018 (Department for Education 2018a). Protocols continue to be set-up in England and Wales, with five areas reporting that they were currently developing a protocol. The analysis identified that protocols varied considerably including in terms of the agencies involved, the size of the geographical area covered, the care placements supported, and the guidance provided. This chapter provides an overview of the protocols and useful context for this research. Data has been collected in four case study areas to gain a detailed understanding of how and why the protocols are anticipated to work to reduce the contact that children in care have with the criminal justice system and under

which conditions. In the next chapter, I present the initial programme theories that outline how the protocols are intended to work.

Chapter 5: Initial programme theories

The purpose of this chapter is to outline the initial programme theories that describe how and why protocols are anticipated to work to support children in care who are at-risk of criminalisation. Initial programme theories (IPTs) explain how and why an intervention generates its outcomes in certain circumstances. The theories are based on the logic that an intervention provides individuals with resources (e.g., information, advice) that promote a change in their reasoning (i.e., how they think and feel) and leads to outcomes in certain circumstances (Dalkin et al. 2015). Eight initial programme theories and two rival theories were developed in total (see Appendix G for a full list). Rival theories show how the same intervention activity can result in different outcomes. For example, one theory outlines the circumstances in which restorative approaches may *decrease* a child's offending behaviour, and the rival theory outlines the circumstances in which restorative approaches may *increase* a child's offending behaviour. Rival theories are used to make critical comparisons and test the plausibility of explanations (Belrhiti et al. 2012; Van Durme et al. 2016).

In this chapter, I discuss the initial programme theories in relation to four activities associated with the protocol: (1) writing and reviewing the protocol; (2) delivering staff training; (3) inviting children to work with a Youth Justice Service practitioner; and (4) facilitating a restorative approach. Each initial programme theory is presented and supported by quotes from interviews with staff in Area A (participants A1 to A6) and Area B (participants B1 to B3) and supplementary documents. They are also discussed in relation to the literature and relevant existing theories. At the end of each section, a diagram is presented to visually represent the initial programme theories and demonstrate the causal relationships between the contexts, mechanism: resources, mechanism: reasoning, and outcomes.

5.1. Writing and reviewing the protocol

IPT 1: If partners collaborate and write the protocol (Mechanism: resource) then they will feel committed to the protocol (Mechanism: reasoning) and work to implement it (Outcome). This is more likely to happen when there are committed leaders (Context) and available resources (Context).

IPT 2: If meetings are held to discuss the protocol (Mechanism: resource) then attendees will develop a shared understanding of the protocol (Mechanism: reasoning), feel committed to improving it (Mechanism: reasoning), and work to implement it (Outcome). This is more likely to when there are committed leaders (Context), minimal changes in management (Context) and available resources (Context).

The initial programme theories suggest partners will feel more committed to the protocol when they help write it (IPT 1) and attend meetings to discuss the approach (IPT 2). The document review identified that protocols were a "multi-agency partnership commitment" (Thames Valley, p.1) that involved the "contribution of relevant local agencies and staff" (Northamptonshire, p. 2; Chapter 4). In Areas A and B, a working group was established to write the protocol due to concerns that children in care were disproportionately represented in the youth justice system. The working group was led by the Youth Justice Service in Area A and the Youth Justice Service and the police in Area B.

A participant in Area A described that the working group were asked to "scope out what we should be doing and what we could do, and then from there they wrote the protocol" (A4, Youth Justice Service). Participants who had been involved in writing the protocol valued the opportunity to contribute to the development of the approach:

> We sort of just started bouncing these ideas around what we could do, what maybe things would look like and then we kind of brought other people on board... I think in [name of area] it has worked well because they've had committed staff, and they've looked it and they've kind of, it was created by us for us to use. It wasn't forced upon us it wasn't given to us to say you must do A,

B, C, D. People on the ground put it together in the direction from above. And I think working knowledge has made it work and having that flexibility to change midstream because if you're told to do this and it's not working, we need to think about why and how are we going to do it differently to see the result we want. (A1, Youth Justice Service)

Participant A1 suggested that the input of "working knowledge" from frontline staff was useful in shaping the protocol and considering about how practice should change. Lipsky (1980) suggests that frontline staff, or "street-level bureaucrats", are key to the policy making process. Lipsky (1980) defined street-level bureaucrats as "public service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work" (p. 3). They have large amounts of work and limited resources, so they use their discretion to develop routines and shortcuts to cope with the demands. Street-level bureaucrats decide how to implement policies and their decisions can be influenced by their understanding of the policy and their interests, values, skills, and interactions with service users (Meyers and Vosanger 2003; May and Winter 2009; Keiser 2010). Jordan and Richardson (1987) suggest that consulting street-level bureaucrats during the policy making process aids policy implementation as it creates a sense of involvement, greater commitment, and a shared responsibility for the success of the policy. In addition, policy makers can benefit from street-level bureaucrats' understanding of the service and the needs of the service users (Powell et al. 2013). Participant A1 reported that frontline staff continued to have the opportunity to revise the protocol. Continued consultation is important as policies need to adapt to local conditions and implementation challenges (Ansell et al. 2017). Street-level bureaucrats are well situated to provide feedback on how well policies are working and to propose possible changes (Ansell et al. 2017).

Once the protocols were written, both areas held multi-agency meetings multiple times a year to discuss and review the approach. In Area A, the meetings were organised by the Youth Justice Service, and social workers, foster carers, children's home managers, and the police were invited to attend. In Area B, managers from the police and Youth Justice Service attended meetings about the protocol. Participant B2 suggested that the

meetings helped partners to develop a shared understanding of what the protocol was trying to achieve:

> ...the feedback I used to get from the meetings they had around the protocol was that all the people that were sat in the room were on the same page and really agreed with it. (B2, Youth Justice Service)

The meetings also provided attendees with the opportunity to discuss how the protocol was being implemented, identify problems, share examples of good practice, and set goals. Participant A1 described the protocol was "continually evolving" as staff looked to improve the approach:

> So we are learning sort of every quarterly meeting maybe something else is popping up or cropping up and we are refining, changing and tweaking (A1, Youth Justice Service).

Participants suggested that leaders who were enthusiastic about the protocols were vital in communicating the importance of the approach and encouraging partners to take an active role in helping to write and implement the protocol:

> particularly that Chief Constable of [name of police force] I'll be honest made a big difference. He really was kind of innovative and wanting to do things differently and I think having that really kind of propelled. I think it just would have been a lot harder to get anything off the ground. So it maybe shouldn't be about personalities or people, but I think that was kind of a driving force initially. (B2, Youth Justice Service)

Senior leaders were also able to identify and allocate resources that can facilitate the development and delivery of the approach:

> So I think that the fact that this underspend came up just gave him the opportunity to maybe put something together. So that's actually how it started. But obviously there would have been that need for it in the background but no available money at the time before that underspend to actually do anything about it. (A1, Youth Justice Service)

> I think the concept I think come from obviously higher management. You've got to be driven by management without management backing nothing gets off the ground... So higher management said we've got some funds you know what can we do? What are we going to do? How are we going, we need to look at this, what can we do with it? And they brought a steering group together (A4, Youth Justice Service)

Resources were needed for staff to write the protocol and attend meetings to discuss the approach. Area B had no funding to support the set-up and delivery of their protocol and relied on existing resources. This required staff to have time to contribute to the protocol and attend meetings to discuss it. In contrast, managers in Area A had secured funding to support their protocol. The funding was used to support the development of the protocol, deliver training about the protocol to a range of partner agencies, and recruit Youth Justice Service practitioners to work directly with children in care who were at risk of entering the criminal justice system.

A change in leadership was problematic in Area B as meetings about the protocol stopped after the Youth Justice Service was restructured:

> … we restructured in the last couple of years and that's I guess this is where sometimes the difficulties come, isn't it? So different people have kind of come in and left and there hasn't been that kind of a place, so I know they used to have I don't know if that was like quarterly or twice a year kind of meetings around that [name of protocol] group, but that doesn't happen anymore that I'm aware of. (B2, Youth Justice Service)

Turnover at management level can be problematic for sustaining the implementation of a policy if new managers have different priorities and chose to focus on other issues and initiatives.

Figure 13 provides an overview of partners' input into the protocol. It illustrates how the opportunity to help write the protocol and attend meetings about the protocol is expected to change the way individuals think or feel about the protocol, and lead to implementation. The figure highlights the contextual factors that enable or inhibit these outcomes from being achieved. A colour-coded key is provided to show whether the elements are contexts (enabling or inhibiting), mechanisms (resources or reasoning), or outcomes (intermediate or main protocol outcome).

Figure 13. Writing and reviewing the protocols IPT
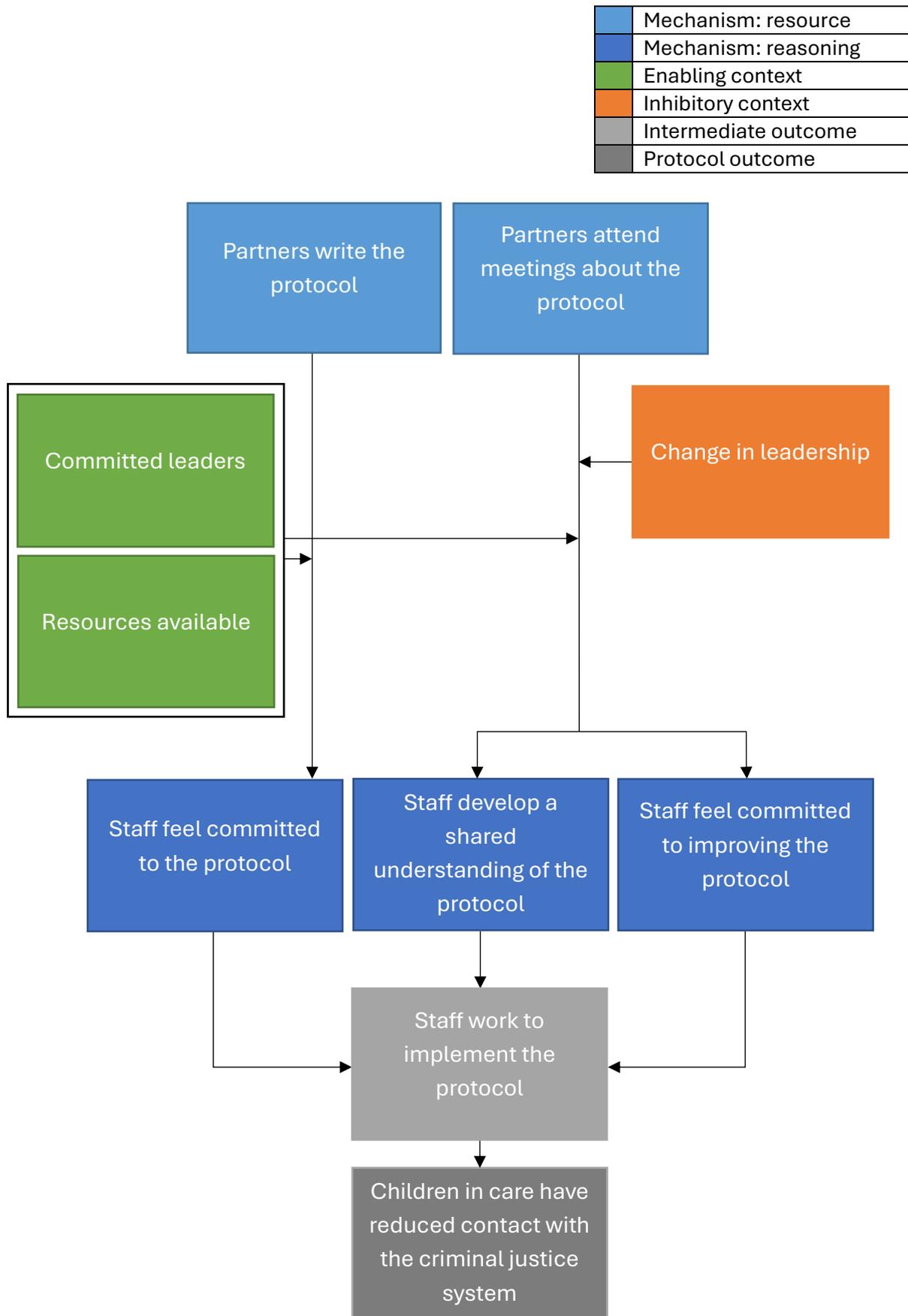
5.2. Staff training on the protocol and restorative approaches

Staff in Areas A and B were provided with training to support them to implement their protocol. In Area A, the Youth Justice Service provided a two-day training course that covered information about the protocol, restorative approaches, and the support that Youth Justice Service can provide partners and children in care. The training was provided to a range of partners including children's home managers, social workers and the police. In Area B, a three-day multi-agency training course on restorative approaches was provided when the protocol was first set-up, and it was later replaced by a shorter, online course. Restorative approaches form a key part of the protocols as staff are advised that "restorative and diversionary approaches should underpin responses" to the behaviour of children in care (Welsh Government 2022). Two initial programme theories were developed to describe how staff are expected to respond to training about the protocol (IPT 3) and restorative approaches (IPT 4; see Figure 14 at the end of this section). How and why restorative approaches are expected to work to support children in care is discussed in Section 5.4.

The programme theories about staff training share two contextual factors. First, the programme theories propose that the training courses are more likely to achieve positive outcomes when there is buy-in from partners. Buy-in refers to the process of gaining support from stakeholders into an initiative. Here, partners needed to recognise the value of training about the protocol and restorative approaches and encourage staff to attend. Participants reported that it could be challenging to get agencies on board with the training:

> And it has been quite a tricky battle really... An example of it is trying to get on the police training. They didn't recognise that it was something that they should be knowing about at the time. So when we eventually got in there you could see the light bulb going on ...as I was just saying, getting into placements and getting people to make referrals to the training and to the team I think other than that, no. Because we've just put in so much effort just to get into these organisations because we know without their willingness and co-operation that affects how successful it is. (A4, Youth Justice Service)

Participant A4 (above) suggested that it was important to invest time in obtaining buy-in from partners because the "willingness and co-operation" of the different partner

agencies is vital to the success of the approach. Thomson et al. (1999) suggest staff buy-in can be intellectual and emotional. Here, it was important for partners to be willing to achieve the goals of the protocol (emotional buy-in) and attend training to understand the processes outlined in the protocol and their role (intellectual buy-in). Partners' "co-operation" was identified as an important factor as some agencies were initially reluctant to attend training and adopt the protocol and therefore inhibited implementation and the potential impact of the approach. Participants described that some agencies "weren't particularly interested" (Participant A3, Youth Justice Service) or "did not recognise that it was something that they should be knowing about at the time" (Participant A4, Youth Justice Service) and they worked to communicate the importance and relevance of the protocol to each agency. Co-operation is necessary to ensure consistent and effective implementation of the protocols as each agency has roles and responsibilities to uphold.

Second, participants noted that sufficient resources are needed to deliver the training successfully. As highlighted earlier, Area A had obtained funding to deliver training to aid the implementation of their protocol. Area B initially ran a three-day course on restorative approaches, but it was stopped when the Youth Justice Service was restructured, and the same resources were no longer available. It was later re-started as a shorter, online course which was perceived as less beneficial:

> Some of the feedback that I've heard from people that have been on it. I think it's a very hard training I'd say to do online because it is relationship based and it's quite practical and I just I think that people have enjoyed parts of it, but I don't think it has been quite as beneficial (B2, Youth Justice Service)

Participant B2 reported in the quotation above that training on restorative approaches was difficult to deliver online because it had previously involved practical sessions including the opportunity to role play with actors. There were concerns that the online training may not be as impactful as a result.

5.1.1. New knowledge about the protocol

IPT 3: In a context where there is buy-in from agencies (Context) and available funding (Context), staff are provided with training about the protocol (Mechanism: resources). Through the training, staff understand the goals of the protocol (Mechanism: reasoning) and their role within it (Mechanism: reasoning) and partnership working improves (Outcome). Staff understand they can contact the Youth Justice Service for support (Mechanism: reasoning) and more children are engaged in preventative or early intervention work (Outcome). The outcomes are more likely to be achieved if the police receive refresher training about the protocol (Context).

In Area A staff from a range of agencies are invited to attend training about the protocol. Participants recognised that it was important to ensure that everyone is aware of what the protocol is trying to achieve and their role within it:

> So I think by getting everyone singing from the same hymn sheet and everyone thinking along the same lines, and we've all got different roles within that protocol. Even down to call handlers. We've now got call handlers asking the right questions when they get the call. We've got police officers going to the placements when they have a call but thinking, having the protocol, and asking those questions. Have you considered the looked after protocol before you sort of go forward with any sort of complaint for prosecution? So I think it's by getting collaborative working, by getting everyone working together doing their own different bits of the protocol then looked after children hopefully will not end up in the criminal justice system. (A4, Youth Justice Service)

> I think that joined up approach is the methodology we needed to have in the first place. It's great having protocols, it's great saying we are going to do this, but if you don't join the dots not a dog's chance because the guy at the other end the police officer knocking on the door is not going to know about it. (A1, Youth Justice Service)

In the quotation above, participant A1 highlights that having a protocol is necessary, but it is not sufficient for changing practice. Staff across partner agencies need to be familiar with its contents and understand how it applies to their role. The quotations above emphasise that a range of staff members are required to understand and apply the guidance in the protocol if children in care are going to be successfully diverted from the criminal justice system including care staff, call handlers and response police

officers.

Four participants reported that the training provides staff with an understanding of how they can access support from the Youth Justice Service. The Youth Justice Service can give staff advice on how to support children in care, or they can work directly with children to divert them from the criminal justice system:

> A4 (Youth Justice Service): And that's from staff and foster carers in the placements, it's from police when they attend, they are looking at it differently and they know they don't have to put them through the criminal justice system to get support. Because they know they can ring us and work with that child to prevent that behaviour from the protocol rather than through the criminal justice system.
>
> Interviewer: Yeah. So there are different options available then aren't there?
>
> A4 (Youth Justice Service): Yeah, it doesn't mean that if there is a complaint or an issue, it doesn't mean that they're just left high and dry. It means they can get support from us, and it doesn't have to be through the criminal justice route.

One participant suggested that staff need to feel confident approaching the Youth Justice Service for support, and the training "raises that sort of it's okay to ask" (A1, Youth Justice Service):

> They'll try and deal with it and sometimes things don't go right but I guess as individuals we have to sometimes put our hands up and say that I'm not going to be able to deal with it properly, I need some advice, I need some guidance... Why not call on us just to pop by and have the discussion, have that chat? Have a look at what we can do and not trying to do it all yourselves. (A1, Youth Justice Service)

Participants reported that the relationships between partners improved as staff approached the Youth Justice Service for support. Participants appreciated the closer working relationship as it led to better information sharing, joint decision-making, and a sense of a shared goal in supporting children in care. Participant A2 noted that referrals were coming into the Youth Justice Service earlier, and as a result, children could be engaged in preventative and early intervention work:

> ... we are catching those young people a lot earlier I think before they've got to that level. Which I think is really good. Like I say that kind of goes in terms of the relationships that we've built up with the social workers particularly, the care

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homes, they'll have a young person coming in and I'm getting a referral before that young person has even been there really, it's that on the ball (A2, Youth Justice Service)

Two participants said that police officers needed refresher training about the protocol to remind them of the arrangements and the support that is available. This is because the police have a wide range of roles and responsibilities and responding to children in care is a small proportion of their job:

> We've done a whole load of training right the way through most of the officers now in the force and they are aware of it, but because they don't deal with it every day it's like everything it gets forgotten about, and then they go to the next call and then it's gone out the window, so we've tried to refresh and keep them up to speed with it so they're asking the questions relevant to the home. (A5, Police)

The quotation above highlights the idea that training about children in care "doesn't always stick" (A5, Police) for the police and it can be useful to remind officers about their responsibilities when responding to calls at care placements. It also demonstrates that training alone is unlikely to be sufficient to change practice, as staff develop familiarity with the protocol through regularly using it in their work.

5.1.2. New knowledge about restorative approaches

IPT 4: In a context where there is buy-in from agencies (Context) and available resources (Context), staff are provided with training about restorative approaches (Mechanism: resource). This leads staff to understand the values of restorative approaches (Mechanism: reasoning) and feel confident using restorative approaches (Mechanism: reasoning). As a result, staff defuse and resolve situations informally (Outcome) and make fewer calls to the police (Outcome).

In Areas A and B, staff were provided with training on restorative approaches and the principles and values of the approach. A restorative approach "encourages those who have caused the harm to acknowledge the impact of what they have done and gives them the opportunity to make reparation – put things right" and "offers those who have

suffered harm the opportunity to have their harm, or loss, acknowledged and amends made – often allowing closure for the victim" (Area A training materials, p. 6). It focuses on five principles: relationship, respect, responsibility, repair, and reintegration (Area A training materials, p. 8), and the values of the approach include inclusion, mutual care, accountability, trust, and honesty (Pranis 2013). O'Dwyer (2014) suggests that it is particularly important for staff to understand the values because a restorative approach is "not just a set of tools to be applied mechanically from time to time in certain circumstances" (p. 5). Instead, staff can use the values of the approach to reflect on their practice and decision making, and inform how they respond to a range of situations and unique circumstances:

> So we went on a real drive to use restorative practice and kind of look at how we did that differently and invested a lot with particularly with residential homes...there was just a real kind of investment in that sort of change of value base and seeing like a different way of dealing with some of these situations which didn't necessarily need to involve calling the police. (B2, Youth Justice Service)

The training covered practical restorative skills, such as the use of restorative language, which consists of affective statements (comments about how the person who was harmed was affected by the child's behaviour) and affective questions (asking the child how they think the person who was harmed was affected; Wachtel and McCold 2001). Staff use this language to help children reflect on their behaviour and prevent their behaviour from escalating (Hopkins 2009). Staff were encouraged to ask children questions such as "Who has been affected?", "What needs to happen to put things right?" and "What can we do differently to stop this happening again?" (Area A training slides, p.10):

> We want the care homes to be able to sit down with the young person and say this has happened, this has happened, let's look at what we can do differently next time. But more importantly, why does it happen? How can we look at? What are we doing? What can we do to change that? What can we do? Not what can we do for you or what can you do for us. What can we do as a collective to change that? (A1, Youth Justice Service)

Two participants said that it was important for staff to feel confident using restorative skills:

And then in day two there is a lot of skill practice because what we want to do with any restorative approaches training is anyone leaving a two-day training has got the skills and the confidence to actually deliver. So it's not a case of leaving and thinking "oh I like that but I don't really know how to practice it". There is practice, practice, practice. (A4, Youth Justice Service)

Participants suggested that staff who apply these skills will be more likely to resolve and defuse situations internally without calling the police and less likely to escalate situations. As a result, children will have less contact with the criminal justice system:

So rather than the behaviour escalating, the aim is that they have the restorative skills to be able to ask the right questions and maybe defuse the situations rather than it turning into and escalating into a bigger thing where damage is caused (A4, Youth Justice Service)

Figure 14 summarises the IPTs related to staff training. The figure demonstrates how training about the protocol and restorative approaches changes the way staff think, feel, and respond to children's behaviour. The training is suggested to improve staff members' ability to diffuse and resolve situations, make fewer calls to the police, and engage children in early intervention work. The training also influences the way staff work together and improves relationships between partners. The figure includes two enabling and one inhibiting contextual factor that make achieving these outcomes more or less likely.

Figure 14. Staff training IPT
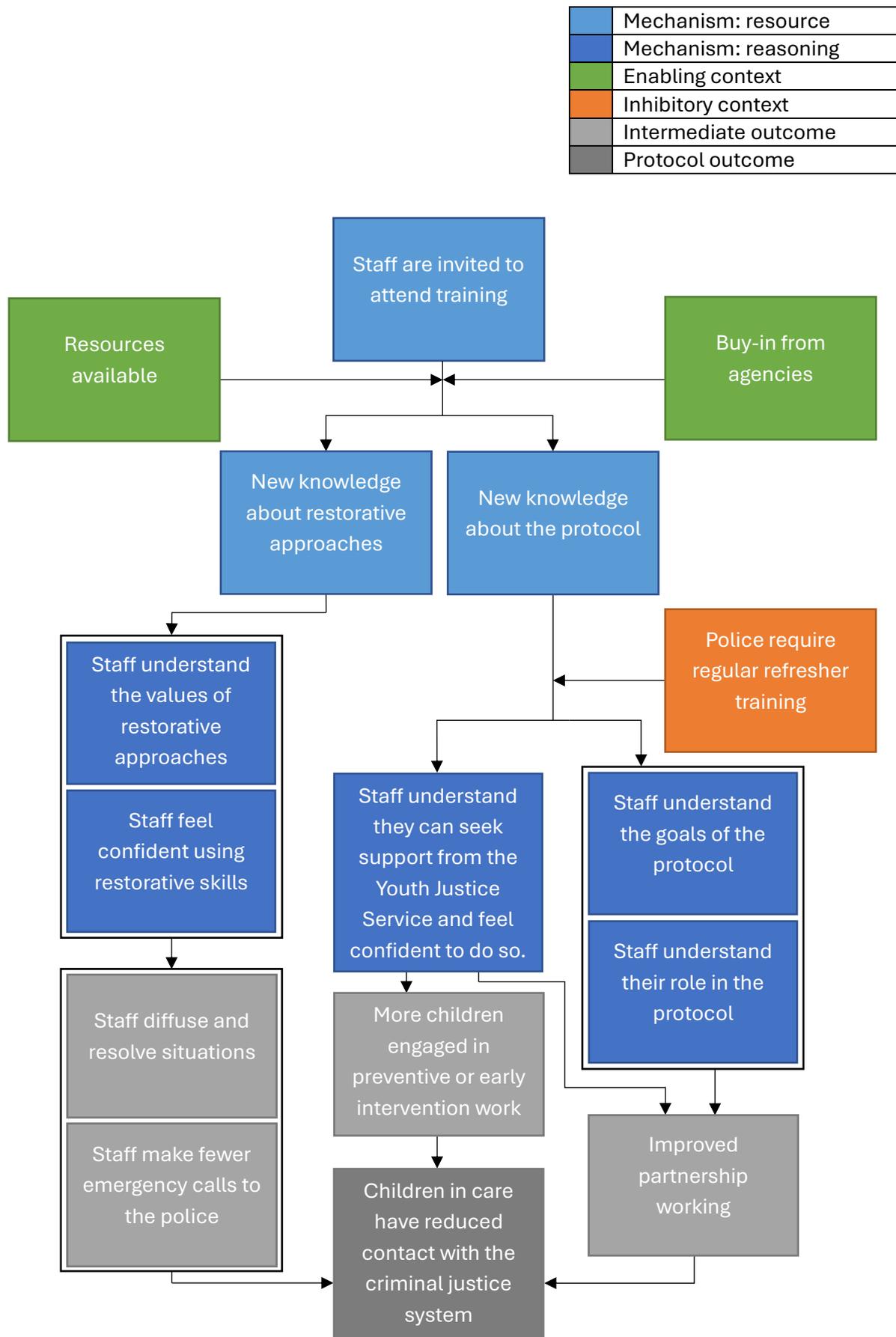
5.3. Youth Justice Service intervention

The protocols in Areas A and B referenced the support that children in care can access from the Youth Justice Service. In Area A, the Youth Justice Service hired a practitioner to support the protocol and work with children in care when concerns were raised about their behaviour. Staff and carers can refer children for support if they've had contact, or are at-risk of having contact, with the criminal justice system. The intervention is voluntary and if the child chooses to engage, the practitioner gets to know the child, understands the reasons for their behaviour, and sets goals for the intervention. In Area B, Youth Justice Service practitioners can work with children as an alternative to attending court if they are deemed eligible by a multi-agency panel. The intervention takes place over 12 weeks and the sessions are tailored to the child's needs (e.g., they may cover the consequences of crime, healthy relationships and/or anger management). The intervention is available for all children regardless of their experience of care, but it was initially set-up alongside the protocol and "driven by our wanting to have other options for children looked after" (B2, Youth Justice Service). In this section, I present two initial programme theories that describe how the intervention is anticipated to work (IPT 5 and 6; see Figure 15 at the end of this section) as well as an alternative rival theory (RP 1).

5.3.1. Relationship building between the child and Youth Justice Service practitioner

IPT 5: The child is given the opportunity to spend time with a Youth Justice Service practitioner (Mechanism: resource). If the practitioner is friendly (Context) and the child sees them as independent from other professionals (Context), then the child will feel motivated to engage (Mechanism: reasoning) and able to talk to the practitioner (Mechanism: reasoning). This leads the child and the practitioner to build a relationship (Outcome) and the practitioner develops an understanding of the reasons for the child's behaviour (Outcome). The outcomes are less likely to be achieved when the child is working with multiple professionals and feels overwhelmed (Context) or they do not respond well to a practitioner of opposite sex (Context).

Children are provided with the opportunity to spend time with a Youth Justice Service practitioner. Participants agreed that the child and the practitioner initially need to get to know each other and build a relationship:

> I mean [name of practitioner] will and his initial visits are purely relationship building. And that's key to the success of [name of practitioner]'s role is to form a really good relationship with the young people. So he will whatever they want to do he will do it. (A3, Youth Justice Service)

As the child and the practitioner spend time together, the child begins to share their thoughts and feelings with the practitioner, and the practitioner develops an understanding of the child's needs and the reasons for their behaviour:

> Do they have an offending history? Have they got nothing? If they haven't, why is this happening? So it's about getting to know those individuals, getting to know their wants, their needs, their likes, their fears, anything about them. (A1, Youth Justice Service)

Several participants discussed the importance of the practitioner's personality in the relationship-building process. Participants reported that the practitioner needs to be friendly, approachable, warm, and have a natural way of talking to children. The practitioner's ability to establish a rapport with children was especially important because the intervention is voluntary:

> There's a certain personality if you like and you have to be able to gel with kids easily because you're going in there on a voluntary basis so they can tell you to sod off at any time. If you can't get that rapport with the kids quite easily and at their own pace and to be able to do that and it's quite a skill that is. (A5, Police)

Three participants noted that children were more likely to engage with a practitioner if they perceived them to be independent from other professionals. One participant said that it was important for children to know that "they've got support from somebody outside of the children's home, the foster home, somebody they can talk to" (A3, Youth Justice Service). Another participant explained that children see the practitioner as "theirs" which allows them to talk freely to the practitioner and engage in activities:

> I think that the children see him as somebody completely independent from us. Because [name of practitioner] can take the kids out, they can go out for lunch, or they go out and do something. And that's for our guys is theirs if you see what I

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mean? [name of practitioner] is theirs. He's not mine, doesn't work for me, he doesn't. And they have lots of conversations and they do lots of things with [name of practitioner] that they wouldn't dream of doing with us. (A4, Youth Justice Service)

Several participants in Area A commented that the relationship-building process may be challenging if children do not respond well to a practitioner of the opposite sex. One participant in Area A explained that when the programme was set up children were allocated to a practitioner based on their sex:

> I did part time and shared the role with a female worker which worked quite well because she had the girls and I'd have the boys. It did work quite well. (A2, Youth Justice Service)

Youth mentoring programmes often match children to mentors based on their sex (DuBois and Neville 1997; Thomson and Zand 2010; Rhodes et al. 2008). Although reviews have found no evidence that matching by sex increases the effectiveness of the programmes (DuBois et al. 2002; Rapose et al. 2018). In some cases, mentoring programmes match mentors and children by sex partly due to child protection concerns and risk (Kanchewa et al. 2014). One participant raised concerns around lone working and the possibility that children may make false allegations against practitioners:

> One of the things initially that did sort of didn't work so well was [name of practitioner] being a guy. If we had any girls particularly if they were prone to making allegations and some of their concern if they were presenting as really risky behaviour it wasn't ideal. (A3, Youth Justice Service)

Due to a change in staffing in Area A, it was no longer possible to match children and practitioners based on their sex. Participant A5 noted that practitioners would consult with a child's social worker before starting the intervention to check "Is it appropriate? Do they react well with a man?" (A5, Police).

Four participants indicated that the relationship-building process may also be challenging when children are working with multiple professionals and feel overwhelmed. The participants acknowledged that children in care often have many professionals involved in their lives and they may not respond well to working with

another professional. Participants suggested several strategies that can be used to prevent children from feeling overwhelmed. First, it was noted that if children have worked with a Youth Justice Service practitioner before then the team will try to allocate the same practitioner again. Second, practitioners will liaise with the children's social worker to develop a plan and agree the best time to introduce the practitioner. Third, Youth Justice Service practitioners can seek advice from specialist practitioners from services available in their area and deliver the work themselves to reduce the number of professionals working with the child:

> And we've got substance misuse specialists as well and that's the other thing, they can refer them into other things. I think that doesn't always work to be honest because sometimes you can overload children with professionals and sometimes it is about having that relationship and actually our practitioners are pretty well prepared to cover like a range of things with them really. (B2, Youth Justice Service)

By applying these strategies, practitioners hoped to reduce the number of professionals that the child was expected to meet and instead, focus on developing their relationship with the child.

5.3.2. Risk of continued engagement in offending behaviour

RT 1: If a child is given the opportunity to spend time with a Youth Justice Service practitioner (Mechanism: resource) then they will feel they can avoid formal repercussions for their behaviour (Mechanism: reasoning) and as a result, they will be more likely to continue to engage in offending behaviour (Outcome).

This rival theory suggests that the opportunity to spend time with a Youth Justice Service practitioner may not lead to relationship-building and a greater understanding of the child's behaviour and needs. Instead, children may feel *"untouchable"* and that they can *"kind of get away with stuff"* because practitioners are seeking to divert them from the criminal justice system (A2, Youth Justice Service). Participant A2 talked about one child they had worked with:

> So I'd say it's worked not as well as it could of because this young person has had myself as a consequence in working with me, which has in itself worked well

but consciously they probably feel if I'm being completely honest, I think they feel like they're quite untouchable now in terms of you know getting involved with the police. Because of obviously they're well aware of not so much the protocol but well aware of my role and what that's for and how we all as children's services and other agencies are trying to reduce the number of young people in care. It's almost like well nothing happened to me last time. I just got to work with [name of practitioner]. It's kind of that attitude... I think they've kind of just played on that a little bit. Just played on the fact that they can get away with a bit more than they probably should do (A2, Youth Justice Service)

Rational choice theory (Coleman 1986) aligns well with this rival theory. It suggests that individuals decide whether to commit a crime or not based on their calculations of risks and rewards. Children may consider the risks of committing a crime to be low if they can avoid prosecution and spend time with a practitioner and therefore, they may decide to commit a crime. Rational choice theory has however been criticised as it does not address wider social problems and it encourages policies and interventions that focus on punishment and deterrence (Barry 2013). Punishment-oriented interventions have been mostly ineffective in reducing reoffending (Cullen et al. 2002), and they do not reflect the 'Child First' principles that have been championed by the Youth Justice Board (2019). As highlighted in the literature review, the 'Child First' approach promotes diversion and minimal intervention and advocates for work that prioritises the needs, capacity, rights, and potential of children (Case and Browning 2021).

The rival theory is based on one case described by participant A2 and it has been included so it can be explored with practitioners in the next stage of data collection. It is recommended that realist researchers consider rival theories to test the plausibility of explanations and improve objectivity and rigour (Belrhiti et al. 2012; Jagosh 2021; Van Durme et al. 2016).

5.3.3. Tailoring the intervention to the child

IPT 6: The Youth Justice Service practitioner tailors the intervention to the child's needs (Mechanism: resource) which leads the child to feel able to engage in the work (Mechanism: reasoning) and they achieve the intervention goals (Outcome). This leads to reduced contact with the criminal justice system (Outcome). This is

more likely to happen in contexts where the practitioner can provide long-term support (Context).

As highlighted, the first stage of the intervention is for the practitioner to develop an understanding of the reasons for the child's behaviour and build a relationship with the child (IPT 5). Once this has been achieved, the practitioner can tailor the intervention to the child's needs, wishes, and interests:

> ...it just depends really what well partly what they've done we have to sort of match it all in what their interests are, what their skills are, is this going to support them in their aspirations for the future as well? (B2, Youth Justice Service)

Participants agreed that the purpose of the intervention was to divert children from the criminal justice system and prevent re-offending by addressing the reasons for the children's behaviour and encouraging children to think about the consequences of their behaviour:

> [the aim] Is to prevent reoffending by targeting the reasons why they offended because they can't control that anger, because they were subject to peer pressure, because they hadn't really thought through what is going to happen if I keep doing this, what are the life lessons for if I get a criminal record next time and also to face up to I'm going to have to say I'm sorry to this victim or I'm going to have to meet this victim. (B1 Police)

Due to the tailored nature of the intervention, children are striving to achieve different things. One participant emphasised the importance of explicitly setting goals for children:

> But it's important for us to look at goals so that he's not just there as a mate so they've got something to work towards. So the young people can sort of say well I need help getting back into education, I need help with independent living skills. So a goal to look at and then we can sort of say at the end of three months have we got there? If yes, then great. If not, why not? (A3, Youth Justice Service)

Goal setting in mentoring programmes is suggested to provide children with structure, direction, and a sense of accomplishment (Balcazar and Keys 2014).

The length of the intervention differed in Area A and B. In Area B, the Youth Justice Service practitioner works with a child for up to 12 weeks whereas in Area A the intervention is more flexible:

> Most of the people I work with I think they're set out as like six or 12 weeks or 18-week interventions, but I'll end up a year later I'm still working with them because there's still needs there, there's still concerns. (A2, Youth Justice Service)

The practitioner in Area A can decide to continue working with the child or end the intervention if there are no further concerns. The concerns may be ongoing from the start or new concerns may arise due to a change in the child's circumstances for example, a deterioration in their mental health or an upcoming placement move. Four participants suggested that the practitioners' ability to provide long-term support can help the children to achieve positive outcomes:

> the time it's probably taking with them it's not weeks or months it's over a year. It's over a year just to make that family process a little better. (A1, Youth Justice Service)

> I've continued to support her for the last year, and she's actually doing a health and social care course now and she's won student of the term or something which is absolutely amazing (A2, Youth Justice Service)

The positive outcomes varied for children and included an improved family process, success on an education course, and greater independent living skills.

Figure 15 depicts the initial programme theories discussed in this section regarding the work that children and Youth Justice Service practitioners complete together. IPT 5 outlines the importance of developing a relationship between the child and practitioner. This relationship acts as a foundation for the later work completed in IPT 6 and enables the practitioner to tailor the intervention to the child's needs. Figure 15 outlines how children are anticipated to respond to a Youth Justice Service practitioner, and it includes the contextual factors that enable and inhibit children's engagement with the intervention and the outcomes they achieve.

Figure 15. Intervention with a Youth Justice Service practitioner IPT
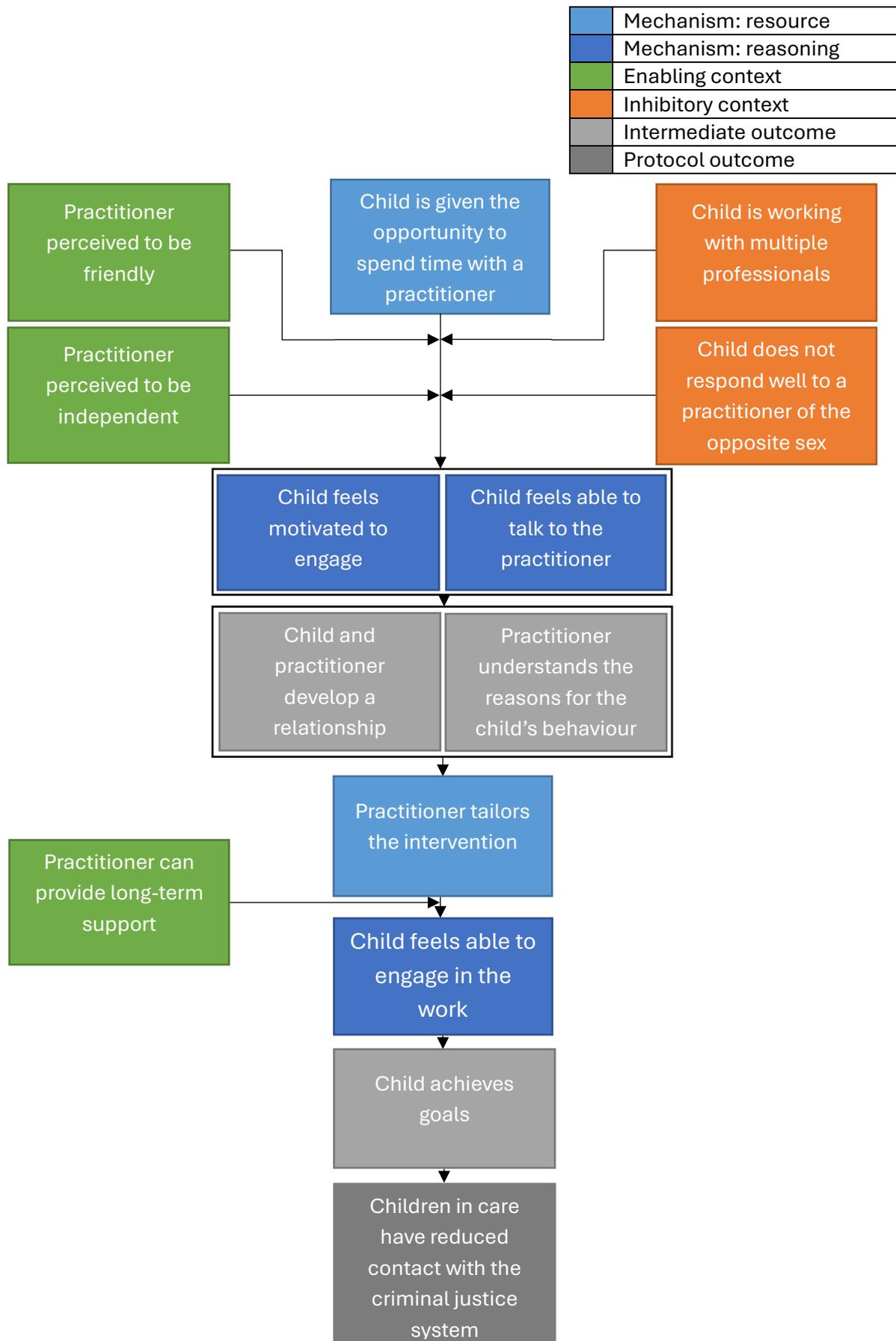
5.4. Restorative approaches

The English and Welsh protocols recommend that staff use restorative approaches as an alternative to formal police involvement wherever possible and appropriate (Department for Education 2018a; Welsh Government 2022). In this section, I outline the initial programme theories that describe how and why restorative approaches are anticipated to work for the person who caused harm (IPT 7) and the person who was harmed (IPT 8; see Figure 16). I also present a rival theory that considers the circumstances in which restorative approaches may not be effective and lead children to continue engaging in offending behaviour (RT 2).

5.4.1. Restorative approaches and the person who caused harm

IPT 7: A restorative approach encourages the person who caused harm to reflect on their behaviour (Mechanism: reasoning), understand how it has impacted others (Mechanism: reasoning), accept responsibility (Mechanism: reasoning) and feel remorseful (Mechanism: reasoning). This improves their relationship with the person harmed (Outcome) and their behaviour improves (Outcome). As a result, the person who caused harm is less likely to have contact with the criminal justice system (Outcome). This is more likely to happen when a restorative approach happens quickly after the incident (Context) and the person who caused harm is motivated to take part (Context).

As discussed in the literature review, restorative approaches can take many forms and may involve direct contact between the person who caused harm and the person who was harmed (e.g., a restorative meeting), indirect contact (e.g., a letter), or reparation activities to make amends (e.g., painting and decorating). Restorative approaches can be delivered formally (e.g. via a formal conference involving all parties as an alternative to formal court processes) or informally (e.g., by asking to children to reflect on how their behaviour has affected others). Informal restorative approaches are most commonly used in care settings. When a child takes part in a restorative approach as the person who caused harm, they are encouraged to accept responsibility for their

behaviour and look to make things better. The child may have the opportunity to meet the person who was harmed and hear how their behaviour has impacted them:

> I managed to get them both together and it was great. It was really good that the young person was able to see the effect that she'd had on the support worker... the support worker was able to give her side and explain to the young person why she made the decision that she did. Yeah. So at the end of it they both sort of said, well the young person said I'm really sorry (A3, Youth Justice Service)

The discussion between the child and person who was harmed can lead the child to feel remorseful. In the quotation above, participant A3 (Youth Justice Service) describes the remorse that a child expressed at the end of a conversation with the person harmed by their behaviour. Another participant gave an example of a child who expressed remorse in a letter to the person who was harmed:

> ...we were able to support the perpetrator to write really nice letters of reflection and apology to the victims, not just, "I'm sorry for what I did". But actually really helped them to ascertain the impact it had on them, their guilt and their frustration in their own offense, life, and putting that into a language for the victim to kind of appreciate that actually, this is a remorseful individual, this is somebody who has learned a lot (B3, Youth Justice Service)

Behaviour change was listed as a key outcome of the intervention (Area A training slides, p. 19). In an evaluation of the restorative work in Area B, 98% of children reported that the experience of a restorative approach had stopped them from committing another crime (Area B evaluation report). In a meta-analysis of 15 studies, Nugent, Williams, and Umbreit (2004) found that children who took part in a restorative approach were up to 30% less likely to reoffend compared to children who had not taken part. Braithwaite's (1989) reintegrative shaming theory can help to explain why an individual's behaviour may improve after a restorative intervention. Braithwaite (1989) distinguished between two types of shaming. The first is disintegrative shaming where the offender is stigmatised and outcast from the community. The second is reintegrative shaming where the offender experiences community disapproval for their behaviour, but they are provided with the opportunity to make amends and reintegrate back into the community. In reintegrative shaming, the community take the crime seriously but act in a way that is forgiving and respectful of the offender. In disintegrative shaming, the individual and their behaviour are seen as bad, whereas in reintegrative shaming the

individual's behaviour is seen as bad but the individual is believed to be good. Restorative approaches are based on the principles of reintegrative shaming as the offender has the opportunity to learn how their behaviour has impacted the alleged victim, show remorse and make amends for their behaviour (Strang and Braithwaite 2001). In a restorative approach, the offender is treated with fairness and respect and efforts are made to reintegrate them back into the community. Braithwaite suggests that reintegrative shaming is more likely to improve a person's behaviour and reduce reoffending because the individual re-joins the community and reassumes "a law-respecting, other-respecting, and self-respecting identity" (Braithwaite and Mugford 1994, p. 148).

Participants noted that restorative approaches can improve the relationship between the person who caused harm and the person who was harmed. Participant A1 described how a child's relationship with their teacher improved after a restorative meeting:

> They got their work plan together and what they would do and how their safety would be, and their relationship actually flourished after that. The lad was still at the school for a good 18 months after. [name of colleague] worked with him. He said it was amazing to see the fact that when they walked down the school, they would actually acknowledge one another and speak and wave and the relationship just got so much better. (A1, Youth Justice Service)

Participants expected restorative approaches to work well when children were motivated to take part. Voluntarism is a key principle of a restorative approach, and the Restorative Justice Council (2015) suggest that "it is imperative that participants come to a restorative intervention of their own free will, having understood the reasons for and methodology of, the process" (p. 2). The English and Welsh protocols mention the importance of voluntarism and emphasise that participation in restorative interventions should be based on informed choice. Participants explained that positive outcomes were most likely to be achieved when children were willing to participate and meaningfully engage in the work. Several participants described that restorative approaches should not be used when children do not wish to participate:

> You can't force anybody to do it because you would get the wrong outcome then (A4, Youth Justice Practitioner)

However, children may not feel they have a genuine choice in whether to participate in restorative work or not if the alternative option is to attend court:

> ...you know the worst case scenario if they do refuse it, they could end up going into the court system and being formally criminalised (B3, Youth Justice Service)

As a result, children may reluctantly engage in restorative approaches and be likely less to experience positive outcomes:

> I would say that I'm expecting some of those young people to come back in because they'll go, they'll do it, but they're doing it as a tick box so you can see that they're not listening to you (B3, Youth Justice Service)

The timing of the intervention was also suggested to be important. Several participants and one document recommended that a restorative approach should take place shortly after the incident:

> A key element of successful restorative practice is responding swiftly to a crime and so, if its use is deemed appropriate, the [name of the intervention] is put into motion as soon as possible, in the interests of all concerned (Area B restorative practice overview, p. 3)

Intervening quickly can provide the person who was harmed with "quick justice" (B1, Police) and the person who caused harm will benefit because the incident is "still fresh in the young person's mind" (B3, Youth Justice Service). Participant B3 noted that there is a "key moment" shortly after the incident for practitioners to engage with the child:

> ...by the time it has been dragged out for 18 months and then they're sitting in court, they're like "yeah, and?", "so?". Whereas whilst it's still fresh in their mind and they're still feeling that embarrassment, their guilt, it's kind of that that key moment, isn't it? (B3, Youth Justice Service)

The idea of a "key moment", or a "teachable moment", is based on the premise that an individual is more likely to be open to change in the immediate aftermath of an incident. The teachable moment is time-limited and during this moment individuals are more likely to be motivated to adopt new behaviours (Ilan-Clarke et al. 2013). McBride et al. (2003) proposed that a teachable moment is triggered by an event that increases an individual's perception of risk, prompts an emotional response, and redefines their self-

concept. The individual's cognitive response to the event leads to motivation, skill development, and self-efficacy, and can result in behaviour change. A range of interventions have attempted to make use of this small window of opportunity where individuals are susceptible to behaviour change, for example, while a child is in custody (UK Government 2021) or an emergency department with violence-related injuries (Ilan-Clarke et al. 2013; Wortley and Hagell 2020). The idea of a "key moment" did not feature in the protocols explicitly, but it was a feature of how participants operationalised the protocol and sought to deliver restorative approaches.

5.4.1. The empathy of the person who caused harm

RT 2: If the person who caused harm is invited to take part in a restorative approach (Mechanism: resource) and they are not able to see the situation from the view of the person harmed (Mechanism: reasoning) then then they are more likely to continue to engage in offending behaviour (Outcome).

Rival theory 2 suggests some children may find it difficult to engage in a restorative approach, limiting the positive outcomes that can be achieved. The rival theory is based on participant A3's interview. When participant A3 was asked whether restorative approaches work better for some groups than others and they noted that some children, especially those living in residential care, may be less empathic and less concerned about the alleged victim's experience of their behaviour.

> ...some of the looked after children in the residentials are more entrenched. And they don't sort of want to listen. They don't really care how other people are feeling... The difficulty we have with looked after children though is that a lot of them are lacking in empathy so by us using a trauma informed approach that really does strengthen our role. And because a lot of professionals in the past have said as far as empathy is concerned because restorative approaches are based on empathy and thinking how your behaviour has affected that other person. Well in the past a lot of professionals have said, well I wouldn't bother because they have no empathy, so they're not bothered what everyone else thinks. But by using trauma-informed practice, a trauma-informed approach, and baby steps we can sort of get there eventually. (A3, Youth Justice Service)

Rival theory 2 proposes that if children find it challenging to empathise with the alleged victim, then they will not feel remorse and will continue to engage in offending behaviour. Several studies have found evidence of a relationship between a lack of remorse and reoffending. Maxwell and Morris (1993) found that children who reported they did not feel remorse when participating in a restorative meeting were more likely to reoffend six years later. Similarly, Hayes and Daly (2003) observed 89 restorative meetings and found that children who did not show remorse during the meetings were more likely to reoffend 8-12 months afterwards. Presser (2003) argued that the expression of remorse is important as it performs several functions. Remorse can demonstrate that the child has taken responsibility for the behaviour, and it validates the alleged victim's experience.

Low empathy is the diminished ability to understand or experience the emotions of others, and a child's capacity for empathy may be reduced by their early life experiences. In the quotation above, participant A3 noted that some professionals have been reluctant to engage children in care in restorative approaches due to their perceived lack of empathy. The view that children in care have low empathy has been critically examined in the literature. In a recent systematic review and meta-analysis, Zhang et al. (2024) pooled the findings from 24 studies involving 22,580 participants and found evidence that childhood maltreatment is associated with reduced empathy. However, the authors identified contrasting findings among the included studies. While many studies found childhood maltreatment is associated with lower empathy levels (e.g., Locher et al. 2014), others found it is associated with greater empathy levels (e.g., Greenberg et al. 2018). Greenberg et al. (2018) suggested that greater empathy levels may be expected as trauma can heighten an individual's sensitivity to emotions and environmental cues. This may improve their ability to recognise and respond to emotional states in others compared to those who have not experienced trauma. Zhang et al. (2024) argued that the heterogeneity in the evidence base cannot be ignored, and future research is needed to understand the ambiguous findings, and the role of potential moderating factors, such as maltreatment type and age of the child.

In a study examining pathways to offending among care experienced children, Schofield et al. (2012) were critical of professionals excluding children in care from restorative interventions due to their perceived lack of empathy. The authors recommended that children in care are supported to participate in restorative approaches and where necessary, engaged in work to enable them to develop their emotional intelligence and empathy. In the quotation above, participant A3 recognises the benefit of applying a trauma-informed approach to support children in care to take part in a restorative approach. Trauma "occurs when an incident, series of incidents or persistent environment leaves a person feeling so threatened or overwhelmed it leaves a long-lasting impact" (Association of Directors of Public Health 2021, p. 2). As highlighted in the literature, trauma-informed approaches seek to (1) realise that trauma can impact well-being and behaviour, (2) recognise the signs of trauma, (3) respond by implementing knowledge about trauma, and (4) avoid re-traumatisation (SAMHSA 2014). Randall and Haskell (2013) suggest that a trauma-informed approach to restorative work would allow practitioners to recognise the impact of trauma on the child and deliver an intervention that addresses the child's needs and help them to take responsibility and make changes.

5.4.3. Restorative approaches and the person who was harmed

IPT 8: If the person who was harmed takes part in a restorative approach (Mechanism: resource), then they will feel able to share their views (Mechanism: reasoning), see the 'good' in the person who caused harm (Mechanism: reasoning), and understand the reasons for the child's behaviour (Mechanism: reasoning). This leads the person who was harmed to feel satisfied (Outcome) and their relationship with the child improves (Outcome). The outcomes are less likely to be achieved when the person who was harmed favours punitive approaches (Context).

Participants agreed that restorative interventions provide the person who was harmed with the opportunity to understand the reasons for the child's behaviour and see the person who caused harm as "human", rather than an "enormous monster" (B1, Police).

It also provides the person harmed with the chance to share their views on what happened and how it made them feel:

> The staff member after that they kind of realised about kind of some of the stuff that was going on for that young person. And although you couldn't excuse what she had done, she had a little bit of a better understanding of what had gone on that night and what kind of led up to it. And obviously the young person has seen quite a physical and an emotional impact that her behaviour has had on that staff member, so it's been quite a nice open network of communication for them to kind of express how they felt and how that night kind of impacted both of them. (A2, Youth Justice Service)

The training slides in Area A specify that the person who was harmed and the person who caused harm should be supported to have this conversation in a "safe, neutral, fair and equal" setting (p. 7).

In Area B, most people who were caused harm (92%) reported they were able to say what they wanted to during the restorative intervention (Area B evaluation report). In Area B, 91% of the individuals harmed were satisfied with the intervention, and 86% felt justice had been done 'fully' or 'in part' (Area B evaluation report). Previous evaluations of restorative approaches have reported similarly high levels of satisfaction (Latimer, Downder and Muise 2005; McCold and Wachtel 1998; McGarrell et al. 2000). Sherman and Strang's (2007) review of evaluation studies concluded that individuals who had been caused harm tended to be more satisfied with a restorative approach than with criminal justice proceedings.

Participants suggested how the person who was harmed views and understands restorative approaches can inform their willingness to engage in the work or not. Some individuals may prefer to pursue criminal justice outcomes. Youth Justice Service staff explicitly address the debate between "Restorative Approaches or Punitive Measures" in the training delivered in Area A, arguing that: "RA [restorative approach] is not a soft option" (Area A training slides, p. 18). One participant suggested agency care staff were more likely to favour punitive measures because they were unlikely to have attended the

training, and they may have a gap in their understanding about the rationale for using restorative approaches:

> I think that has been a challenge and continues to be a challenge where protocols are in place in the home and all the regular staff know about it, follow it, no problem. But the amount of agency staff being used in the homes is huge and then you've got a bit of a gap then with them having knowledge around it and they're just the ones that want, I want to make a formal complaint, I want prosecute it blah blah because they're not aware of it, so that is a bit of a block. (A5, Police)

The quotation above demonstrates that the use of agency staff in children's homes makes it challenging to maintain consistent awareness of the protocol and the value of using restorative approaches. It highlights that a single training session is not sufficient, and continuous efforts are required to raise awareness of restorative approaches.

Several participants reported that the national shift towards trauma-informed practice had helped to change attitudes and increased the likelihood that professionals will take part in restorative interventions:

> I think certain people have got the belief that if somebody does something wrong, they should be punished for it. It's that kind of punitive kind of outlook on things... But I think more and more people now we either trained in and it's all kind of goes to the same stuff in terms of trauma and the ACEs [Adverse Childhood Experiences]. And I know I keep banging on about this stuff, but that training has been rolled out and rolled out across professionals across all sorts of people all over the country. By people having that knowledge and that understanding it does change people's beliefs. (A2, Youth Justice Service)

As discussed in the literature review, trauma-informed approaches have been rolled out across many sectors over the last 20 years, including policing and children's social care (Asumussen et al. 2022). Participant A2 highlighted that this approach shifts away from a punitive outlook and may encourage more staff to take part in restorative interventions to address a child's behaviour.

Figure 16 summarises how the individual who caused harm and the individuals who were harmed respond to a restorative approach including how it changes how they think

and feel about the incident and each other. The figure also includes the outcomes the intervention can have for both parties, and the contextual factors that enable or inhibit the process.

Figure 16. Restorative approaches IPT
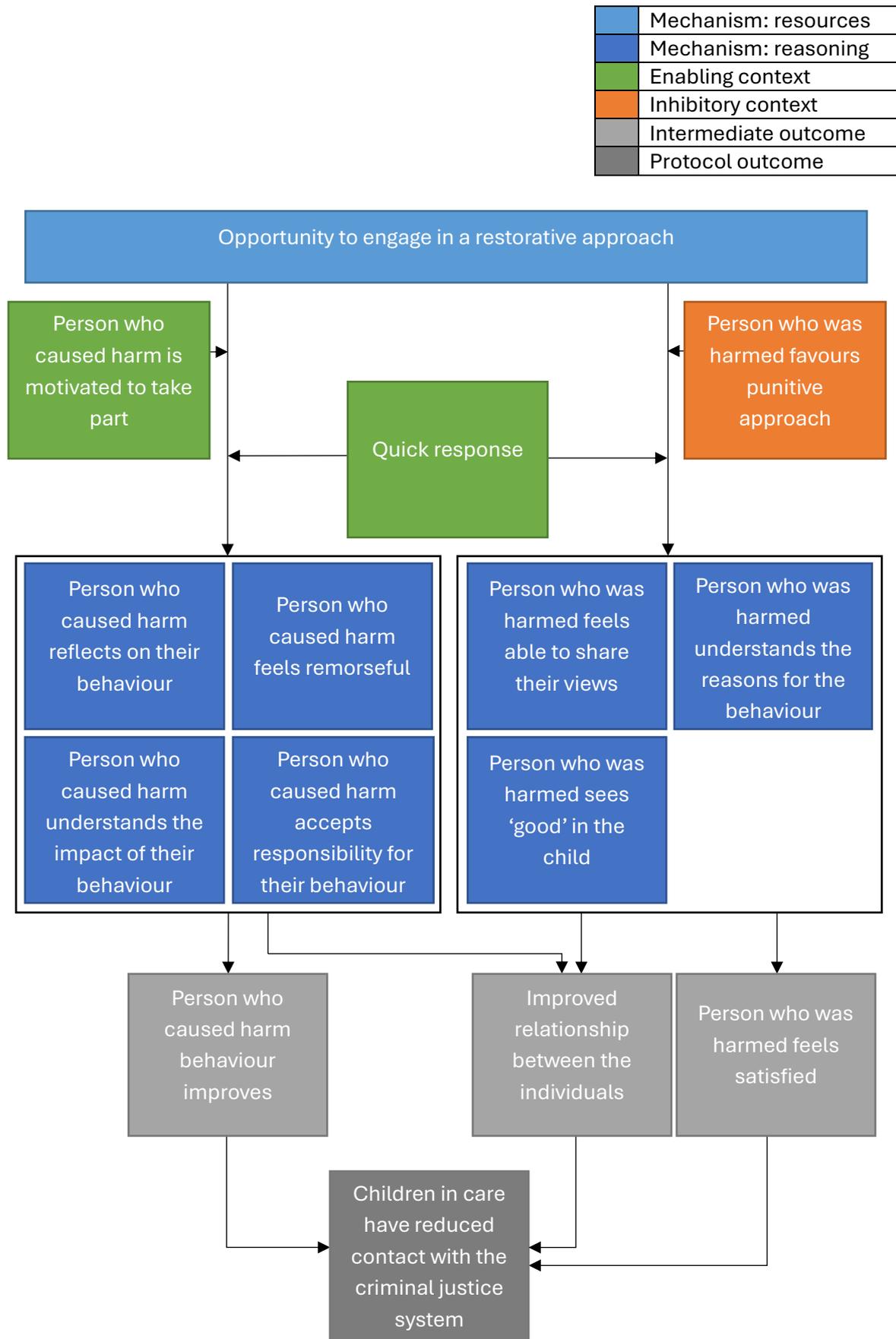
5.5. Conclusion

This chapter outlines the initial programme theories and rival theories developed to explain how and why protocols are anticipated to reduce the criminalisation of children in care. Across the programme theories, the motivation of all parties was fundamental for achieving positive outcomes. Staff from the different partner agencies needed to recognise the problem of criminalising children in care as a priority, and feel motivated to work together to implement the protocol and support children to achieve positive outcomes. Implementing the protocols is complex due to the multiple agencies involved and number of staff members who have a role in the protocol and use their discretion to decide whether to implement it or not. The findings demonstrate it can be difficult to obtain buy-in from the different agencies and ensure that everyone is trained, especially when there is high staff turnover and high levels of agency staff. It is also challenging due to the need to sustain the implementation of the protocol over time and navigate changes, for example, in senior management and resources. Furthermore, there are several subjective contextual factors included in the programme theories that highlight the nuance of what is happening in practice and go beyond what is written in the protocol documents. For example, participants discussed that the personality of managers was important for ensuring the protocol was promoted within their organisation, and staff were encouraged to use it, and the personality of the Youth Justice Service practitioner was crucial for engaging children in an intervention.

The literature review (Chapter 2) identified that the assumptions regarding how the protocols are intended to work have not been made explicit in policy documents or previous studies. The initial programme theories outlined in this chapter help to answer the following research questions:

- How and why are multiagency protocols anticipated to work to reduce the criminalisation of children in care?
- What are the implications of the multi-agency protocols, for who, and in what ways?

As discussed in Chapter 3, developing initial programme theories is the first stage of a realist evaluation and further data should be obtained and analysed to confirm, refute or revise the programme theories (Pawson and Tilley 1997). The programme theories presented in this chapter are examined in Chapters 6 and 7, and refined programme theories are presented. The refined programme theories are informed by data collected from two additional case study areas (Area C and D) and interviews with individuals who contributed to the English and Welsh protocols.

Chapter 6: Refined programme theories – part 1

The previous chapter presented initial programme theories outlining how and why protocols are anticipated to work to reduce the criminalisation of children in care. The initial programme theories have been tested against data collected from two case study areas (Area C and D) and policy makers. Refined programme theories (RPT) provide more a detailed and informed explanation of how the protocols are expected to work. Seven refined programme theories and one rival theory were developed in total, with a full list is available in Appendix H. In the first half of this chapter, I discuss the refined programme theories that relate to: (1) writing and reviewing the protocol and (2) staff training about the protocol. I summarise the initial programme theories, discuss how they have been supported, refuted or revised by further data collection and analysis, and present the refined programme theories. The refined programme theories are supported by quotations from the interviews conducted in Area C (C1 to C10), Area D (D1), and with individuals who contributed to the English and Welsh protocols (P1 to P5). Quotes are also provided from supplementary documents and my observation notes. Diagrams show the different elements of the refined programme theories (i.e., contexts, mechanisms, and outcomes) and the relationships between them. In the second half of the chapter, I explain why the initial programme theories about Youth Justice Service practitioner support for children in care were not refined. I then outline a new programme theory and rival theory about informal police involvement in children's homes. The two remaining refined programme theories about restorative approaches are discussed in Chapter 7.

6.1. Writing and reviewing the protocol

IPT 1: If partners collaborate and write the protocol (Mechanism: resource) then they will feel committed to the protocol (Mechanism: reasoning) and work to implement it (Outcome). This is more likely to happen when there are committed leaders (Context) and available resources (Context).

IPT 2: If meetings are held to discuss the protocol (Mechanism: resource) then attendees will develop a shared understanding of the protocol (Mechanism:

reasoning), feel committed to improving it (Mechanism: reasoning), and work to implement it (Outcome). This is more likely to happen when there are committed leaders (Context), minimal changes in management (Context) and available resources (Context).

Partners in all four case study areas collaborated on writing their protocol. In Area C, managers from the Youth Justice Service and the police led on the development of the protocol. The managers consulted with partners and set up a steering group that included representatives from Children's Services, local authority children's homes, and private children's homes. The steering group were aware of other protocols that had been set-up in England and Wales, and they used this work to inform the development of their protocol. The Youth Justice Service manager hoped that involving partners at an early stage would help them to "feel they have ownership of the protocol and commitment to it" (Area C observation notes). It was evident that partners valued the opportunity to help write the protocol. A children's home manager reported feeling like "an equal partner around the table to form the development of the protocol" (C4, Children's home). They explained that one of the benefits of having "a seat around the table" was feeling "that commitment from everybody" (C4, Children's home). In Area D, managers from the Youth Justice Service, Children's Services, and the police wrote the protocol: "We all signed it, basically. So social care, ourselves, the police. Yeah, we all agreed to work this way" (D1, Youth Justice Service).

The managers involved in writing the protocols in Area C and D met to discuss the approach and identify ways to support implementation. All case study areas adopted this approach initially and at the time of data collection, the meetings in Areas A and C were held several times a year and the meetings in Areas B and D had stopped. The meetings in Area B stopped following a change in senior management and the meetings in Area D stopped because the group felt that they were no longer needed as the protocol had become embedded in practice. The purpose of the meetings was to ensure the protocols were "working in practice or possibly to see if we need to keep

tweaking it" (C1, Youth Justice Service). The initial programme theory suggested that the meetings provide attendees with a shared understanding of their protocol. In the second stage of data collection, participants discussed that the meetings go beyond this and develop a sense that partners are working together to achieve a shared goal:

> I think there's a bit about feeling like we've got a shared priority or a set of principles that we're trying to achieve together. (C1, Youth Justice Service)

The group in Area C had written Terms of Reference for their meetings and outlined their goals including working "to reduce the criminalisation of children in care to the minimum possible level" and "encourage the use of alternative resolution approaches wherever possible within the child's care setting, in response to low level incidents" (Area C Terms of Reference, p. 2). Two participants hoped that their attendance at the meetings would demonstrate their "investment" and "commitment" to these goals (C3, Police; C10, NHS):

> I think they're probably taking away confidence that we aren't over criminalising children and that there's the want to not do that. There's the want to work in partnership and come to better solutions. (C3, Police)

The analysis suggests that by attending the meetings, partners want to signal to the other agencies that are taking the issue of criminalising children in care seriously and they are motivated to work together to achieve positive outcomes for children in care.

During the meetings, attendees discussed how well the protocols are being implemented. Attendees in Area C were responsible for overseeing "the implementation of the local protocol, agreeing adjustments to improve its effectiveness" (Area C Terms of Reference, p. 2). The group shared "data, information and intelligence so we can understand where we need to focus resources" (Area C Terms of Reference, p. 3). In each meeting, they reviewed the police callouts to children's homes and supported housing premises from the previous few months. For each call, attendees discussed whether it was an appropriate decision to call the police or not. Staff in Areas A and D also reviewed local data during their meetings. The group in Area A reviewed Youth Justice data and collected feedback from children who had

been supported by a Youth Justice Practitioner as part of the arrangements outlined in the protocol. Staff in Area D reviewed police data in a similar way to Area C:

> we used to kind of meet monthly and we would literally go through all of the incidents and think about could we have done alternatives (D1, Youth Justice Service)

Attendees used local data to review practice, question decision making, and assess whether staff followed the guidance in the protocol or not. When decisions inconsistent with the protocol were made, attendees looked for ways to follow up with staff and promote better practice. This included identifying opportunities to raise awareness of the protocols (e.g., by circulating copies of the protocol to foster carers, social workers, and solicitors or attending events) and following up directly with staff (e.g., by visiting care placements to discuss decisions to call the police). In Area C, police Single Point of Contact officers were allocated to children's homes and supported housing premises to develop relationships with the children and staff, provide advice, and help with decision-making when needed. After meetings about the protocol, Single Point of Contact officers visited the care placements deemed to have made inappropriate calls to the police to reiterate the purpose and principles of the protocol:

> we might use the police Single Point Of Contact to get to the projects and just talk, make sure they're clear about how the protocol works, and when they should and shouldn't call the police. (C1, Youth Justice Service)

Participants in Areas C and D described amending and refining their protocol during the meetings:

> I suppose what we're trying to achieve is to make sure that the protocol is working. So that it's being applied and that it is working in practice or possibly to see if we need to keep tweaking it (C1, Youth Justice Service)

> And obviously all the usual stuff like in the early days we just reviewed tweaks and that kind of stuff. So was it working? (D1, Youth Justice Service)

Participants in Area A described making "tweaks" and "refining" their protocol in a similar way (A1, Youth Justice Service). In Area C, the Police Inspector reported that the group had recently revised the protocol to include the Crown Prosecution Service 10-

point checklist (Crown Prosecution Service 2020), and during the March 2022 meeting, the group revised and agreed their Terms of Reference. The group decided to remove the objective "To ensure that young people who enter police custody are detained for the shortest time possible and all alternative options are considered, including the remand foster scheme" from their Terms of Reference as it was considered outside the scope of their protocol (Area C, Observation notes). The analysis of the protocol documents in Chapter 4 previously highlighted most protocols do not include arrangements for supporting children in care if they entered custody and instead, focus on how partner agencies initially respond to the behaviour of children in care in the community. An outcome was added to the refined programme theory to show the protocol document is updated by the group at the meetings.

Participants identified the meetings provided the opportunity for relationship building between partners, and this was added as an outcome to the refined programme theory. At the meetings, attendees had the chance to network, get to know colleagues, and seek advice from others with different expertise:

> I think one of the benefits of having any of these kind of groups is those relationships. So when a problem occurs, they've got someone, they've already got an existing relationship that they can call on, and so the ability to solve problems in between meetings actually is helped by the meetings... I mean you do hear them saying to each other, you know, little bells ringing because they realise that they're dealing with a project and they've got another child in the same project or there are links being made and they sort of follow things up outside the meeting. (C1, Youth Justice Service)

Attendees shared information with each other, identified concerns, and followed up issues outside of the meeting. Attendees also made plans together, for example, to visit a care placement or speak at an event. In one example, a Children's Services manager invited a Police Inspector to attend an event for care providers to promote the protocol:

> The Children's Services commissioning manager discussed that they had started holding monthly care provider events to share good practice and raise awareness of the protocol. The Police Inspector and Sergeant attended the last event and had conversations with care providers. Both the Children's Services commissioning manager and Police Inspector agreed that the meeting went well. (Area C observation notes)

The findings suggest relationships developed at the meetings can act as useful connections and sources of support both during and in-between meetings.

The initial programme theory proposed that writing and meeting about the protocol as a multi-agency group was more likely to be successful when leaders were committed and passionate about reducing criminalising and improving outcomes for children in care. Participants valued senior managers who were dedicated to the protocol and wanting to achieve a "consistent" (C1, Youth Justice Service) and "fair" response to the behaviour of children in care (C3, Police). In Area C, the Youth Justice Service manager was praised for being "absolutely committed to driving this forward" (C2, Children's Services). Other managers talked about their own passion for the protocol:

> I'm passionate about it so it's a difference that I can make (C4, Children's home)
>
> So I think, for me, it was just that kind of passion to go, I'm not going to let this go. We've done this. It's for the right reasons. We can make this work and we will listen to you if you say there are particular issues with it and we'll tweak what we do in the process, but it ain't going away because it's the right thing for these young people. (D1, Youth Justice Service)

In the quotation above, participant D1 suggests their passion helped to communicate the importance of the protocol and their determination to change practice. They emphasised that implementing the protocol was a "change process" and managers needed to show that they were committed to achieving lasting change. Managers' personal qualities (e.g., enthusiasm, passion) appeared to help them to communicate a clear vision for the protocol and maintain focus. The personality of senior managers was identified as an important factor in Areas A and B (see Chapter 5) and in previous studies of multi-agency working (Coles et al. 2000; Davies 2022; National Audit Office 2001; Twomey et al. 2010).

Participants discussed that buy-in from partner agencies was also an important contextual factor, and it was added to the refined programme theory. Buy-in was needed to ensure the meetings were well attended and partner agencies were willing to take actions to promote the protocol and improve practice. A lack of buy-in from

relevant partner agencies can limit the expertise at multi-agency meetings and reduce opportunities for change:

> I think getting consistent attendance around the table. Because not everybody around the table will see it as a priority. And in some cases it's not for them. Do you see what I mean? So I think sometimes poor old [name of YJS manager] is like I've asked them to come and they haven't, I've asked them to come and they haven't. Do you know what I mean? And we need them around the table to make those changes (C4, Children's home)

Area A had also sought to obtain buy-in from partner agencies and encourage attendance at the meetings to aid discussion and develop the protocol:

> We invite as many people as we can to those meetings to get a flavour of what's going on including care staff, care staff managers, foster carers, social service teams. (A3, Youth Justice Service)

> we're open actually to anyone who wants to attend you know anyone who is interested who feels they can get something from it, or they make a contribution. We are happy to have people there. (A4, Youth Justice Service)

The groups in Areas A and C had experienced challenges in obtaining buy-in from care providers. In Area C, a private children's home provider attended the meetings and attempted to act as a representative for the other care providers in the area. However, they had experienced difficulties in engaging the other providers:

> I try contacting a number of providers to say, "hey, I'm representing us, let me know if you want me to…". But yeah, again, it's tumble weed because it's not their priority (C4, Children's home)

This quotation highlights that care providers differ in terms of their priorities and willingness to engage in the approach and support implementation. As a result, it is challenging for the protocols to change practice as the approach relies on the protocol lead securing and sustaining buy-in from multiple care providers, who are likely to have different levels of interest and commitment to the approach. At an observed meeting in March 2022, the group agreed to reach out to care providers again to encourage them to support the approach and attend the meetings. It was discussed that obtaining buy-in from more care providers would help to raise awareness of the protocol, share best practice, and build relationships between partners.

The initial programme theory outlined that multiple changes in leadership can be detrimental to the meetings. In the second stage of data collection, it was evident that staff turnover at all levels can impact the meetings. Consistent attendance at the meetings helped attendees to understand the goals of the protocol and build relationships with other members of the group:

> I think that's helped having a bit of consistency and clarity about what we're trying to achieve. Because inevitably you get turnover in roles and new people come in and they don't have that prior knowledge, and that's not to say they can't pick it up, but having those relationships helps I think (C1, Youth Justice Service)

In Area C, there had been several changes in who attended the meetings from Children's Services and the police. The change in police representative had been particularly frequent as the police "model is to keep moving people" (C1, Youth Justice Service):

> We're on our fourth one or just waiting to find out who it's going to be and that'll be the fourth. And they've been good, but there is that sort of continuity issue and making sure that they understand it and they're going to apply it consistently (C1, Youth Justice Service).

The Police Inspector in Area C was aware of the challenges associated with staff turnover and attempted to mitigate them by overseeing the handover of the roles:

> I've literally just got a new youth justice sergeant who knows nothing about it. So to make sure the smooth running while he gets up to speed, I've sort of done a back step and picked up my old job and [name of police colleague]'s job just to make sure that we're doing it properly (C3, Police).

The Police Inspector reassured the group in the March 2022 meeting that they would collate the police data and attend the meetings while the new sergeant learns about their role and the protocol.

Resources were included as a contextual factor in the initial programme theory. Areas C and D had received no funding to help facilitate writing the protocol or attending meetings to discuss the approach. Staff needed to read and comment on drafts of the protocols and attend meetings. In Area C, a children's home manager who had been involved in writing the protocol stopped attending the meetings due to time pressures and competing demands. In contrast, a Named Nurse reported that they had a well-

resourced team and time to attend the meetings. The Named Nurse recognised that health teams in other areas may not have the capacity to attend the meetings:

> We're quite well staffed when it comes to, although our capacity has been really down recently because of vacancies and COVID, I think we're better equipped than maybe some health teams to be able to give up that time to go. (C10, NHS)

A lack of capacity and time pressures have been identified as a common barrier to multi-agency working (Atkinson et al. 2007; Harker et al. 2004; Sloper 2004), especially when the approach involves attending joint meetings (Cooper et al. 2015; Pinkey et al. 2008).

The revised programme theory includes additional contexts, mechanisms, and outcomes. An enabling context was added to show that buy-in from partner agencies helped to facilitate positive outcomes. The inhibiting contextual factor was updated from "change in leadership" to "high staff turnover" to recognise the impact of turnover at all levels. Three mechanisms were added to the programme theory to show meetings can lead attendees to feel they are working towards shared goals, understand how well the protocol is being implement, and feel committed to supporting implementation. The initial programme theory suggested that the meetings led staff to work to implement the protocol. This outcome was amended to detail that staff do this by raising awareness of the protocol and helping to support practice. An additional outcome was added to recognise meetings provide an opportunity for partners to strengthen their relationships and take part in joint working. The refined programme theories are summarised below and presented in Figure 17. The figure shows how writing and reviewing the protocol as a multi-agency group is anticipated to impact on how attendees think and feel about the protocol and the actions that they take to support the approach. The figure includes the enabling and inhibiting contextual factors that make achieving positive outcomes more or less likely.

RPT1: If partners collaborate and write the protocol (Mechanism: resource) then they will feel committed to supporting implementation (Mechanism: reasoning) and support practice (Outcome). This is more likely to happen when there are

committed leaders (Context), buy in from partner agencies (Context) and available resources (Context).

RPT 2: When meetings are held to discuss the protocol (Mechanism: resource) and leaders are committed (Context), there is buy-in from partner agencies (Context) and available resources (Context), attendees will feel they are working towards a shared goal (Mechanism: reasoning). At the meetings, attendees will develop an understanding of how well the protocol is being implemented (Mechanism: reasoning) and feel committed to improving the protocol (Mechanism: reasoning) and supporting implementation (Mechanism: reasoning). As a result, attendees will raise awareness of the protocol (Outcome), support practice (Outcome) and update the protocol document (Outcome). Relationships between partners will also improve (Outcome). This is less likely to happen in contexts where there is high staff turnover (Context).

Figure 17. Writing and reviewing the protocol RPT

Legend:
- Mechanism: resource
- Mechanism: reasoning
- Enabling context
- Inhibitory context
- Intermediate outcome
- Protocol outcome

Partners write the protocol

Partners attend meetings about the protocols

Buy-in from partner agencies

Committed leaders

Available resources

High staff turnover

Attendees feel committed to supporting implementation

Attendees understand how well the protocol is being implemented

Attendees feel they are working towards a shared goal

Attendees feel committed to improving the protocol

Attendees support others to implement the protocol

Attendees raise awareness of the protocol

Relationships between partners improve

Attendees revise and update the protocol document

Children in care have reduced contact with the criminal justice system

6.2. Staff training on the protocol

IPT 3: In a context where there is buy-in from agencies (Context) and available funding (Context), staff are provided with training about the protocol (Mechanism: resources). Through the training, staff understand the goals of the protocol (Mechanism: reasoning) and their role within it (Mechanism: reasoning) and partnership working improves (Outcome). Staff understand they can contact the Youth Justice Service for support (Mechanism: reasoning) and more children are engaged in preventative or early intervention work (Outcome). The outcomes are more likely to be achieved if the police receive refresher training about the protocol (Context).

Several participants were responsible for delivering training about the protocol to staff in their organisations:

> I would generally go through we've got this protocol, this is why we've got this protocol, so that they can understand. These are different levels within the protocol. It doesn't mean that you won't be dealing with a child. It just means that actually we're not criminalising them for every single little thing that they do. (C3, Police)

> it is just a little two-hour workshop where I take them through the different levels, the different stages of the process, and I've also used some incidents that have happened in the homes... So I take them through the different levels and then get them to read it and go, okay, would you have called the police in those incidents? If not, how would you have handled it? So they understand how it would apply. (C4, Children's home)

The initial programme theory described that the training teaches staff about the goals of the protocol and their role in it. Participants said that staff are told "why we've got this protocol" (C3, Police) and the "expectations on their role" (C4, Children's home). They also learnt about the roles of others and what they can expect from each agency:

> there was much confusion as to what was a police role and what wasn't a police role. And some people would be calling the police because a child has said, "I hate you. I'm going to kill you". But it's not really, obviously it is illegal to threat to kill, but that's actually just a 14-year-old who is having a bit of a paddy, so not particularly good use of police time (C9, Children's home)

Learning about each other's roles provided clarity on what partners can expect from other agencies and hold each other to account:

So it's a case of if you're getting jobs like this, do we actually? Is it the proper place for us? It should be sorted out in the control room because the control room are aware of it. But if it's not and you're going, you're getting tasked to go, actually have that conversation. If you're unsure, come back to my department or your NPT [neighbourhood policing team] and see what's going on so we can say, actually, no, you should be dealing with this under your behavioural policies, and we can get the SPOC [Single Point of Contact] to go and then do a bit of work with the home. (C3, Police)

… So every time we got a case, you know, a young person that came through we would go and pick up the phone, 'how come this has come to us? Was it [the protocol] considered?' (D1, Youth Justice Service)

Participants discussed making sure all parties were responsible for their decision making and questioned decisions that they felt did not align to the guidance in the protocol.

Training about the protocol also covered the impact that trauma can have on a child's behaviour. The English and Welsh protocols state that all professionals working with children in care should understand the impact of trauma and abuse on neurodevelopment and behaviour (Department for Education 2018a, p. 9; Welsh Government 2022, p. 3). It is recognised "that many looked-after children have experienced abuse and trauma, affecting their emotional and behavioural development, potentially making them particularly vulnerable to involvement in the criminal justice system" (Department for Education 2018a, p. 32). One participant explained:

Because when you say actually this is a complex child who has had a lot going on in their life. They don't just get put in care willy-nilly. It's a case of they're in care for a reason. And it's usually because they've had all of this build up and this is the effect it's going to have on them. They're not just going to be okay. There are going to be times when they get frustrated and angry and a lot of it is learnt behaviour and that's why they're doing what they're doing because that's the only outlet that they can see so we need to try and understand that a bit better and treat them fairly and proportionately. (C3, Police)

Staff were encouraged to take into account the impact of trauma on children's behaviour and look for ways to respond to their behaviour that avoids prosecution:

But obviously they were cared for children, so we can't stop some of the things that children do and as corporate parents we should be thinking more about actually why do we pick up the phone all the time to police? Are we confident that staff have really explored all the options and done everything they should have done to try and work with that young person? (D1, Youth Justice Service)

we are definitely saying to the police look consider her kind of safeguarding and care status and think about how we can deal with this differently. It doesn't need to go through the criminal justice system. (C1, Youth Justice Service)

For instance, care providers or the Youth Justice Service may decide to use a restorative approach instead of pursing a criminal justice outcome:

And we will explore the young person's attitude, what they're prepared to do, would it be something that they could do in the children's home to make better the damage? ... let's give you a chance just to kind of make it better directly rather than go through the court process. (D1, Youth Justice Service)

How care staff respond to the behaviour of children in care is discussed in more detail in Section 6.3 and restorative approaches are examined in Chapter 7.

Training about the protocol encouraged staff to seek advice and support from partner agencies when they are deciding how to implement the protocol and respond to behaviour. In Area A, staff were encouraged to contact the Youth Justice Service when they had concerns about a child's behaviour, but participants in Areas C and D accessed support from a range of partners. Participants suggested that staff were more likely to seek support from others when they had existing relationships and there was low staff turnover:

I think it's the relationships, so people don't, there isn't a massive churn of staff. So I've been here forever. [name of Youth Justice Service manager] has been here forever. So it's the same people and it's a relationship based service, not just for the kids but for how we work together as well. So you know who to call and you can have a laugh and a joke with them as well as get the serious business done. (C9, Children's home)

she knows me well. I know her well. So I might go, can I pick your brains? Not very often. But yeah, give me a ring, I'll be half an hour. Give us it all. But that's important because you can't underestimate the importance of relationships because if you know and have some trust in that person, you don't have to have a

whole preamble do you around this. You know where each other are coming from. (D1, Youth Justice Service)

Participant D1 (Youth Justice Service, above) suggests that partnership working was effective as staff had built up trust and developed an understanding of each other's perspectives and priorities. The refined programme theory was updated to include existing relationships as an enabling contextual factor.

Participants highlighted multiple contextual factors that impact on the likelihood staff will understand the protocol and implement it. First, it was suggested that professional cultures can influence how staff decide to respond to behaviour and whether they seek to avoid prosecutions or not. Participants in all areas discussed how the culture of the police and Children's Services had clashed in the past:

> The Council, social services, and the police are chalk and cheese, complete opposites. And so in the past, there has always been sort of, not resentment, but we've got different agendas haven't we? And the police viewed social services as Friday at three o'clock, four o'clock, shut shop and over to police. (C5, Police)

> Originally there was a cultural difference between the police and the youth service, and I know there were some difficulties at the beginning. We were slightly more for prosecution, and they were slightly more "oh no let's just give him another restorative intervention" (B1, Police)

Historically, police have been focused on pursuing prosecutions, which is problematic for staff who are seeking to avoid criminal justice outcomes for children in care:

> And I think the biggest challenge really was the approach of policing because what we always had from police was once a child has been 'crimed' for a crime we can't 'uncrime' them. I've got no more technical way of describing that. If we've arrested them, they're in the system and therefore we can't just ignore the fact they've committed a crime kind of thing. We need to show an outcome. (D1, Youth Justice Service)

> There was a culture in the police and that had come down from the Home Office about targets and getting results and the police got rewarded for convicting young people basically and we were just really against that mindset (B1, Police)

Participant B1 (Police, above) commented on the impact that targets have had on policing. As discussed in Chapter 1, the "Offences Brought to Justice" (OBTJ) target was introduced in 2002 to reduce the gap between the number of recorded crimes and the number of crimes that received a criminal justice outcome. The target led police

officers to focus on children who had committed minor offences as they were considered to be "low-hanging fruit" and easier to apprehend than adults (Sutherland et al. 2017; Newburn 2011, p. 99). The target was criticised for leading to the criminalisation of children and limiting children's life outcomes (Bateman 2008), and was amended in 2008 to focus on serious crime (Sutherland et al. 2017).

Differing professional cultures have been reported to be a barrier in many multi-agency approaches involving social services, the police, health, and others, including in response to children's mental health (Cooper et al. 2015), child safeguarding (Shaw and Greenhow 2020), and adult safeguarding (Pinkney et al. 2008). Shaw and Greenhow (2022) interviewed members of a Multi-Agency Safeguarding Hub (MASH) team and reported that different cultures, values, and practices could cause discomfort and friction between agencies and impact on were success of the approach. In this study, participants reported that differences between agencies had reduced as the police were placing greater emphasis on the needs and welfare of children:

> And just a general change of culture for the police of understanding the backgrounds of these young people and what they've already been through and a culture of not trying to criminalise them rather than counting as a tick in the box if we manage to get a conviction like it used to be in the old days. (B1, Police)

> It is much more child focused now and in terms of the criminal justice system it is much more welfare based than punitive based as it was in the past. (C9, Children's home)

In 2015, the National Police Chiefs' Council published a child centred policing strategy that looked "to improve the quality of policing for children and young people by acknowledging their differences, recognising their vulnerabilities and meeting their needs" (National Police Chiefs' Council 2015, p. 4). The strategy calls for police to treat under 18s as children first and respond to their vulnerability to protect them from harm and divert them away from offending. Participants reported that, across all agencies, staff now have a greater understanding of children's vulnerability and the impact of trauma and adverse childhood experiences:

> I think it's just associated with the wider understanding about trauma informed practices. I mean it would be ludicrous not to have trauma informed practices now everybody knows about it. But 15 years ago, people didn't know what that

meant... it's just understanding about trauma and that it's not that kids are being naughty. It's that behaviour is a communication, and they are communicating their distress and crisis. I mean, it's just the change in terminology from 'being naughty' or 'being aggressive' to having a 'crisis behaviour' that reveals the understanding that has developed over the years about trauma responses and behaviour as communication. (C9, Children's home)

Participant C9 (above) suggested that an improved understanding of trauma has helped to develop similar attitudes towards children's behaviour and a shared language across organisations. Although professional cultures have the potential to continue to impact decision making as one participant noted that police officers are "still to a certain extent driven by 'positive' outcomes" such as charges, cautions, and penalty notices (B1, Police). The programme theory was updated to include differing professional cultures as an inhibiting contextual factor.

Second, resources were identified as a contextual factor in the initial programme theory. Area A was the only area to have obtained funding, and the Youth Justice Service used it to deliver training about the protocol to partner agencies. Areas B-D did not receive funding to deliver training about the protocol and each agency was responsible for training their staff using their existing resources. This had implications for the quality and consistency of the training provided, as discussed in the next contextual factor.

Third, managers needed to buy into the protocol and be motivated to train staff in their organisation. Participants suggested buy-in was especially important because the guidance in the protocols is not statutory, and partners needed to believe in the value of the protocol:

the protocol is not statutory obviously, it is guidance really about trying to do all we can to ensure that wherever possible children are not criminalised (P5, Third Sector)

...at the end of the day, people don't have to do it because it's guidance. So it's just a bit of a shame really, I think. (P3, Consultant)

The level of training that staff received varied considerably, with some participants commented that "training might be too strong a word for it" (D1, Youth Justice Service)

as staff in their organisation were informed about the protocol via email, the staff intranet, work newsletters, and/or during team meetings:

> there might be other providers... it would be quite interesting to know if they would even know what we're talking about when we talk about this protocol and the Single Point Of Contact. Hopefully they do, but that would be the logic, yeah, there should be training. (C1, Youth Justice Service)

> I would be surprised if they are as committed to it as we are... they may know about it, but they may not deliver training. I've never heard anyone else say that they do. (C4, Children's home)

> we have lots of opportunities to make that more widely known... if I went to talk to my foster carers, would they be fully sighted on that? I don't know. (C2, Children's Services)

Some staff groups were not receiving training about the protocol and were likely to be unaware of the arrangements.

Fourth, the initial programme theory suggested that the police required refresher training about protocol as they have a wide range of responsibilities and responding to children in care is a small proportion of their job. This contextual factor was removed during theory refinement as there was no evidence that police were unique in requiring refresher training. Participants reported that staff in a range of roles needed regular reminders about the protocol:

> I've said about feeding it back to our nurses and they forget about it, and I know social workers are so busy as well, and they may forget. (C10, NHS)

> The fostering team manager said that it was a case of having to keep sending the protocol out because people forget about it, and it sits in their inbox. The Youth Justice Service manager agreed that it was beneficial to send the protocol out regularly. (Area C observation notes)

Senior managers are required to regularly promote the protocol and make "sure it keeps being applied" (C1, Youth Justice Service). Regular reminders about the protocol are particularly important when there is a high turnover of staff:

> there's quite a high number of social workers and quite a bit of turnover as well, so wouldn't necessarily all know about the protocol. (C1, Youth Justice Service)

> We tend to find it's not generally the more well-known companies that are calling us because they've got their established processes and their longer-term staff.

> It's more the pop-up places that perhaps haven't got that stability or a high turnover of staff that are unsure. (C3, Police)

Participants discussed that it is also important to have processes in place to inform temporary staff about the protocol and the expectations on their role and the role of others:

> There was about, at one of our quarterly meetings, something like seven call outs all for that girl over a fairly short period of time. And what became clear was that the agency staff had no idea about the protocol because they were agency staff. They haven't got that kind of link to the management structure, and they were defaulting to calling the police really quickly and her behaviour was challenging. It was understandable in some ways what they're doing, but it wasn't how the protocol should be applied so part of the message for that, for the learning for us was that as staff changed, especially if you get temporary staff, you need to make sure there's a process in place for them to know what policies they're following in the placement (C1, Youth Justice Service)

Training to support staff working in care placements to respond to the behaviour of children in care is discussed in more depth in RPT 5 (Section 6.3).

Fifth, several participants discussed that continued support at Government level would encourage staff to avoid criminal justice outcomes for children in care where possible. Participants who had contributed to the English and Welsh protocols reported that they had a good level of support from Government when they were writing the national protocols. Participant P4 wanted to ensure that the national protocols were "not taken off the table" or considered "job done" by Government now that they have been published. Ilott et al. (2016) highlighted that there is a risk that Government support for policies will decline over time. They suggested that there are three phases of policy formulation and policy implementation:

- Phase 1 is 'raising salience' during which the issue becomes politicised and gains the attention of ministers.
- Phase 2 is 'building blocks' during which policies are put in place to address the problem.
- Phase 3 is 'embedding' during which the policies must be delivered and there is a risk of diminishing political interest.

Hudson et al. (2019) proposed that Governments can support policy implementation during the 'embedding' phase through performance monitoring, problem solving, and capacity building. During this phase, other Government initiatives may distract staff from implementing the protocol:

> The other thing is that you get national initiatives that come in as well... So if there's a police national initiative about, so let's use knife crime, that if those young people who are care experienced then are the ones who, the crime that they've got or the issue is about knives, then this might go out of the window because there's something else that's taking it off on a different trajectory because of national implementation. So that would be a bit of a challenge really. (P3, Consultant)

Respondent P3 suggests national initiatives can divert attention away from the protocol and make it less likely that staff will consider a child's care status, and the processes outlined in the protocol. The participant used knife crime as an example which suggests that more dramatic and 'acute' incidents may disrupt processes and divert attention away from a larger number of more routine 'chronic' cases. Continued Government support and political interest in the goals of a policy can help to maintain focus on the issue and motivate staff to implement the processes in the protocol (Atkinson et al. 2002; May and Winter 2009).

The refined programme theory is summarised below and in Figure 18. Figure 18 outlines what staff learn from training about the protocol, how it can change their response to the behaviour of children in care, and the anticipated outcomes. The figure includes multiple contextual factors that influence whether the outcomes are achieved or not.

RPT 3: In a context where there is buy-in from partner agencies (Context), staff are provided with training about the protocol (Mechanism: resource). As a result, staff understand the goals of the protocol (Mechanism: reasoning), their role and the role of others (Mechanism: reasoning), and the impact that trauma can have on behaviour (Mechanism: reasoning). Staff look for ways to respond to behaviour that avoids prosecution (Mechanism: reasoning) and hold each other to account (Mechanism: reasoning). They also feel confident seeking support and advice from

partner agencies (Mechanism: reasoning), particularly when there are existing relationships between partners (Context). As a result, more children are engaged in preventative or early intervention work (Outcome) and the relationships between partners improve (Outcome). This is more likely when there are similar professional cultures (Context), continued Government support (Context) and resources available to deliver training (Context). It is challenging when there is high staff turnover (Context) and high levels of agency staff (Context).

Figure 18. Protocol training RPT
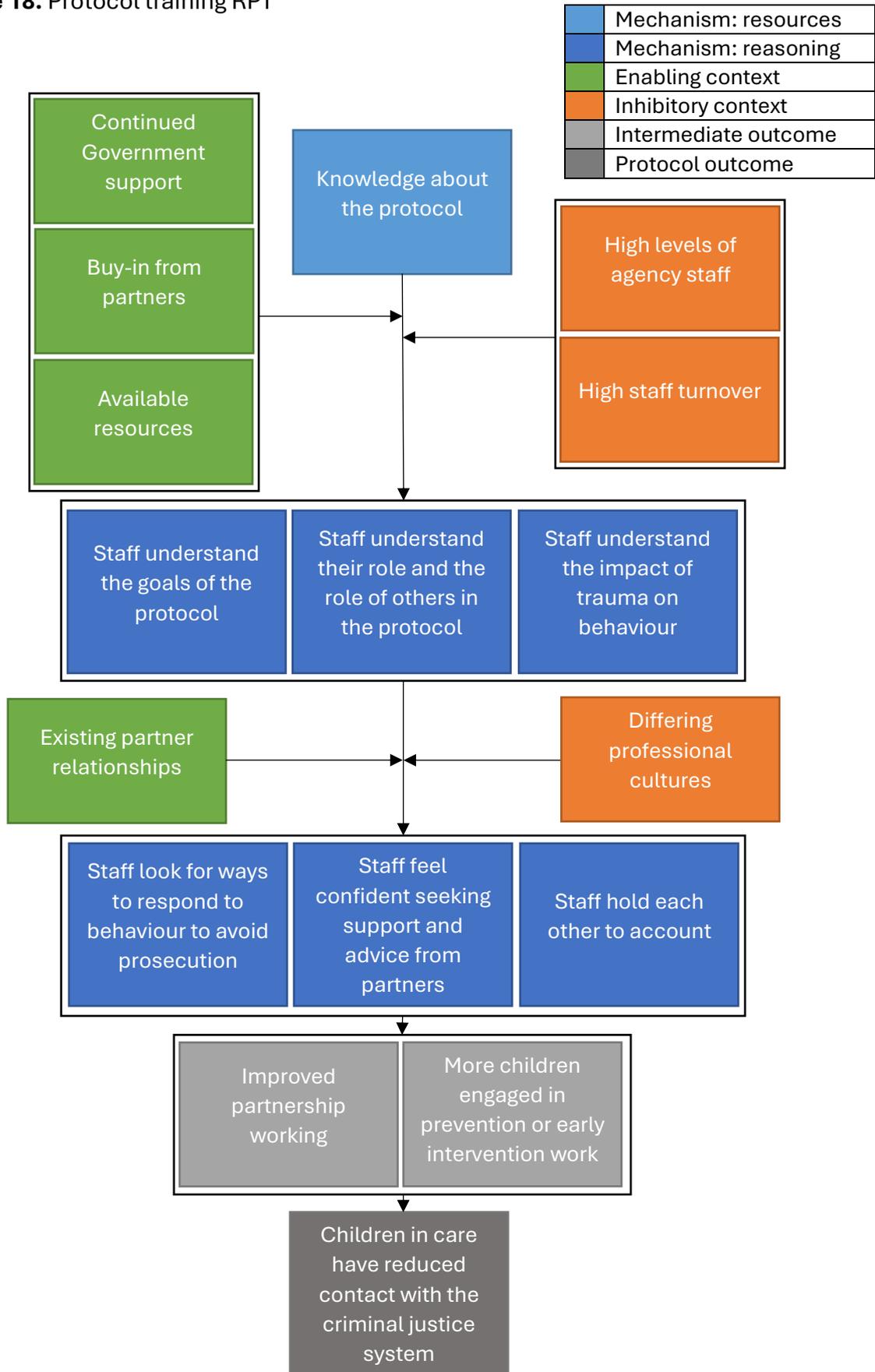
6.3. Behavioural support training for care staff

IPT 4: In a context where there is buy-in from agencies (Context) and available resources (Context), staff are provided with training about restorative approaches (Mechanism: resource). This leads staff to understand the values of restorative practice (Mechanism: reasoning) and feel confident using a restorative approach (Mechanism: reasoning). As a result, staff defuse and resolve situations informally (Outcome) and make fewer calls to the police (Outcome).

IPT 4 suggests staff are trained in restorative approaches to defuse and resolve situations and make fewer calls to the police. However, during the second stage of data collection it became evident that staff receive a range of training to inform their response to children's behaviours. The training covers an understanding of behaviour (e.g., how it is shaped by trauma and attachment) and practical advice on how to respond (e.g., de-escalation techniques, restrictive practices, and restorative approaches). In this section, I consider how behavioural support training can help staff in care settings to implement the principles of the protocol and avoid making inappropriate calls to the police. How and why restorative approaches are anticipated to work is explored in detail in Chapter 7.

National and local protocols make it clear that staff in care placements *should not* call the police "for low-level behaviour management or matters a reasonable parent would not have called the police over" (Department for Education 2018a, p. 33). This led some staff to question how they *should* respond:

> Well, what else are we going to do? If we're not going to call the police, what are we going to do? We're going to put on this training about de-escalation and restorative approaches so that we have more things in our toolbox other than the boys and girls in blue (C9, Children's home)

Children's home managers recognised they need to train staff how to respond to behaviours without calling the police unnecessarily:

When the protocol first came out the training wasn't there to counter, "what else are we going to do?". But now we've got that training embedded and people understand that from interview. (C9, Children's home)

before the protocol first came out and when I first started working for [name of organisation], the police were used a lot more to manage behaviours. So a young person would start acting out, breaking windows, breaking furniture, and they would just call the police because they felt that is what they should do to manage behaviours. So alongside the protocol we've recognised our need to invest more in our teams so that they understand the expectations on their role to manage those behaviours as well (C4, Children's home).

Participants said that the training needed to clearly explain the roles and responsibilities of care staff in responding to behaviours that challenge. Participant C6 explained it was important to challenge any unhelpful attitudes and ensure staff do not perceive calling the police the default option:

Because sometimes, and I won't lie, sometimes some staff will go "oh we just need the police". And that was the thinking maybe a couple of years ago. But not now. With the training and everything, it's a lot better… I think it's just changing the attitude and doing training and talking about it. I know this home now, the team that I've got, it wouldn't even enter their head to call the police. Whereas teams that I've managed before, it would have been the first thing to enter their head and I think that's just through training and changing that attitude, breaking that mould, you know, right, we do not do this. (C6, Children's home)

Although participants wanted to reduce the number of emergency police callouts to care placements, they recognised that on some occasions, staff may wish to contact the police and pursue a prosecution:

And ultimately what we had to accept was that there was no way we could really legitimately say to a worker, "do not report that the young person has damaged your car" because if your car has been damaged and you want to report it, you're absolutely within your rights to report it. But let's be as reasonable as we can and give you as much support as we can whilst also saying these are really troubled young people (D1, Youth Justice Service)

On occasions where staff have been assaulted, they've been given the opportunity and support to process that and have spoken with the psychologist about it and then made the decision as to whether they will press charges or not… There's no pressure. You don't sign away, because we've got the protocol, you don't sign away your human rights. (C9, Children's home)

The rights of staff are recognised in the English protocol as it highlights the need to balance "the rights and needs of highly vulnerable children and young people and those of their carers and/or the public in deciding how to respond to incidents, and whether a formal criminal justice response is appropriate" (Department for Education 2018a, p. 6). The analysis suggests that staff are encouraged to make a considered and informed decision about what action to take and avoid calling the police without assessing alternative options.

The training staff receive encourages them to consider the reasons for a child's behaviour and to view behaviour as communication. Staff learn about the impact that trauma can have on behaviour and self-regulation:

> I think it's just understanding about trauma and that it's not that kids are being naughty. It's that behaviour is a communication, and they are communicating their distress and crisis (C9, Children's home)

> it's about seeing that child for who they are and everything that goes on. Everybody has a bad day. We all have bad days. Alright we might not all smash windows but for some of our children, our young people should I say, they haven't got the skills, they haven't got the knowledge to manage their behaviours and understand their emotions, and that's what they'll do. You know behaviours are a communication. All behaviours are some form of communication and all young people are different but for the very nature that they're in care in the first place, the adults in their lives have ultimately let them down somewhere along the line. (C8, Children's home)

Staff also learn about attachment and how it can impact behaviour:

> we have our attachment training. All the team have done that training and that's ongoing and everything. So that is another branch of understanding where behaviours come from and tips on how to help them (C6, Children's home)

Attachment theory proposes children are predisposed to develop an emotional bond to their primary caregiver (Bowlby 1988). The attachment a child develops is based on the way their caregiver responds to their needs. A secure attachment is established through nurturing and responsive parenting, and an insecure attachment is formed through insensitive and inconsistent parenting (Ainsworth et al. 1978). The child's attachment with their primary caregiver creates an "internal working model" that informs their sense of self and expectations of relationships later in life. For example, a child with an

insecure attachment may cope and adapt by downplaying or overplaying their emotions to elicit care (Howe 2006). The child may develop a low sense of self-worth and expect that future relationships will not meet their needs. Understanding a child's behaviour in the context of their attachment enables carers to respond to their emotional needs and increase attachment security (Selwyn et al. 2016). However, there are often misunderstandings around the nature of attachment, the evidence base, and how to translate the evidence into practice to best support children (Forslund et al. 2022). In one study, Morison et al. (2020) interviewed residential staff about their understanding and use of attachment theory. They found residential staff had difficulty describing attachment theory and making theory-practice links.

Staff learn about a range of strategies to respond to behaviours perceived as challenging. They are expected to use "different strategies to reduce the risk before it gets to any sort of police involvement" (C9, Children's home). For example, staff may "negotiate, redirect anger, use humour, challenge, and even physically restrain" a child (Gentleman 2009, p. 7). The training teaches staff proactive strategies to prevent behaviours from occurring (e.g., removing triggers or teaching a child new skills) and reactive strategies to use after a behaviour occurs (e.g., active listening, distraction, or withdrawal). Staff also learn how to use restorative approaches when responding to behaviour (see Chapter 7 for a separate discussion). Participant C8 (Children's home) provided an example of how one strategy, withdrawal, can be used in practice:

> sometimes it could be that you just disengage and take yourself away from that situation. If they're getting heightened and they want to be argumentative and they're not kind of listening to reason you can kind of move yourself away from that situation. It's almost like you are ignoring them, even though you're not, you just kind of stop the eye contact, you stop the verbal stuff, your body language changes. It really depends on the child. (C8, Children's home)

They explained that how the strategy is used "depends on the child". Most participants reported that some strategies may work well for some children and not others, and when implemented by some staff and not others. The strategy used depends on the child's behaviour and needs, and the relationship they have with the staff member. The

child-staff relationship is discussed separately as a contextual factor later in this section.

When initial attempts to de-escalate behaviours have been unsuccessful, staff may choose to use restrictive practices. Through training, staff learn how, and when it is appropriate, to use restrictive practices. The training is typically delivered by an external agency, and it covers the legal framework for the use of force and techniques for guiding, escorting, and holding children safely:

> So we are taught restraint. I don't like the word restraint, but it is. It's a physical intervention. So all the team are trained in that… it is about the physical intervention and how to hold and keep a young person safe and when to do that. So it's only if they're at risk or somebody else's at risk (C6, Children's home)

> We are all kind of trained in something called [name of training course] and that is about de-escalating behaviours as well. And is a last resort. It's not really restraint, but as a last resort they could use a hold, a child could be held, or moved from the situation. Most of the time most things are about de-escalating behaviours (C8, Children's home)

Using restrictive practice as a "last resort" is consistent with the regulations for children's homes in England and Wales. The regulations stipulate that proportionate physical intervention should only be used to prevent injury or prevent serious damage to the property when there is no viable alternative (Department for Education 2015; Welsh Government 2022). Children's homes are required to have a behaviour management policy that sets out the "home's approach to promoting positive behaviour and the measures of control, discipline, and restraint which may be used in the home" (Department for Education 2015 p.46; Welsh Government 2024) and a plan for each individual child, and this requirement was referenced in many local protocols.

Participant C8 explains that restrictive practices are used, when absolutely necessary, to keep children and staff safe, and this may reduce the need for police involvement:

> we try and kind of deal with things in house as much as we can. If we were able to use physical interventions to stop that child say, smashing up the kitchen, and then they were safe, other people in the house were safe, then we would just

deal with it. But if it becomes something that was unmanageable then the police would be called. (C8, Children's home)

The national protocols advise staff to assess the nature and seriousness of incidents before deciding how to respond and whether to involve the police and act in adherence with their behaviour management policy (Department for Education 2018a; Welsh Government 2022). The English protocol advises staff to conduct a dynamic risk assessment to guide their decision-making. The risk assessment contains questions staff should ask themselves during an incident such as:

- How likely is the harm to others or the environment, and how serious will it be?
- Are there enough staff with the right skills to intervene safely and effectively?
- What is the least restrictive and most respectful way of intervening to prevent harm?

The English and Welsh protocol outline that "Effective de-escalation requires practitioners to make rapid and structured assessments of the immediate and foreseeable risks, taking into account the care planning, risk assessment and positive behaviour support/safe handling planning for that individual child" (Department for Education 2018a, p. 17). The staff response is therefore individualised to the child and the current incident.

Eight contextual factors were added to the refined programme theory as they were suggested to influence whether the training helped staff to defuse and resolve situations and make fewer emergency calls to the police. First, strong leadership was suggested to promote a clear vision and demonstrate commitment to preventing the criminalisation of children in care. Participant C7 (Children's home) praised a manager in their organisation for their leadership:

And I've covered [name of colleague]'s home and the calls don't come because they know what they're doing. And that's around good management and good leadership (C7, Children's home)

Leaders can provide staff with clarity on their roles and the home's policies and procedures, develop a positive culture, promote team working, and ensure the team

receive appropriate training and support (Gentleman 2009; Kilpatrick et al. 2008; Paul 2007).

Second, investing in staff at the recruitment stage was suggested to facilitate effective behavioural support and reduce police callouts to children's homes. Participants explained that it was important to communicate the nature of the job and the expectations on staff to respond to behaviours that are perceived as challenging early in the recruitment process:

> So we make sure that when we interview they are aware that the children and young people we have in our homes have behaviours and that we set out our stall at an early stage of we will train you to manage those behaviours and this is kind of the way that we do that (C7, Children's home)

One participant said that it was important to recruit staff with the right values and motivation to support children in care:

> Obviously, the recruitment for the company is really good as well. And so I think it helps to have team members that are experienced but also, even for the ones that haven't got any experience, that are willing to learn and are willing to, that want to help, that actually really truly want to work with young people in care and support them. Rather than recruiting people that are not in it for the young people because this sort of work doesn't pay fantastically. It's not the worst paid job in the world. But for a tough job it's not. (C8, Children's home)

In a review of residential care in England, Narey (2016) suggested that hiring staff with the right motivation, qualities, temperament, and resilience to work in a children's home is a priority, irrespective of their qualifications. The values and attitudes of staff are important as they can influence how a staff member perceives a child's behaviour and how they decide to respond for example, whether they involve the police and pursue a prosecution, or not. Managers often look for personal qualities, such as compassion, commitment, empathy, enthusiasm, and patience, when recruiting staff (White et al. 2015). Staff who display these types of values have been reported to be more successful in responding to behaviours and de-escalating challenging incidents (Kilpatrick et al. 2008). However, in a census of children's homes in England, over half (54%) of managers reported difficulties recruiting the right staff (Thornton et al. 2015).

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Participant C8 (Children's home, above) suggests that recruitment can be challenging due to the low pay and challenging nature of the job.

Third, high staff turnover in care placements can pose challenges for effective behavioural support. There is limited data on staff turnover in England, but in Wales, around 40% of non-managerial staff leave their job in residential care within two years (Social Care Wales 2017). There are many reasons for this high turnover including the demands of the job and exposure to stressful experiences (e.g., verbal and physical aggression), feeling undervalued, poor supervision, poor pay, and inflexible working patterns (Colton and Roberts 2007; Seti 2008). High staff turnover can impact on the team's knowledge of their roles, the reasons for a child's behaviour, and the most appropriate way to respond and demonstrates the need for ongoing training about the protocol and behaviour support. High turnover can also have a detrimental impact on the relationships between staff and children:

> There is a huge turnover of staff in residential units and in the care system. That's something that's not in the protocol because you can't tell people how to employ people, but that's one of the areas that we need to go to next. That's about having an appropriately trained workforce that are dedicated and that are there for the long run. Staff retention should be an inspection priority... Are they able to hold on to staff or is there a constant flow? If kids don't have consistency, what sort of roots can they put down? How can they feel they belong? How can they follow instruction? How can they build trusting relationships with people when they think they're only going to be there for a couple of weeks or a month or so? (P4, Youth Justice Service)

Staff retention was suggested to be important as it provides children with a sense of belonging, stability, and strong relationships which can help to prevent offending behaviour.

Fourth, at times of high staff turnover, managers often rely on temporary staff. Temporary staff can find it difficult to access training and yet, they have similar responsibilities to contracted staff and need to respond to the same behaviours

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(Department for Education 2015). Participants suggested that temporary staff are more likely to call the police than contracted staff due to their limited knowledge about the children in the home and a lack of confidence in responding to their behaviours, therefore undermining compliance with the protocol:

> C4 (Children's Home): And agency staff are more likely to call the police anyway for numerous reasons.
>
> Interviewer: Okay. What do you think some of those reasons might be?
>
> C4 (Children's homes): Well, not understanding the needs of the child, not feeling confident to manage the child and the wider context of the environment and the behaviour management plans around that young person.

The high level of staff turnover in children's homes and the use of temporary staff suggests that behavioural support training needs to be provided regularly and made available to both permanent and temporary staff. One-off training about the protocol is unlikely to be sufficient and ongoing efforts are needed to ensure the staff team are familiar with its principles and guidance and feel confident to implement it.

Fifth, positive staff-child relationships were suggested to be crucial in providing effective behavioural support:

> And there's 1000 techniques on what we use depending on your relationship. I mean most of it is relationships. Building those relationships with those young people. And getting to know them and getting to know what helps them (C6, Children's home)

Building relationships with children can help staff to understand the child's needs, anticipate their behaviours before they occur, and learn what strategies are most helpful to de-escalate their behaviours. Staff are encouraged to build relationships with children by "getting to know the kids and finding out what they're interested in doing and exploring things that they're interested in doing" (C8, Children's home). Children have reported positive relationships with staff who are committed, reliable, good listeners, and interested in spending time with them (Kilpatrick et al. 2008; Mainey, Ellis and Lewis 2009). Staff are considered to be less likely to call the police unnecessarily when they

have positive relationships with children and a good understanding of their behaviour (Paul 2007).

Sixth, staff relationships were considered to be important in delivering positive behavioural support. Participants suggested that staff teams need to work together, support each other, and provide consistent support for children in the home:

> But I think the biggest thing as well is the support network you have around you in the team. Your team have got to be strong. You've got to be working together. You've got to be working at the same pace, doing the same things, following care plans, following everything that's put in place. And I think if you've got a good team around you, you've got good support networks around you, that's better for the young people as well because it helps you do your job properly. (C8, Children's home)

Staff are encouraged to regularly share information with their colleagues about children's behaviour and the strategies that seem to work (or not):

> But we're small teams and we talk all the time, we communicate, and the guys going off shift will talk to the people coming on shift and say, "look this happened last night we tried this it wasn't really the best thing to do so if it happens again why don't you try that". (C6, Children's home)

Staff can share information during shift handovers, team meetings, and group supervision. They can also speak to the colleagues who are on shift with them. Participants discussed that team leaders are available during shifts to provide staff with advice, guidance, and reassurance if they are unsure how to respond to behaviours:

> But on the whole, it's about asking that person that you're working with if you're unsure, what do we do? And you've got team leaders on every line that work with people, and they can guide, they can educate, they can reassure. (C7, Children's home)

Participants at one children's home also reported that an on-call system is also available so staff can contact managers for additional support and advice if needed:

> Because you know when there's an incident, a serious incident, your adrenaline is going, and people panic, and they're scared. It can be really scary. And I'll just call the police. And then when you can talk them through it and say, "look, you're doing a great job, you know what's happening" and then they'll go, "oh yeah". And it gives them more confidence. (C6, Children's home)

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Receiving support from colleagues and managers can provide staff with reassurance and confidence in their ability to respond to children's behaviours.

Seventh, the resources available at the children's home can influence the behavioural support training that is provided. Most children's homes (75%) in England that participated in a census in 2013 reported that their homes had a budget for continuing professional development, although over half (51%) did not know how much budget had been allocated to their home (White et al. 2015). The budget available can influence the training that is provided, the length of the training course, who delivers it, and how often it is delivered.

Finally, participants discussed how profiteering in children's homes can negatively impact staff recruitment, training and service quality and highlighted the challenges this poses for effective implementation of the protocols. Historically, children's homes have been run by local authority or third-sector organisations, but many of these placements have closed due to financial concerns or worries about reputational risk after a number of scandals in the sector (Competition and Marketing Authority 2022). As a result, there has been a shift towards privately-run children's homes:

> I don't want to get too political about it, but the scandals of the 80s and the 90s when local authority children's homes were dragged through the High Court for the abuse and neglect that was caused has really put the wobbles on local authorities running their own homes... every politician is scared that it's going to happen on their watch. So what do we do? We take the easy route, and we privatise it. (P4, Youth Justice Service)

In 2021, over 75% of children's homes were run by private organisations in England and Wales (Competition and Marketing Authority 2022). The Competition and Marketing Authority recently reviewed the sector and found that children are not consistently accessing placements that meet their needs, and local authorities are sometimes paying too much for placements (Competition and Marketing Authority 2022). There was evidence that private children's homes providers were operating profit margins averaging 22.6%, and the authors concluded that "the prices and profits of the largest

providers in the sector are materially higher than we would expect them to be if this market were working well" (Competition and Marketing Authority 2022, p. 9).

Several participants were concerned about the focus on profit in some privately run homes:

> And we just throw money at these companies. All of whom have probably got 10 or 12 directors sitting at the top with spurious titles but taking a profit whilst they pay the basic minimum wage for people to look after the most vulnerable kids that we have. (P4, Youth Justice Service)

> And some of the providers are, well the sort of crude way of putting it would be kind of cowboy outfits, and it's a bit more subtle than that, but they are making loads of money using untrained staff, setting up projects to accommodate children with really complex needs and so they might rent a house and put some staff in with the child, but their level of training of their staff and their infrastructure and everything around that is often poor, but they're charging the local authority thousands of pounds a week and the local authority are not that happy with it, but haven't been able to find anything else... and I think there are companies behind them at times who are making a lot of money out of it, and their motivation is going to be if they were being run as a business. It is not necessarily going to be the welfare of children or the welfare of the staff either. (C1, Youth Justice Service)

Participant P4 (Youth Justice Service, above) commented on the low pay of staff working in private children's homes. In the UK, there is evidence of a discrepancy in pay between private homes and local authority run homes (Thornton et al. 2015; Narey 2016; Muton et al. 2021). A census of children's homes in England found that staff working in private homes were more likely to be paid under the Living Wage Rate (15%) than staff in local authority homes (0%; Muton et al. 2021). On average, private homes paid staff £9.39 per hour compared to £13.28 in local authority homes (Muton et al. 2021). Shaw and Greenhow (2022) raised concerns that "a job that pays little more than minimum wage will be unlikely to attract the most experienced and able candidates" who can cope with the challenges of the role (p. 69).

Participant C1 highlights (in the quotation above) that the training provided in private children's homes is "often poor" compared to local authority homes. The quality of

training provided in private children's homes was also raised as a concern at the launch event for the Welsh protocol on reducing the criminalisation of care experienced children (Blakeman 2022). Quality of training likely influences the ability of staff to defuse and resolve situations and make fewer emergency calls to the police. Several studies have examined the quality of care provided by private children's home providers in the UK. The Competition and Marketing Authority (2022) reviewed Ofsted inspection reports and found no evidence of a difference between the average quality rating of private providers compared to local authority providers. In contrast, Bach-Mortensen et al. (2022) found that private providers were more likely to be rated as lower quality than local authority and third sector providers. Bach-Mortensen et al.'s (2022) findings are based on an analysis of 13,000 Ofsted children's home inspections over a seven-year period (2014-2021). The authors were critical of the analysis conducted by the Competition and Marketing Authority (2022) as details of the sample, model specifications, and analysis have not been reported.

In an independent review of children's social care, MacAlister (2022) raised concerns about profit being made by private providers concluding there are "few indicators to suggest that high prices are leading to better quality homes for children or better recruitment and retention of children's home staff" (p. 121). The review called for the end of profiteering in the children's social care market. The UK and Welsh Government have responded to concerns around profiteering in recent years. The UK Government (2024) have announced rules to reduce the profit that care providers can make and Welsh Government (2024) have introduced the Health and Social Care Wales (Bill) to restrict profit making and transition to a not-for-profit model of care in Wales. A focus on profit-making can inhibit the success of the protocols if staff do not receive the necessary training and support to implement the guidance. It is hoped that Government reforms will lead to greater investment in staffing and help to create and maintain a knowledgeable, skilled and valued workforce who are motivated and able to adhere to the protocol. The profiteering of children's homes was added as inhibitory factor to the refined programme theory, and it has the potential to impact on other contextual factors

in the programme theory including staff recruitment and turnover and the budget available for training.

The programme theory is summarised below and presented in Figure 19. The figure demonstrates how training can support staff working in children's homes to implement the protocol by defusing and resolving situations and making fewer emergency calls to the police. The figure includes the enabling and inhibiting contextual factors that make obtaining these outcomes more or less likely.

RPT 5: Care staff are provided with behavioural support training (Mechanism: resource) which leads them to understand their role (Mechanism: reasoning) and the reasons for children's behaviours (Mechanism: reasoning) and feel confident responding to children's behaviours (Mechanism: reasoning). As a result, staff are more likely to defuse and resolve situations 'in house' (Outcome) and make fewer emergency calls to the police (Outcome). These outcomes are more likely to be achieved in a context where there is strong leadership (Context), positive recruitment (Context), positive staff-child relationships (Context), positive staff relationships (Context) and sufficient resources (Context). They are less likely to be achieved when homes are focused on profit (Context), there is high staff turnover (Context) and high levels of agency staff (Context).

Figure 19. Behavioural support training for residential care staff RPT
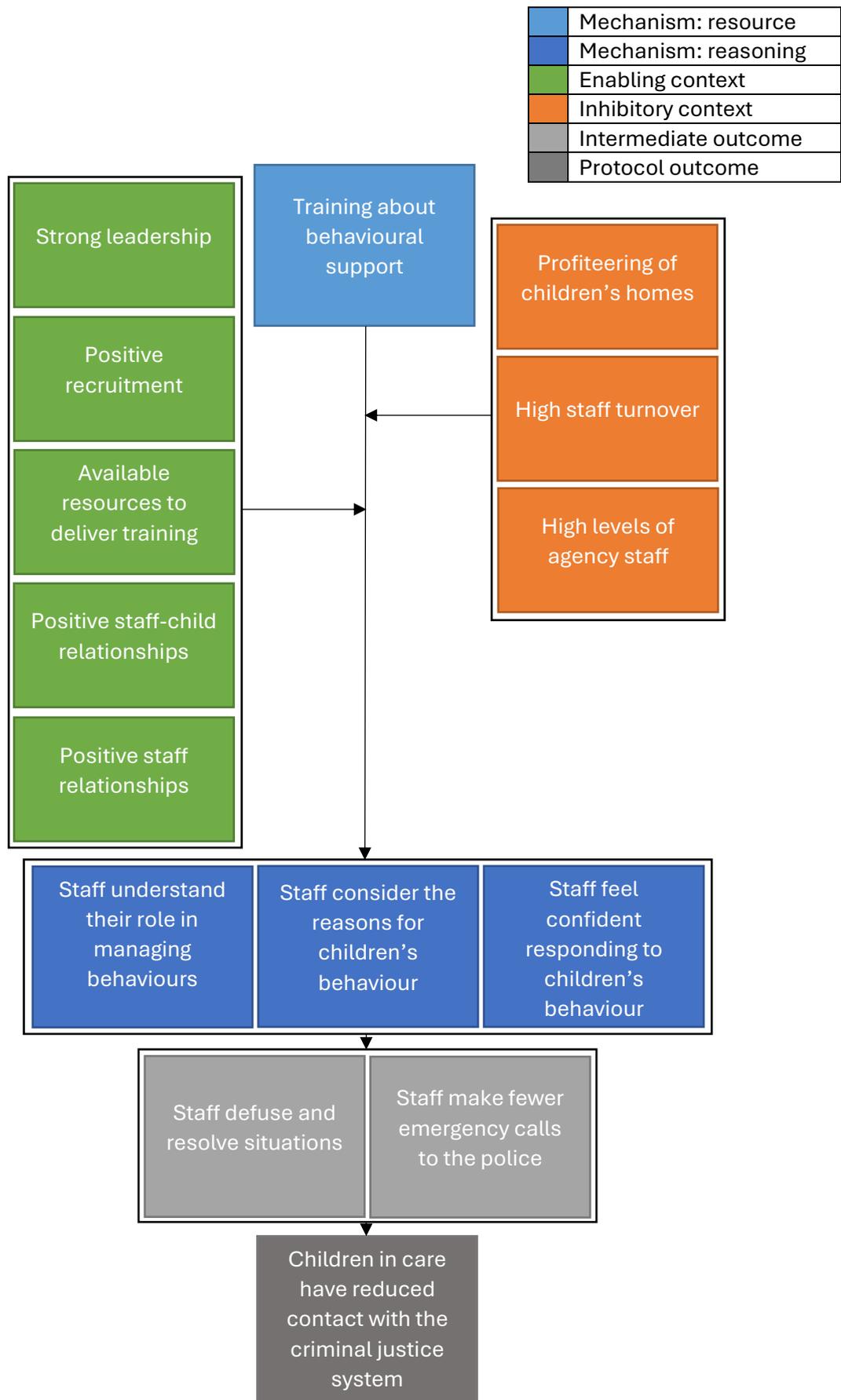
6.4. Youth Justice Service intervention

IPT 5: The child is given the opportunity to spend time with a Youth Justice Service practitioner (Mechanism: resource). If the practitioner is friendly (Context) and the child sees them as independent from other professionals (Context), then the child will feel motivated to engage (Mechanism: reasoning) and able to talk to the practitioner (Mechanism: reasoning). This leads the child and the practitioner to build a relationship (Outcome) and the practitioner develops an understanding of the reasons for the child's behaviour (Outcome).

RT 1: The child is given the opportunity to spend time with a Youth Justice Service practitioner (Mechanism: resource). This leads the child to feel that they can avoid formal repercussions for their behaviour (Mechanism: reasoning) and as a result, they are more likely to continue to engage in offending behaviour (Outcome).

IPT 6: The Youth Justice Service practitioner tailors the intervention to the child's needs (Mechanism: resource) which leads the child to feel able to engage in the work (Mechanism: reasoning) and they achieve the intervention goals (Outcome). This leads to improved placement stability (Outcome) and reduced contact with the criminal justice system (Outcome). This is more likely to happen in contexts where the practitioner can provide long-term support (Context).

Staff in Areas A and B had opportunities to refer children for support from a Youth Justice Service practitioner. Chapter 5 presented two initial programme theories (IPT 5 and IPT 6) and a rival theory (RT 1) to describe how working with a Youth Justice Service practitioner could benefit children in care and divert them from the criminal justice system. In Areas C and D, tailored 1:1 support for children in care was not routinely provided by the Youth Justice Service, and the initial programme theories and rival theory were not tested. Youth Justice Services in Areas C and D support all children arrested or sentenced by court, but they do not offer additional 1:1 support for children in care to help reduce criminalisation. Area A was in a unique position to hire a specialist practitioner to support children in care because the Youth Justice Service had secured funding to help implement their protocol. The other areas have not received

funding and were required to use their existing resources. As a result, there were limited resources available for targeted early intervention and diversionary work for children in care, especially as the services have been subject to many years of funding cuts. Between 2011 and 2020, funding for Youth Justice Services has reduced by 39% and staffing has been cut by 64% (including managers, practitioners, administrators, sessional workers, and volunteers; Ministry of Justice / Youth Justice Board 2022). This has created many challenges for Youth Justice Services and created the risk that they will have to focus "solely on statutory work at the expense of prevention and diversion and their more innovative work" (Youth Justice Board 2015, p. 5).

In realist evaluations, it is common for some initial programme theories to be prioritised and tested over others during theory refinement. Researchers often develop many initial programme theories and choose which to test based on their familiarity with the data, experience of practice (Cameron et al. 2020; Dalkin et al. 2021), or in consultation with stakeholders (Brand et al. 2018; Killaspy et al. 2017). In this study, I focused on testing and refining the initial programme theories about writing the protocol (IPT 1), holding multi-agency meetings to discuss the protocol (IPT 2), staff training (IPT 3-4) and restorative approaches (IPT 7-8). I made the decision not to test the initial programme theories about Youth Justice Service practitioner support as it was not a key component of the protocols in all case study areas. In Dalkin et al.'s (2021) study, the authors developed initial programme theories from the literature and interviews with staff who delivered the intervention they were evaluating. Further interviews were conducted and theories 'voided' when there was limited evidence to support them. The authors recommend keeping a record of 'voided' theories for transparency and in case they need to be revisited as further data is collected and analysed. It may be that 'voided' theories are tested in a later stage of an evaluation or in future studies. This practice is consistent with the realist quality standards that advise researchers to specify and describe the programme theories that are not tested (Wong et al. 2017). In this study, I have documented the programme theories (IPT 5, IPT6 and RT 2 above, and with accompanying narrative in Chapter 5), and they remain available for testing and refining

in future studies, if Youth Justice Service practitioner work is identified as an important part of an intervention to reduce the criminalisation of children in care.

6.5. Informal police involvement in children's homes

6.5.1. Intended impact of police involvement in children's homes

A new programme theory and rival theory about informal police involvement in children's homes was developed during the second stage of analysis. The programme theory describes why informal police involvement in children's homes may reduce the criminalisation of children in care and the rival theory describes why unintended adverse outcomes may be observed. In Area C, multiple participants discussed current or historic arrangements for close partnership working between children's homes and the police, and data from Areas A and B were revisited. Across the case study areas, some children's homes were assigned a police Single Point of Contact officer who would spend time at the home and be available to offer advice and support for non-urgent issues. However, practice was inconsistent, and not all homes worked closely with a Single Point of Contact officer. The English protocol does not offer specific guidance on how the police and children's homes should work together (Department for Education 2018a). The Welsh protocol states that a "Consultation with children and young people who are care experienced identified that the police should be regular visitors to placements – not just attending when something has gone wrong, but there to build relationships with them and to understand each other better" (Welsh Government 2022, p.10).

Participants described police officers coming for a "cup of tea" and developing relationships with children at the placement:

> they come in for a cup of tea and that because the children that we had at the time were very anti police and again it was about that sort of relationship building (C6, Children's home)

> It's just breaking down a few barriers, isn't it? And these are more complex children, we need to put the friendly face of the police on if we can. (C3, Police)

I think young people seeing police as people for starters, and the fact that they're there to help as well as to be the force, if you like... I think it helps from a police perspective... There's no reason why people who join the police force have had any experience of teenagers. You can join the police force when you're about 20 or 19 or something... So I think it actually then helps them to understand what young people are going through and what the experience is like for young people living in care as well. So I think it works both ways. (P3, Consultant)

In quotations above, participants described that informal visits from the police can improve children's understanding of the role of the police and their perception of officers. Participants hoped that informal police visits to the home would help children to see the police as a "supportive mechanism" able to provide help and support "rather than a punitive mechanism" focused on enforcing the law (C9, Children's home). In addition, participant P3 (Consultant) suggested that police officers' perceptions of children in care should also improve as they learn about what it is like to live in care.

Participants suggested that regular informal police involvement at children's home would also provide care staff and the police with the opportunity to share views and information, "develop a better understanding of each agency's responsibilities and practices" and build good working relationships (Area C materials). As discussed in Chapter 2, care staff and the police have previously reported difficulties working together due to disagreements around roles and responsibilities and feeling that there was a lack appreciation for the challenges they experience in their role (Hayden 2010a; Gerard et al. 2019). Care staff described developing a good working relationship with local officers and provided examples of occasions when they had sought advice from officers to inform decisions around how to best support children:

I know we've had some concerns with a young person in one of the homes who was looking at some quite damaging material on the Internet and I know the manager of that home has called the local PCSO to talk about them. (C6, Children's home)

Care staff also invited police officers to work directly with children in care and have a conversation about behaviours of concern, for example, helping them to understand the potential consequences and legal implications of drug use:

> So for example if we have a lot of cannabis use or drug use in one of the homes then they may come in and just have a bit of a chat. So you know, yeah, in a very proactive role. (C4, Children's home)

> Now we had an extremely good relationship with one PCSO up at one of our homes and they were particularly involved with one of our children and they did some groundwork, they did some excellent work, and they'd come along to meetings, and they did understand these children, and they have got a relationship with them. (P2, Children's home)

This work was described by participant C4 (Children's home) as "proactive" as it aimed to divert children from offending behaviour and involvement in the criminal justice system.

Several participants recognised informal police involvement in children's homes takes "a lot of manpower" (P2, Children's home) and neighbourhood policing teams did not always have the officers available to facilitate this work:

> I think when I first started working in this sector, they used to pop in, but I think resources are just so stretched now that they don't have that luxury of just popping in for a cup of tea. (C4, Children's home)

Resources have been added as a contextual factor to the programme theory. The programme theory is summarised below and presented in Figure 20.

RPT 4: If police officers work proactively with children's homes (Mechanism: resource), then police officers and children in care will develop a better understanding of each other (Mechanism: reasoning) and build relationships (Mechanism: reasoning). Police officers and care staff will also get to know each other (Mechanism: reasoning) and build relationships (Outcome). As a result, care staff will feel confident seeking advice and support from officers (Outcome) and more children will be engaged in preventative and early intervention work (Outcome). This is more likely to happen when police forces have the resources to facilitate informal police involvement in children's homes (Context).

Figure 20. Informal police involvement in children's homes RPT
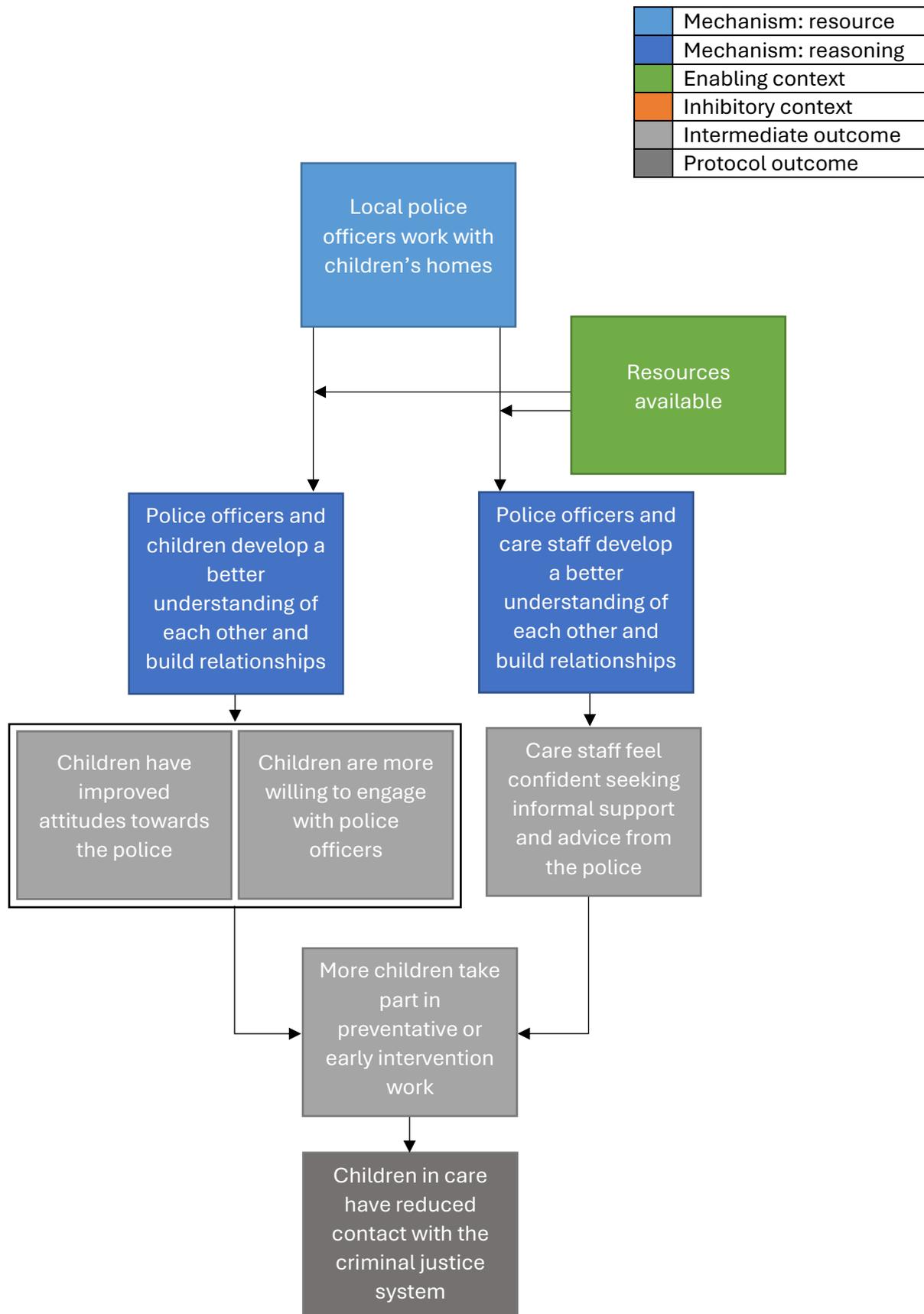
6.5.2. Unintended impacts of police involvement in children's homes

A rival theory was developed as participants discussed the potential disadvantages of informal police involvement in children's homes. Several managers had spent time debating whether police visits to the home were a good idea or not and on reflection, decided to stop inviting the police to the home. In one case, a manager had received criticism from Ofsted for inviting an officer to spend time at the home and this led them to stop inviting officers to the home:

> when Ofsted were here and I was saying, "Oh yeah, PCSO popped in for a cup of tea" and she said "Why?". And I'm like, "Well, that's what they do" and "Why? Would you do that in your own home?". And I'm like oh crikey you can't win. [laughter]. So yeah, we're not going to invite them in for a cup of tea anymore. (C6, Children's home).

Participant C6 (quotation above) appeared to lack confidence in their decision to invite the police to the home and struggled to defend their rationale for the visits.

Some managers were concerned that police presence in the home may be "unnatural" or impact on children's privacy:

> At one time we used to have police officers come and visit the homes for a cup of tea. Not for any other reasons, to try and build relationships with our kids, but we um'd and ah'd about it for a long time. Because in one respect that's a really nice idea. But in another respect, if you're in your house on a Saturday afternoon watching the telly, do you have the police drop in for a cup of tea and a chat? You don't, do you? So it's not reality. It's not reality. So we stopped doing that. Because we didn't think that was necessarily a good idea, so that's got pros and cons to it, hasn't it? (A6, Children's home)

> we didn't have problem being okay with the police and having a relationship with the police but it's where the boundaries lie because you know these children have as much a right to their own privacy and as you or I and that's a hard concept for some people to accept (P2, Children's home)

Another participant raised that police visits may have implications for the public's perception of children living at the placement:

> If your care placement is in an urban environment and other people see the police cars turning up at the establishment all the time, they are probably going to automatically assume that they are there because something is wrong rather than it being a routine thing… So I think it would have to be managed carefully. (P3, Consultant)

Police involvement also risks impacting on children's self-image if the police presence in the homes holds "an implicit presumption that the residents on such units are potential criminals" (Shaw 2016, p. 156). Labelling theory suggests that if children are labelled as "potential criminals" then this can act as a self-fulfilling prophecy (Becker 1963; Lemert 1967). This means that children may internalise the label of "criminal" and act in a manner that is consistent with the label. The rival theory is summarised below.

RT 3: Informal police involvement in children's home (Mechanism: resource) may impact on children's self-image (Mechanism: reasoning) and the public's image of children at the placement (Mechanism: reasoning) and increase the likelihood that children will engage in offending behaviour (Outcome).

6.6. Conclusion

In this chapter, I examined what helps protocols to function and reduce the criminalisation of children in care and presented refined programme theories. Multiple mechanisms were added to the programme theories as the second stage of data collection and analysis provided useful insights into participants' views and experiences of the protocols. For instance, the refined programme theories demonstrate that the protocols facilitate better partnership working by establishing a shared goal and providing clear expectations arounds roles and responsibilities that enable partners to hold each other to account. The theories also emphasise the importance of how staff perceive the behaviour of children in care, with staff more likely to resolve situations informally when they understand the impact that trauma can have on behaviour and see behaviour as communication.

In addition, the refined programme theories feature numerous contextual factors that enable or inhibit the protocols from achieving the intended outcomes. New contextual factors were added that highlighted the impact of the wider social, economic and cultural setting as participants described how organisation culture and priorities, profiteering in residential care and Government support can influence how (and if) the protocols are implemented. Understanding the contextual factors that impact on the implementation of the protocols can help inform the planning and delivery of the protocols. In Chapter 8, I discuss the contributions of the refined programme theories for practice, policy and future research.

The refined programme theories in this chapter describe how the protocols are anticipated to achieve positive outcomes. A rival theory was also included to consider the potential unintended consequences of informal police involvement in children's home. It is important to consider unintended adverse outcomes of interventions and the underlying mechanisms so they can be anticipated and avoided (Bonell et al. 2015; Cavanagh and Brehony 2024). The implications of informal police involvements in children's homes are explored and compared to police involvement in schools in

Chapter 8. The next chapter refines the initial programme theories that relate to the intended (IPT 7-8) and unintended outcomes of restorative approaches (RT 2).

Chapter 7: Refined programme theories – part 2

In England and Wales, restorative approaches have been described as the "dominant approach" for working with children in residential care and seen as especially useful to avoid criminalising their behaviour (Schofield et al. 2014, p.102). It can provide a "constructive way of preventing escalation or repetition of challenging behaviour" and "preventing the use of more formal routes that lead to arrest and involvement with the criminal justice system" (Schofield et al. 2014, p. 102). A restorative approach can "take place informally within the care placement in response to an incident (where police involvement is not required) or as part of a recognised police outcome where it is considered to be appropriate" (Department for Education 2018a, p. 33). As highlighted in the literature review, restorative approaches are commonly used informally in care placements to resolve incidents such as damage to property, disputes between children or between staff and children, bullying, and assaults (Wilmott 2007; Schofield et al. 2014). The local and national protocol advocate for the use of restorative approaches as a way of supporting children in care and responding to their behaviour other than calling the police. Reducing police callouts is a central aim of the protocols as partner agencies seek to reduce the contact that children in care have with the criminal justice system and promote positive outcomes, "so they can enjoy good well-being and realise their rights" (Welsh Government 2022, p. 5).

In Chapter 5, I described initial programme theories that outlined how a restorative approach is expected to work for the person who caused harm (IPT 7) and the person who was harmed (IPT 8). I also presented a rival theory that suggested restorative approaches may be less effective when the person who caused harm has low empathy (RT 2). In this chapter, I discuss findings from the second stage of data collection and analysis and how they have supported or changed the initial programme theories. In the second stage of data collection, interviews were conducted with individuals who contributed to the English and Welsh protocols and data was collected from two case study areas (Areas C and D), including interviews, documents, and observations. I present quotes from the data and discuss the findings in relation to the literature and

existing theories. I present refined programme theories to provide a more detail explanation of the circumstances in which restorative approaches may reduce criminalisation and identify the underlying mechanisms. The refined programme theories are summarised at the end of each section and presented in a diagram at the end of the chapter.

7.1. Restorative approaches and the person who caused harm

7.1.1. Intended outcomes for the person who caused harm

IPT 7: Restorative approaches encourage the person who caused harm to reflect on their behaviour (Mechanism: reasoning), understand how it has impacted others (Mechanism: reasoning), accept responsibility (Mechanism: reasoning) and feel remorseful (Mechanism: reasoning). This improves their relationship with the person harmed (Outcome) and their behaviour improves (Outcome). As a result, the person who caused harm is less likely to have contact with the criminal justice system (Outcome). This is more likely to happen when a restorative approach happens quickly after the incident (Context) and the person who caused harm is motivated to take part (Context).

As previously discussed, restorative approaches form a major part of the local protocols and strongly informed the English and Welsh protocols. The protocols in Areas C and D encouraged the use of restorative approaches as a way of helping the person who caused harm to understand and improve their behaviour. Participant D1 described that a restorative approach was the starting point for their protocol:

> The protocol basically said we really need to take a restorative justice approach to some of these incidents and rather than a young person being criminalised, they should be offered the opportunity to make amends, have a restorative justice approach, and do something with the staff or the victims, or the children, or whoever it might be within the children's home. So that was kind of where we started from. (D1, Youth Justice Service)

In restorative approaches, children are encouraged to reflect on their behaviour. Children may be asked to consider how others have been affected by their behaviour, or they may hear directly from the person who was harmed:

> And yeah, I would be honest with them. I've said things like you hurt me and you scared me and for a little while I really didn't like you, but however, I'm back. I'm here. We can get over this (C8, Children's home)

> We've got some tools if it's a more sort of general or corporate victim. And for the transport system, we've got a worker who has talked about the impact of antisocial behaviour and stuff on the transport system, what that means for them, what it means for passengers, what it means for staff... So you can at least have that discussion with the young person and kind of talk through, how do you think your behaviour might have been to passers-by? (D1, Youth Justice Service)

Listening to the experience of the person who was harmed can help children to understand the impact of their behaviour.

> It's a learning thing, isn't it? You know that this is life. And if you break something, then it has to be purchased again. If they've hurt somebody, get them to understand their actions and how that person might be feeling (C6, Children's home)

It is anticipated that this improved understanding will lead children to be more mindful of the impact of their behaviour in the future (Hopkins 2009).

The initial programme theory suggested that taking part in a restorative approach can lead children to feel remorse for their behaviour. Participants in Areas C and D agreed that most children do feel remorse:

> And most of the time the young people are remorseful. They kind of just lost their temper and they're not in control and they'll feel worried about it. (C8, Children's home)

Participant C1 (Youth Justice Service) explained that children do not need to demonstrate remorse for their behaviour before taking part in a restorative approach as these feelings can develop during the process:

> Not that the child has to necessarily be ready to say sorry, because it may be that meeting the victim will help them get to the point where actually they may understand better the harm they've caused, and they may later feel sorry about it. (C1, Youth Justice Service)

Children are encouraged to acknowledge their remorse by making amends where possible. Participants shared examples where children had amends for their behaviour through reparation activities, for example, helping to fix or replace property that has been damaged, or do a chore in the house:

> Say a mirror gets smashed, we will help them to help tidy up, clear up afterwards, safely if they're able to. There's a possibility that they may have to put some pocket money towards it. We never make them pay for the whole amount. But just to show a bit of willing or they can do a chore so maybe they'll clean the car (C6, Children's home)

Having made amends, children are reaccepted into the community (Braithwaite 1989). In Braithwaite's theory (1989) reintegrative shaming is where the offender experiences community disapproval for their behaviour which is intended to evoke remorse. The offender is provided with the opportunity to make amends and reintegrated back into the community. During this process, the community take a supportive stance towards the individual who has caused harm. The community perceive the individual to be a 'good' person (whose behaviour was 'bad'), and they offer "words or gestures of forgiveness or ceremonies to decertify the offender as deviant" (Braithwaite 1989, p. 100). Crucially, Braitwaite (1989) argues that the experience of shaming and forgiveness builds more commitment to the law than shaming alone.

Participants in Areas C and D described restorative approaches as "relationship-based" (C9, Children's home) and a way to "work with the young people" to repair harm (C5, Police). McCold and Wachtel (2003) developed the social discipline window to outline four ways of regulating behaviour that combine high or low control and high or low support (Figure 21). A restorative approach is characterised by high support and high control as it involves working *with* a child rather than doing things *to* them or *for* them. Wachtel (2013) argues that individuals are "happier, more cooperative and productive, and more likely to make positive changes in their behavior when those in positions of authority do things with them" (p. 2). Participants described that reparation activities are completed by children in collaboration with staff and this can strengthen relationships and improve behaviour:

when undertaking that restorative approach, it builds relationships so it's a relationship-based service. So, by undertaking joint tasks, I'll use painting a wall again, they're doing that with a member of staff. They go out and buy the paint, perhaps choose the colour of the paint and then they paint it together so that it's all about forming those relationships and so they're less likely to be destructive in the future. (C9, Children's home)

Several participants described working with children and asking for their views on "what they're prepared to do" to make amends (D1, Youth Justice Service):

And we will explore the young person's attitude, what they're prepared to do, would it be something that they could do in the children's home to make better the damage? If it was an assault or something on a staff member or threatening a staff member or whatever, could they wash their car? That kind of stuff. Which sounds like slightly trite examples, but it's the whole bit about seeing the damage and upset and concern you caused to people by your behaviour (D1, Youth Justice Service)

So generally, when there have been instances of damage, we would give the young person a choice as to whether they would like to pay for it out of their pocket money or they would like to help us fix it, depending on what it is and the severity of it. (C9, Children's home)

Figure 21. Social discipline window (adapted from Wachtel 2013)
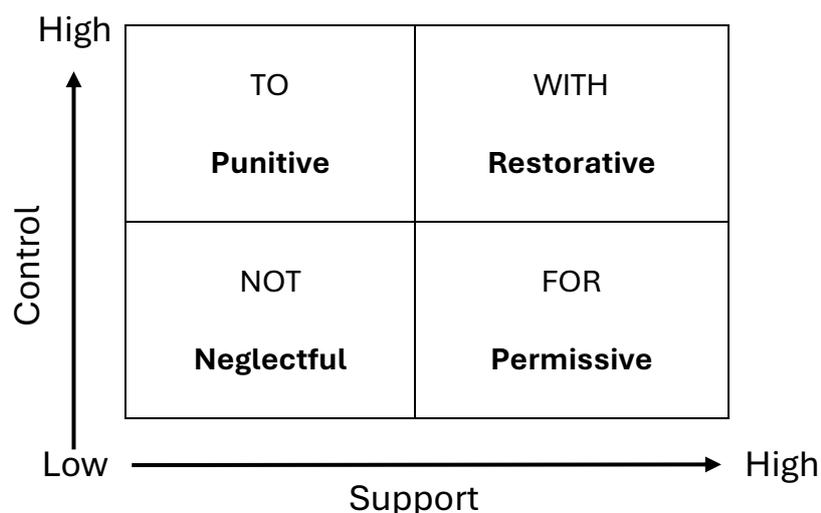
Some participants compared restorative approaches with punitive approaches to behaviours:

> you get some people if a child does something well, "What was their punishment?" "What are you going to do?" "What is their consequence?" "What is their sanction?"... If your child does this, then I don't know, you take the phone off them for 48 hours. Well, why? What are they learning from that? Isn't it better to learn and put things right? (C6, Children's home)

Punitive responses (e.g., using fines or confiscating property) are characterised by high control and low support in the social discipline window (Figure 21). They blame the child, detract from their ability to make amends, and have the potential to harm adult-child relationships (Kuehn et al. 2014; Hopkins 2008). In contrast, a restorative approach seeks to lessen the stigmatisation of the child and promote reintegration.

Giving a child choice in how to make amends can empower them and give them a sense of control and ownership over the process:

> the child's empowered because they're given the control to choose the consequence and that makes it less punitive. There's a potential for consequences I think for a young person to feel vengeful. And so by having that conversation about it and it being a negotiation. You can have the conversation along the lines of, "I understand that people get cross, I get cross as well, but we need to think about a way of dealing with that that doesn't involve a hole in the wall". So it promotes that discussion, that connectivity, that empathy (C9, Children's home)

Participant C9 (Children's home, above) also expects restorative approaches to feel "less punitive" and "vengeful" than other approaches. Wilcox and Hoyle (2004) evaluated restorative projects funded by the Youth Justice Board and found a high proportion of children agreed that the restorative approach was fair (87%), and they felt satisfied with the outcome (93%). Studies have frequently used evaluation forms to assess individuals' perceptions of fairness and satisfaction and reported positive results. However, the findings have been criticised as the wording of the evaluation forms often make it difficult for individuals to disagree with the statements or express negative views (Case et al. 2022a). To overcome this, researchers have compared ratings between individuals who have taken part in a restorative approach with

individuals who have taken part in traditional court processes. Wilson et al.'s (2017) meta-analysis found children who took part in a restorative approach perceived it to be fairer, less punitive, and more satisfying than children participating in traditional court procedures. Wilson et al. (2017) identified a lack of subgroup analysis conducted in the included studies, and it was not possible to examine whether children's perceptions of restorative approaches differed according to their characteristics, such as sex and ethnicity.

Procedural justice theory suggests that when an individual perceives a process to be fair, they are more likely to comply with authority (Tyler 1990). It outlines four key principles that can influence whether an individual perceives a process to be fair or not:

- Voice – the individual can share their story
- Neutrality – the individual feels that the decision maker is objective and unbiased
- Respect – the individual feels respected by the decision maker
- Trustworthy motives – the individual feels that the decision maker is sincere and seeking to achieve the best outcomes for all parties

Children are given a voice in restorative approaches and invited to share their experience of what happened and how they would like to repair the harm. The opportunity to participate in the process can help children to feel satisfied with the decisions that are made and the response from staff (Tyler 2003). As a result, children are more likely to view the process as fair and follow social rules in the future. Braithwaite (2004) argued:

> Given that there is now strong evidence that restorative justice processes are perceived to be fairer by those involved and strong evidence that procedural justice improves compliance with the law, it follows as a prediction that restorative justice processes will improve compliance with the law (p. 48).

The initial programme was amended to include a mechanism that demonstrates restorative approaches are collaborative and children should feel able to share their views and input into the process. Outcomes were also added to illustrate that children are anticipated to feel satisfied with the process and perceive it to be fair. The facilitator's ability to deliver restorative work in line with the other key principles of

procedural justice theory (i.e., in a neutral, respectful, and trustworthy manner) is discussed later in this chapter, as contextual factors that can influence the success of a restorative approach.

The initial programme theory suggested restorative approaches seek to repair the relationship between the person who caused harm and the person who was harmed. During theory refinement, participants agreed that this was a key outcome of restorative approaches. Participants suggested that it was especially important to repair relationships when incidents happen in the care setting and involve individuals who regularly see each other:

> we're trying to repair that harm. And that's obviously important because you want to repair the relationships because they're going to be seeing each other every day (C1, Youth Justice Service)

One participant suggested that children can use the valuable social skills they developed through restorative approaches to help them repair their relationships in the future:

> I think kids quite often find it difficult to have those conversations but if they're having them regularly enough, I think it will help them and I think they need it, like we all do. If as adults you fall out with your partner and you're having a bad day or whatever, the grown-up thing to do if you like is to talk about it and share those feelings. And we all feel, and I think our young people need to know that it is OK to feel whatever they're feeling, whether they're feeling like crap, whether they're feeling good, whether they feel remorseful, whether they feel empathy. That's how we teach them because they often haven't been taught. (C8, Children's home)

Participants described restorative approaches avoid criminalising children in care in two ways. First, participants suggested that children's behaviours will improve as they are less likely to repeat behaviours when they have accepted responsibility, understood the impact, felt remorse, and made amends:

> Well in terms of sort of practically when it's building or property that has been damaged, it increases their sense of ownership and responsibility in terms of, you

know, if they've painted a wall that they've written graffiti on, for example, they're less likely to then write graffiti on it again (C9, Children's home)

Second, restorative approaches provide staff with a way of responding to behaviour that does not involve calling the police. Participants described restorative approaches as one of the "things in our toolbox" that staff in children's homes can use to respond to behaviour (C9, Children's home). The staff response to behaviour in children's homes and how it can reduce emergency police callouts was previously discussed in more detail in Chapter 6.

The initial programme theory proposed that a restorative approach is more likely to be successful in repairing relationships and reducing children's contact with the criminal justice system when children are motivated to take part. In the theory refining interviews, participants agreed that restorative approaches are more likely to be successful when children are motivated to take part. Several literature reviews also provide support for this idea (Case et al. 2022a; Gaffney et al. 2021; Suzuki and Yuan 2021). The authors suggest that positive outcomes are more likely to be achieved when the person who caused harm meaningfully engages in the process. Positive outcomes are less likely to be achieved when individuals "pay lip service" to the process (Littlechild 2011, p. 54) or "simply go through the motions" (Gaffney et al. 2021, p. 20). In a realist synthesis of preventative interventions in youth justice, Case et al. (2022a) differentiated between 'formal compliance' and 'substantive compliance'. The authors suggest that formal compliance is evident when a child superficially engages with a restorative approach and completes the minimum amount of work required. Whereas substantive compliance involves active engagement and commitment to the work. Case et al. (2022a) suggest that substantive compliance is more likely to be achieved when children are supported by staff with whom they have a good relationship and they "feel positively challenged and feel a sense of enjoyment, satisfaction, purpose, achievement and contribution" (Case et al. 2022b, p. 13). In the interviews, participants emphasised the importance of engaging with children and tailoring the restorative process to the child's needs, interests, and "what suits and works well with them" (C8, Children's home) to achieve positive outcomes.

The initial programme theory outlined timing of restorative work is also important, and a quick response is likely to be beneficial. During the second round of interviews, participants discussed the advantages and disadvantages of completing restorative work quickly. The benefits included being able to support individuals to repair their relationships and move forward:

> There are different angles to it. So I think generally 'justice delayed is justice denied' is a kind of slogan but it's got some truth in it, and I think especially for children, because I think from the point of view of the child committing the offence, the sooner the consequence follows the better... in the context of behaviour in a children's home or a supported housing placement or a foster placement, you probably do need it to happen fairly quickly because part of the main aim of restorative justice is to repair harm (C1, Youth Justice Service)

In a previous study, staff working in children's homes have reported that it is often best to address problems quickly to avoid the "build-up and/or hardening of the problems" (Littlechild 2011, p. 54). However, participants in Areas C and D noted that sometimes preparation work is required before restorative work can begin. The preparation work allows the facilitators to understand the feelings of those involved and their readiness to take part in a restorative approach:

> it takes time you know. Quite often it does take a bit of time because you can't kind of just go back in there and just carry on like nothing's happened because something has. And yeah, so there's lots of conversations. Mostly as well, my colleagues would have had a conversation with that child as well about how they feel. (C8, Children's home)

> you've also got to make sure the young person's ready for it otherwise you're going to re-victimize the victim... you've got to have some detailed conversations or whatever you want to call it, but just upfront conversations to say, look, this young person is not in a good place at the moment or they're not ready for it. You know, if we stay in contact, we'll aim to kind of get to this stage in the next six weeks or six months in some occasions really. (D1, Youth Justice Service)

Participants C8 (Children's home) and D1 (Youth Justice Service, above) recognised that it can take time for children to process the event and be ready to discuss what happened. The IPT was updated to note that restorative approaches should be timely, rather than quick, and aligned to the needs of the person who caused harm and the person who was harmed.

Three contextual factors were added to the programme theory during the theory refinement stage in relation to the role of the facilitator. Participants discussed that the facilitator needs to be able to create a safe environment for restorative work to take place:

> sometimes it's damaging to the young person if all the victim wants to do is come to rant at the young person and if that's all they're able to do, you have to kind of say that'll make it worse for you and the young person. It's going to provoke a response in the young person that is not going to be helpful to you potentially because they are going to start shouting back. We've got to make sure it is a safe environment for both of you (D1, Youth Justice Service)

The Welsh protocol proposed that a safe environment enables those involved to share their feelings and views about the harm that has been caused (Welsh Government 2022). Data from Areas A and B were revisited, and the training materials in Area A clearly state that restorative approaches need to be undertaken in a "safe, neutral, fair and equal environment" (Area A training materials, p. 7).

The English protocol advises facilitators to undertake preparation work to ensure that the work is safe (Department for Education 2018a). As discussed above, preparation work can help the facilitator to assess whether the individuals involved are "in a good place" to take part or not (D1, Youth Justice Service). During preparation work, the facilitator provides individuals with the space to talk about the incident. The facilitator should empathise with the individual, explain what a restorative approach is, explore any reservations to taking part, and remain impartial (Hopkins 2004). The facilitator is required to make a judgement about whether a restorative approach is likely to be beneficial for all the parties involved at this time. The initial programme theory was amended to include a safe environment as a key contextual factor. This contextual factor is linked to the child's motivation to participate in restorative work as children are more likely to be willing to take part when they trust the facilitator and feel safe (Hopkins 2004).

In addition to creating a safe space, the facilitator needs to conduct "an often highly emotional process in a neutral and measured fashion" (Department for Education 2018a, p. 42). Facilitators are expected to act in a way that is respectful and "fair and unbiased towards participants" (Welsh Government 2022, p. 21). Several participants recognised children may not perceive staff within the home to be impartial facilitators due to their existing relationships with children and staff in the home:

> there was some work done somewhere else, I think looking at the use of restorative justice in settings like children's homes, and the problem was that you want the restorative justice facilitator to be a neutral party and independent. And they weren't. They might ask another staff member to kind of run some kind of restorative process in their home, but from the child's point of view, that's not a neutral party, that's another staff member (C1, Youth Justice Service)

The national protocols suggest that if the facilitator is biased or disrespectful then the chance of achieving successful outcomes is reduced (Department for Education 2018a; Welsh Government 2022). The protocols in Area C and D state that specialist restorative practitioners employed by the Youth Justice Service can support restorative work in care placements and act as a neutral party. However, during the interviews, participants explained that, in practice, specialist practitioners do not have the capacity to support restorative work in care placements:

> we haven't really got that going I don't think. And like I said, I've probably avoided thinking about it too much because I know that our restorative justice practitioners are struggling. It has been difficult just managing the volume of work... our restorative justice workers are overstretched, and it would be good to have more capacity to support projects that respond restoratively. (C1, Youth Justice Service)

> I'd like to see them do more restorative justice stuff. But we're just not of a size where we could provide that support to [the number of children's homes in the area]. And so there's more that we could do as well, but we just can't. (P4, Youth Justice Service)

Limited resources in the Youth Justice Service mean that the staff from their teams are not available to facilitate restorative work in care placements and offer an external, independent perspective. Instead, staff in the children's homes are required to deliver the work and attempt to work in a neutral fashion. The initial programme theory was updated to include the need to work within resource constraints and the neutrality of the facilitator as contextual factors.

It is clear from the contextual factors discussed that facilitators need to be skilled in delivering restorative approaches. Staff working in care placements need to receive training to enable them to implement the principles of a restorative approach (Department for Education 2018a). Participants working in children's homes reported that they received training about restorative approaches, however, one participant questioned the quality of the restorative work that is delivered in some children's homes:

> Interviewer: Do you know if they do training internally on restorative practice?
>
> P4 (Youth Justice Service): They also say they do therapy. But I'd question it.
>
> Interviewer: Right. OK. So if restorative work was to happen it would be...
>
> P4 (Youth Justice Service): Are you sorry? Are you sorry for what you did? Right then, call the police. Did you try restorative? Yeah, we asked him if he was sorry. You know, to what level? I bet they haven't got an RJ [Restorative Justice] quality mark for the work, but they would say, yeah, we do try and do some restorative justice. Yeah. You going to write a letter of apology? I'm sorry. It is nowhere near the standard that it should be. But maybe from their point of view they can say that they've tried.

In the quotation above, participant P4 refers to a restorative justice quality mark. The Restorative Justice Council have developed quality marks for services (e.g., children's homes, schools, secure units) and training providers to provide quality assurance (Restorative Justice Council 2016). They assess service and training providers to determine whether their work meets the necessary standards and if so, awards them with a quality mark. The quality of training about restorative approaches impacts on the facilitators ability to deliver restorative work to a good standard, and staff training has been added as a contextual factor to the refined programme theory.

The refined programme theory is summarised below and presented in Figure 22 at the end of the chapter.

RPT 7: When a child is provided with an opportunity to engage in a restorative approach as the person who caused harm (Mechanism: resource), they reflect on

their behaviour (Mechanism: reasoning), share their views (Mechanism: reasoning), understand how their behaviour has impacted others (Mechanism: reasoning), feel remorse (Mechanism: reasoning) and accept responsibility (Mechanism: reasoning). This leads the child's relationship with the person who was harmed to improve (Outcome). The child feels satisfied with the process (Outcome), perceives it to be fair (Outcome), and improves their behaviour (Outcome). As a result, the child has less contact with the criminal justice system (Outcome). This is more likely to happen if the child is motivated to take part in restorative work (Context), the response is timely (Context), there are sufficient resources to deliver the work (Context), and the facilitator creates a safe environment (Context) and acts in a neutral and respectful manner (Context).

7.1.2. Empathy of the person who caused harm

RT 2: If the person who caused harm is invited to take part in a restorative approach (Mechanism: resource) and they are not able to see the situation from the view of the person harmed (Mechanism: reasoning) then then they are more likely to continue to engage in offending behaviour (Outcome).

During the theory refining interviews, participants were asked for their thoughts on rival theory 2 which suggests that restorative approaches may not be successful when children have low empathy. In the literature, there is a lack of agreement on whether restorative approaches are appropriate for children in care who have difficulties with empathy or not (Hayden and Gough 2010). In the quotation below, participant C8 (Children's home) referred to some children having difficulties understanding others' perspectives (cognitive empathy) and sharing the emotion of others (emotional empathy; Smith 2006). However, they suggest children with low empathy can benefit from restorative approaches:

> Some kids don't have that empathy. They don't. They don't understand that or sometimes they just don't want to kind of face up to their responsibilities. They don't want to kind of own that. They don't want to own their feelings. But I still think that it is helpful to have those kind of conversations regardless. But you

kind of have to do things at the young person's pace as well. And it may be that it will be a really long drawn-out slow process. (C8, Children's home)

The quotation emphasises that children have distinct and individual needs and practitioners need to deliver the work differently, for example, in terms of the language they use, the number of restorative conversations they have with a child and the timescale over which these take place.

Several participants suggested that restorative work may need to be delivered at a slower pace and adapted to children's needs when they have low empathy:

It can be a little bit more difficult, but I think it just takes a bit longer to work your way round that young person and I think you can get there. It's just a different approach, isn't it? (C5, Police)

Adaptations to restorative work may include using simple language and visual supports to help a child understand what happened and identify feelings (e.g., mind maps, comic storylines, or photographs; Burnett and Thorsborn 2015). This way of working aligns with the key principles of a restorative approach that state it should be accessible and "inclusive of any diversity needs" (Restorative Justice Council no date, p. 1). The national protocols emphasise that the need to adapt the restorative process goes beyond a child's empathy levels and staff should consider the child's age, ethnicity, gender, religion, and individual vulnerabilities:

"The age of children, their ethnicity, whether they are unaccompanied migrant children, their gender, religion and other protected characteristics are all factors that must be taken in to account as they affect the way a 'meeting' would be conducted" (Department for Education 2018a, p. 41).

Rival theory 2 was not substantiated during theory refinement, and instead, adapting restorative approaches to children's needs was added as a contextual factor to RPT 7.

As highlighted above, the English protocol advises professionals to take children's protected characteristics into account when facilitating restorative work. Participants in this study did not comment on how children may respond differently to restorative approaches beyond differences in levels of empathy. In the literature, there is some

evidence that an individual's experience of restorative approaches and their outcomes may differ, for example, according to their gender (Hodgson 2022), ethnicity (Gavrielides 2014; Wong et al. 2016), class (Willis 2020) and special educational needs and disabilities (Littlechild and Sender 2010; Procter-Legg 2025). In one study, Willis (2020) examined class differences and found that restorative approaches appeared to privilege individuals from middle-class backgrounds over those from less advantaged backgrounds due to their stronger verbal communication skills. In another, Hodgson (2022) critically explored girls' experiences of restorative conferences, finding they often had a negative experience as they perceived them punitive and disempowering. However, there is limited research examining how different groups of children experience restorative approaches (Kimbrell et al. 2022). Further research is needed to understand potential subgroup differences and inform how the approach can be tailored to promote inclusivity.

7.2. Restorative approaches and the person who was harmed

IPT 8: If the person who was harmed takes part in a restorative approach (Mechanism: resource), then they will feel able to share their views (Mechanism: reasoning), see the 'good' in the person who caused harm (Mechanism: reasoning), and understand the reasons for the child's behaviour (Mechanism: reasoning). This leads the person who was harmed to feel satisfied (Outcome) and their relationship with the child improves (Outcome). The outcomes are less likely to be achieved when the person who was harmed favours punitive approaches (Context).

Restorative approaches provide the person who was harmed with an opportunity to share their thoughts and feelings about an incident:

> staff would need to come along and give their side of the story in that restorative justice meeting. So, "when you arrived back at 9:00 o'clock and you were a bit drunk, I was busy and you know how upset Harriet has been recently and I was with her, and when you came in and started kicking off, it meant I then felt really guilty because I knew she was really upset. And then when you came out, I did

feel really scared." It is all that kind of stuff... You just tell the young person what it was actually like for you as a staff member (D1, Youth Justice Service)

Individuals who are harmed often report that they decided to take part in a restorative approach because they wanted to "have their say" and "share their feelings directly" with the person who caused them harm (Strang 2002, p. 122). The Welsh protocol argues this opportunity "empowers victims by giving them a voice" and a chance to share their experience (Welsh Government 2022, p. 21).

The person harmed can also learn about the child's experiences and views on the incident. One participant described the dialogue between the person who caused harm and the person who was harmed as an opportunity to "understand each other's perspectives" and consider what led to the child's behaviour (C4, Children's home). This process can also help the individuals involved to see each other as human:

It will show them that they have hurt you. You've got feelings. They've got feelings. And we are not robots. So the fact that both of you are kind of showing each other that you have got feelings and it's OK to have feelings and it's OK to feel the way you do but it's also OK to talk about stuff (C8, Children's home)

The initial programme theory anticipated that the person who was harmed will feel satisfied with the restorative process. There is evidence to support this in the literature. For example, Strang et al. (2013) conducted a literature review and found that individuals who take part in a restorative approach after being harmed report a greater sense of satisfaction than those who take part in traditional criminal justice processes. Strang (2002) found that individuals who were satisfied with the restorative process said that it was fair to all those involved, and they were pleased that the person who caused harm was able to understand the impact of their behaviour and give back to the community. Reviews have also found that individuals who were harmed and took part in a restorative approach were more likely to perceive the process to be fair than individuals who participated in court processes (Kimbrell et al. 2023; Strang et al. 2013). Outcomes were added to the refined programme theories to demonstrate that both the

person who was harmed and the person who caused harm are anticipated to feel satisfied and perceive the approach to be fair.

The initial programme theory suggested that individuals are less likely to be motivated to take part in restorative approaches when they favour punitive approaches. In the second round of data collection, participants discussed that there needs to be a cultural shift away from punishment if restorative approaches are to be successful:

> So the restorative approach is like, you know why take something off of a child that's got nothing anyway, you know, how's that going to work? So it's sort of teaches them again it's about that understanding and having that relationship with the child. And understanding the impact of us punishing them, which we never do, and I hate that word, but that's what some people would expect... So that's what the training covers and gets people to understand the reasons why something has happened and how we can help them to obviously learn maybe not to do that again rather than that sanction, going to take that off them, they can't go out now for the day you know that doesn't help. (C6, Children's home)

Participant C6 (Children's home, above) suggests that training about restorative approaches can help teach staff about the principles of the approach and the benefits of working in this way to support children to learn and improve their behaviour. Training about trauma-informed approaches also led to an increased understanding of trauma among staff and a move towards a welfare response rather than a punitive response:

> C9 (Children's home): I remember a time when people used to call the police because somebody had thrown a cup across the room when they'd a difficult contact visit with an estranged family member. Of course, that would nowadays always be seen as a trauma response. And actually nobody is at any sort of risk so we would very much have a welfare response to that rather than any sort of punitive response...
>
> Interviewer: What do you think sort of changed the response over the years?
>
> C9 (Children's homes): I think it's just understanding about trauma and that it's not that kids are being naughty. It's that behaviour is a communication, and they are communicating their distress and crisis. I mean, it's just the change in terminology from 'being naughty' or 'being aggressive' to having a 'crisis behaviour' that reveals the understanding that has developed over the years about trauma responses and behaviour as communication.

This analysis suggests that changing attitudes and how staff perceive children's behaviour will influence their acceptance and willingness to engage in restorative approaches.

The refined programme theory is outlined below and describes how restorative approaches are expected to impact the person who caused harm and the person who was harmed. The refined programme theories discussed in this chapter (RPT 6 and 7) are presented in Figure 22. Extra contextual factors have been added to the refined diagram to recognise that facilitators should receive training and seek to provide a safe, neutral, and respectful restorative response. The contextual factor regarding the timing of restorative approaches has been changed from "quick" to "timely" to demonstrate that a quick response is not always appropriate. An additional mechanism has been added to show that restorative approaches can lead children to feel able to share their views about what happened and how they would like to make amends. Finally, two outcomes were added to show children are expected to feel satisfied with the process and perceive it to be fair.

RPT 6 & 7. The person who is harmed is provided with an opportunity to engage in a restorative approach (Mechanism: resource). They feel able to share their views (Mechanism: reasoning), understand the reasons for the child's behaviour (Mechanism: reasoning) and see the child as human (Mechanism: reasoning). The relationship between the person harmed and the person who caused harm improves (Outcome), and the person who was harmed feels satisfied with the process (Outcome) and perceives it to be fair (Outcome). This is more likely to happen if the person who was harmed is motivated to take part (Context), the response is timely (Context), and the facilitator creates a safe environment (Context) and acts in a neutral and respectful manner (Context). It is challenging when there are limited resources to identify an independent facilitator (Context).

Figure 22. Restorative approaches RPT
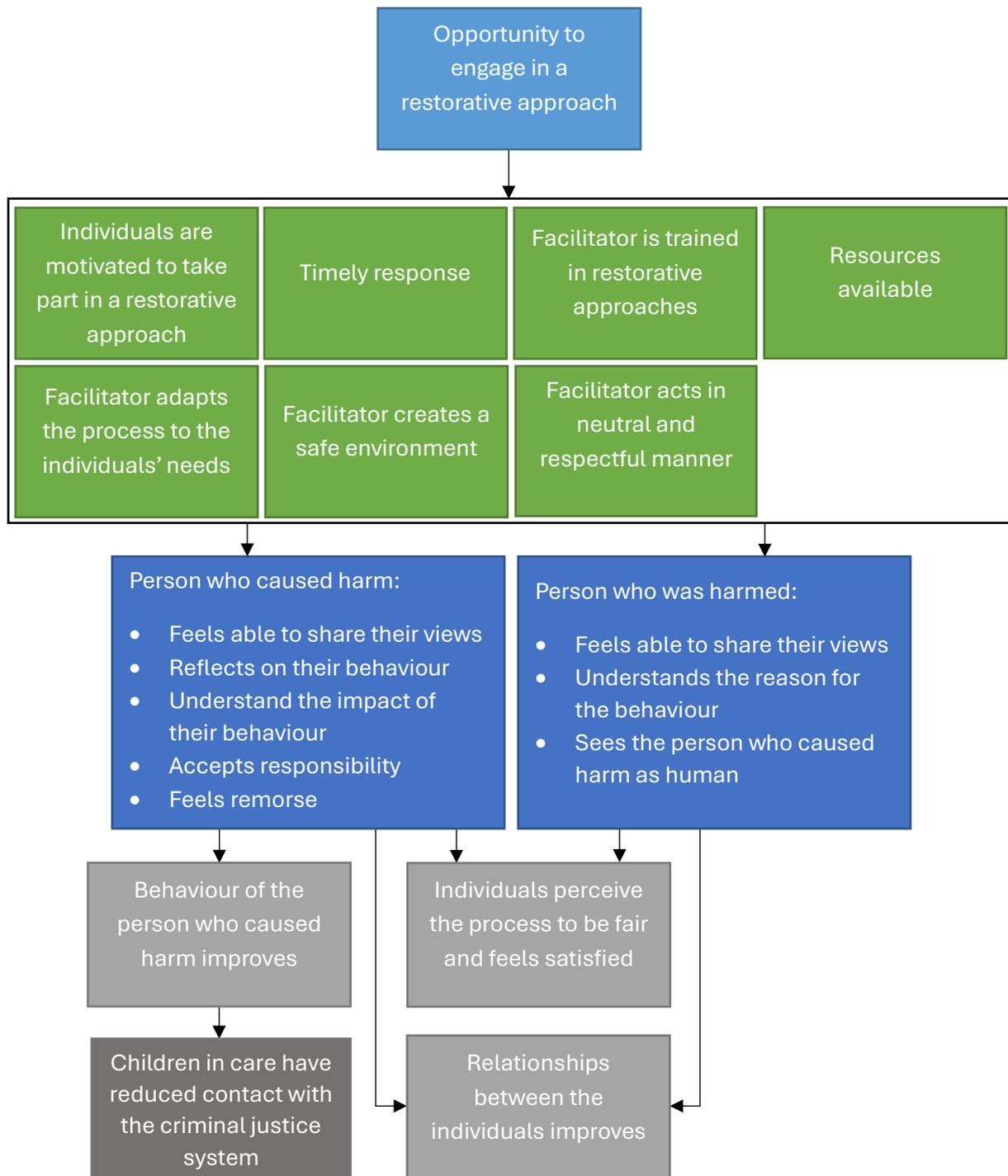
7.3. Conclusion

The analysis in this chapter revealed that restorative approaches are anticipated to help individuals feel empowered and able to share their thoughts, feelings, and wishes, and input into decisions on how to repair harm and move forward. The person who caused harm is expected to accept responsibility for their behaviour, make amends, and reintegrate into the community. The person who was harmed has the chance to share their experiences, ask questions, and understand the reasons for the other person's behaviour. New contextual factors were added the refined programme theories to demonstrate that restorative approaches are anticipated to work best when they are timely, respectful and safe.

The findings in this chapter highlight some key strengths and limitations of using restorative approaches in children's homes. A strength of the approach is that it provides staff with a way of responding to children's behaviour informally in-house and reducing unnecessary calls to the police, and in doing so diverting children from the criminal justice system and promoting positive outcomes. Restorative approaches can benefit children as they encourage them to learn from their behaviour in a supportive environment that is not focused on blame or punishment, but on addressing the harm caused and moving forward. Participants described that the restorative process should be collaborative and relational, as staff and children work together to discuss what happened and how to make amends. This way of working is consistent with Article 12 of the United Nations Convention on the Rights of the Child which states that children have a right to express their views freely and have this taken into account (United Nations Convention on the Rights of the Child 1989). It also aligns well with strategies in policing (National Police Chiefs' Council 2024) and youth justice (Youth Justice Board 2024) that focus on incorporating the voice of the child and encouraging active participation. The collaborative nature of the approach is anticipated to promote perceptions of fairness, satisfaction and community forgiveness, and improve compliance with the law (Braitwaite 1989; Tyler 1990).

However, delivering restorative approaches in care settings presents challenges that require additional consideration. First, power imbalances between children and staff may act as a barrier to establishing a genuinely collaborative and empowering approach. Participants identified that children may not feel they have a choice about whether to participate in restorative work or not, if the only other course of action is formal police involvement. In addition, staff may feel pressured to engage in restorative work, for example, due to management expectations or targets (Hayden 2010b as cited in Staines 2013). Power dynamics may also inhibit individuals from feeling able or willing to openly share their views and feelings about an incident during a restorative conversation. Children may feel reluctant to share their views with professionals who are in a position of authority and responsible for their care, while staff may not wish to present themselves as vulnerable to children and feel uncomfortable sharing their feelings (Staines 2013).

Second, the four elements of procedural justice (voice, neutrality, respect and trust) are unlikely to be easily achieved in practice. For example, care staff are expected to facilitate the restorative work, and they are unlikely to be perceived as neutral facilitators by children and other staff members. As a result, individuals participating in a restorative approach may not feel able to voice their account of what happened, or trust the facilitator will listen and act without bias. These challenges are likely to be intensified for care experienced children with histories of being stigmatised and marginalised (Fitzpatrick et al. 2024). Fostering voice and trust is likely to be especially hard when children have previously been let down by authority figures, and have not been listened to or believed (Fitzpatrick et al. 2022; 2024). Further research is needed to explore care experienced children's perspectives on restorative approaches and examine the extent to which the four elements of procedural justice are realised in ways that meaningfully support their participation.

The findings from this study emphasise the need for training to ensure professionals can deliver restorative approaches to a high standard. Facilitators should be trained to

assess whether a restorative approach is appropriate, judge the appropriate timing and create a safe and respectful environment for the work. Training was suggested to improve staff members' understanding of the principles and values of the approach and the benefits of responding to behaviour through internal resolution. Participants reported training about restorative approaches, alongside training about trauma-informed approaches, can increase staff members' acceptance and willingness to engage in restorative approaches over punitive approaches.

This chapter contributes to our understanding of how restorative approaches can be used to respond to the behaviour of children in care and reduce unnecessary callouts to the police that can draw children into the criminal justice system. Restorative approaches are one way of responding to behaviour in care settings that is recommended in the protocols but staff need other tools and strategies to support children in a range of circumstances (see Chapter 6 on behavioural support for discussion of other approaches). In the next chapter, I summarise the research findings from the evaluation, outline the theoretical contributions of the refined programme theories and reflect on my experience of using realist methodology.

Chapter 8: Discussion

As highlighted in Chapter 2, the over-representation of children in care in the youth justice system is a significant challenge nationally (Day 2021) and internationally (Gerard et al. 2019; Herz 2019; Stanley 2017). It is a pressing concern as involvement in the youth justice system places children in care at-greater risk of poor health, employment, and criminal justice outcomes later in life (Barnert et al. 2017; Bernburg and Krohn 2003; Copeland et al. 2023; McAra and McVie 2022; Siennick and Widdowson 2022). Local protocols have been proposed as one way of protecting children in care from being drawn into the youth justice system. The protocols are part of an international policy movement that has attracted attention in England (Department for Education 2018a), Wales (Welsh Government 2022), and Australia (McFarlane et al. 2019). The protocols seek to ensure how staff respond to the behaviour of children in care "does not initiate or exacerbate negative behaviour and contribute to unnecessary police involvement or criminalisation" (Department for Education 2018a, p. 6). The protocols incorporate a corporate parenting ethos and recognise that staff have a responsibility to keep children safe, promote their wellbeing, and seek the best outcomes. They involve multiple agencies (e.g., care providers, the Youth Justice Service and police) and provide staff with guidance on how to support children in care and work with partner agencies. All areas in England and Wales have been encouraged to set-up and implement a local protocol (Department for Education 2018a; Welsh Government 2022).

There is very limited research looking at how (and if) the local protocols are used in practice in England and Wales. Several local protocols have been identified in practice reviews (Laming 2016; Taylor 2016) and a few studies have explored practitioners' experiences of implementing a protocol in the UK (Home Office 2004; Schofield et al. 2012). In these studies, staff have shared some of the factors that made or are anticipated to make implementing their protocol easier (Home Office 2004; Schofield et al. 2012). In McFarlane et al. (2019)'s study, staff in New South Wales (Australia) discussed their hopes for a protocol they had written and the factors they anticipated to

be important for implementation including interagency trust and regular training for care staff and the police. This PhD extends these findings by outlining refined programme theories that explain how the protocols are intended to work, for whom, in what circumstances, and why. The programme theories were developed based on data collected from four case study areas and interviews with stakeholders involved in the development of the English and Welsh protocols. In realist evaluations, there is an assumption that interventions are "theories incarnate" (Pawson and Tilley 1997). This means that interventions are designed with an underlying theory about what might cause change. This theory may be developed and made available by the programme architects, for example, in the form of a logic model (Greenhalgh et al. 2017e). In this case, the theory about how the protocols intend to achieve change has not been made explicit in the English or Welsh protocols (Department for Education 2018a, Welsh Government 2022), the local protocols, or previous studies. A clear programme theory helps diverse stakeholders to understand the purpose and logic of a policy and inform implementation by outlining the conditions under which it is expected to succeed. In a framework to inform the evaluation of complex interventions, Skivington et al. (2021) described a refined programme theory as an "important evaluation outcome and... the principal aim where a theory based perspective is taken" (p. 5). The authors argued that a refined programme theory can inform the transferability of a policy to different settings and lead to suggested improvements for future implementation. The refined programme theories in this study provides new and important findings that detail the assumptions around how a protocol-based approach can improve the staff response to the behaviour of children in care and divert them from the criminal justice system, thereby bettering children's life chances.

In this chapter, I provide a summary of research findings and demonstrate how the research questions have been answered. I then highlight the theoretical contributions of this PhD and why the refined programme theories are anticipated to be useful for policy, practice and future research. Next, I reflect on my experiences of using realist methodology and demonstrate the methodology contributions that this research makes to the field of youth justice. I then discuss the main strengths and weaknesses of the

evaluation and summarise the implications of the study for policy, practice and research. I conclude by providing an overview of the unique contributions that the study has made.

8.1. Summary of the research findings

8.1.1. How and why have multi-agency protocols been introduced to address the criminalisation of children in care?

This study looked to investigate how multi-agency protocols have been introduced across England and Wales to avoid criminalising children in care. Copies of thirty protocols were obtained via internet searches and information requests, and a document analysis was conducted to examine the content of the protocols and the similarities and differences between them (Chapter 4). Twenty-seven of the protocols were in England and three were in Wales. The protocols were written over the last 15 years, although most were developed after two practice reviews recommended their use in 2016 (Laming 2016; Taylor 2016). They involved between two and 10 partner agencies, most commonly Children's Services, Youth Justice Service and the police. The protocols varied according to the size of geographical area they covered, and the type of guidance provided. Three types of protocols were identified: (1) regional protocols, (2) incident-focused protocols and (3) pathway protocols. Regional protocols covered large geographical areas and set out overarching principles to guide practice. Incident-focused protocols provided specific advice on how to respond to children's behaviour and pathways protocols went further and considered how to prevent incidents and reduce future offending. All protocols had been established to reduce the criminalisation of children in care, but many included several other aims. For instance, to balance the rights and needs of the person who was harmed and the person who caused harm, and to strengthen multi-agency working. Some protocols detailed how staff will support children in multiple placement types and/or care leavers and others focusing on residential care only. The English and Welsh protocols were seeking to establish consistent support for children in care across placement types and care leavers (Department for Education 2018a; Welsh Government 2022), however, the

variation in the local protocols demonstrates that this ambition has not been achieved. Targeting the protocols to children in residential care may be appealing to managers as achieving change in a smaller number of placements may feel more achievable and limited resources can be directed to training staff in these placements. In addition, there is evidence that children in residential care are more likely to have contact with the criminal justice system than children in other placement types (Ryan et al. 2008), so they may be considered in most need of support. However, this approach risks leaving children in other placement types and care leavers without sufficient protection from avoidable criminal justice outcomes.

Four local protocols were studied in detail, and interviews were conducted with representatives from the police, children's services, and care providers. The interviews provided insights into how and why the protocols were set-up. In all case study areas, participants were concerned about the criminalisation of children in care and the impact it had on children's future life chances. Some participants described that the police were being called for minor incidents in care placements. Others were aware of local data that highlighted that children in care were disproportionately represented in the youth justice system. Participants across the case study areas reported that having a senior leader who was passionate about achieving change was highly valuable in setting up and promoting the approach. For instance, the Chief Constable in Area B was perceived to be crucial in championing the approach and demonstrating their commitment to the protocol. However, participants described that enthusiasm for the protocols varied across partner agencies, and it could be difficult to obtain buy-in from some agencies. For example, participants in Area A had experienced difficulties in convincing police to attend training about their protocol and participants in Area C had experienced challenges in encouraging care providers to attend meetings about their protocol. Participants suggested that some agencies did not recognise the problem of children in care being criminalised, or identify it as a priority for them. The findings from this study suggest that the use of the protocols depends on the interest and will of local areas, and the different partner agencies.

Importantly, this study reveals that not all areas in England and Wales have set-up a local protocol. Just over half of the police forces in England and Wales were signed up to a protocol included in the analysis in Chapter 4 (58%; n= 25/43). The inconsistent take-up of the policy creates a 'postcode lottery' in the support that children in care receive and the way professionals respond to their behaviour. Participants raised concerns that children who are placed out-of-area may not receive adequate protection against involvement in the youth justice system if the areas do not have a protocol. At times, this has resulted in children receiving a conviction for behaviour that would have been dealt with informally in their home local authority. UK Government and Welsh Government outline a framework for best practice in their national protocols and expect all areas to implement this way of working (Department for Education 2018a; Welsh Government 2022). However, the findings from this study demonstrate that they have not been successful in encouraging all areas to take up this approach. In Chapter 6, it was discussed that there is a lack of monitoring from Government to assess which areas are using the approach and identify the difference the protocols make. Ongoing monitoring would also demonstrate to local areas that the Government is taking the issue of criminalising children in care seriously and are committed to changing practice to improve the outcomes of children in care.

8.1.2. How and why are multi-agency protocols anticipated to work to reduce the criminalisation of children in care?

Programme theories have been developed and revised in this study to explain how the protocols are intended to work to reduce the criminalisation of children in care. In realist evaluations, initial programme theories are developed to outline ideas for how an intervention operates and produces its outcomes (Pawson and Tilley 1997). Further data is then collected to refine and revise these ideas. In this study, I based the initial programme theories on data collected from two case study areas. I then collected data from two additional case study areas and individuals who had contributed to the English or Welsh protocols. The initial programme theories were outlined in Chapter 5, and the refined programme theories were presented in Chapters 6-7.

An overview of the refined programme theories is presented in Figure 23. Figure 23 is based on the idea that an intervention's resources (e.g., information, opportunities) can change an individual's reasoning (e.g., how they think or feel) and produce outcomes (Dalkin et al. 2015). The figure suggests that partner agencies can work together to write a protocol, meet to discuss and review the protocol, and train staff. This enables partner agencies to establish a shared vision for the protocol and be clear on the roles and responsibilities of the agencies involved. Through training, staff employed by the different agencies can learn about children's behaviour and how trauma can impact a child's development and emotion regulation. As a result, staff can consider why a child may be presenting with certain behaviours and how to support them in ways that avoid prosecution. For example, by avoiding arrests and informally responding through de-escalation techniques, restorative conversations, or referrals to other agencies. It is anticipated that the process of writing the protocol, participating in meetings and/or attending training will help staff feel committed to the protocol and confident to implement it.

Figure 23. Overall refined programme theory of how multi-agency protocols work to reduce the criminalisation of children in care

Context			
Infrastructural • Government support. • Resources available. • Care providers focused on welfare over profit.	**Institutional** • Committed leadership. • Organisational buy-in. • Partner agency cultures align. • Positive staff recruitment and retention.	**Interpersonal** • Positive staff-child relationships. • Positive staff relationships.	**Individual** • Staff understand the need to address the criminalisation of children in care. • Staff are motivated to avoid criminalisation.

Resources	Reasoning	Intermediate outcomes	Long-term outcomes
• Opportunity to write the protocol. • Meetings about the protocol. • Staff training about the protocol, behaviour support, and restorative approaches.	• Partners establish shared goals and clear roles and hold each other to account. • Staff understand the impact of trauma on behaviour. • Staff look for ways to respond to behaviour that avoids prosecution.	• More behaviours are supported 'in house'. • Fewer 999 calls. • More preventative and early intervention work. • Improved partner relationships.	• Children in care have reduced contact with the criminal justice system.

Figure 23 and the flow diagrams in this thesis (Figures 13 – 22) present simplified and linear models of how, why and in what circumstances the protocols are anticipated to work. They aim to communicate causal pathways by outlining the resources provided by the protocols, how individuals are anticipated to respond, the intended outcomes and the enabling or inhibitory contextual factors. It is important to acknowledge however that there is likely to be bidirectionality in the models. For example, RPT 5 proposes that training in behaviour support will improve staff confidence in responding to children's behaviour and enable them to defuse and resolve situations and make fewer emergency calls to the police. It is likely that the experience of successfully resolving situations 'in house' without police involvement will also increase staff confidence in responding to children's behaviour in the future as illustrated below in Figure 24.

Figure 24. Example feedback loop in Refined Programme Theory 5

🟦	Mechanism: resource
🟦	Mechanism: reasoning
⬜	Intermediate outcome
⬛	Protocol outcome
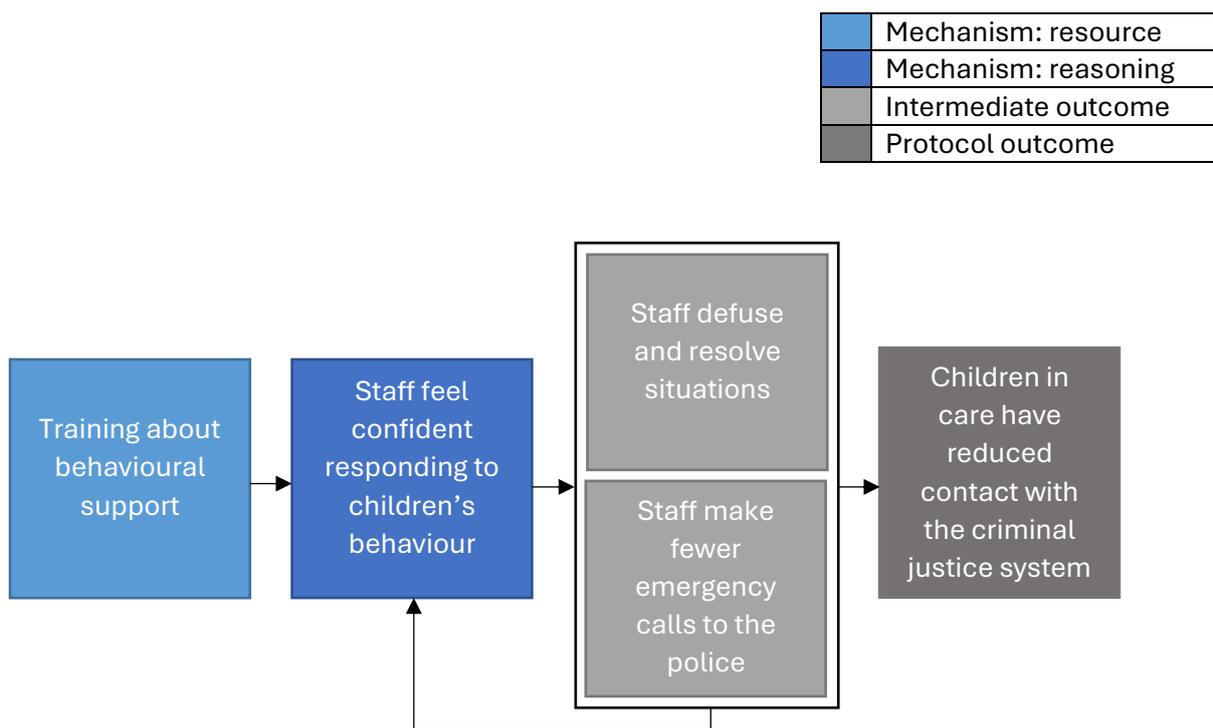
This figure demonstrates a feedback loop whereby the intermediate outcomes influence future reasoning by staff. Feedback loops are not explicitly discussed by Pawson and Tilley (1997) or frequently reported in realist evaluations (Byng et al. 2005).

In one study, Renmans et al. (2020) tested the value of combining realist evaluation with causal loop diagramming. They argued this approach helped them to visualise more detailed and dynamic causal interactions than realist evaluation alone. They suggest the approach may support policy makers to make targeted decisions to improve interventions. Others have advised against overuse of feedback loops and warn "a balance must be struck between an all-inclusive model and a useful heuristic tool" (Anderson et al. 2011, p. 40). Future research could examine the bidirectionality in the programme theories developed in this research, with the aim of identifying and prioritising the most important interrelationships and feedback loops to communicate to stakeholders.

The overall refined programme theory acknowledges that the protocols are not introduced in isolation and local conditions can influence whether they lead to the anticipated changes in reasoning and outcomes, or not (see Figure 23). Pawson (2013) suggests the influence of contextual factors is evident at four main levels:

1. Individual level – the characteristics and capabilities of the individuals involved in the intervention.
2. Interpersonal level – the relationships between the individuals involved in the intervention.
3. Institutional level – the rules, norms, and ethos local to the intervention.
4. Infrastructural level – the wider social, economic, and cultural setting of the intervention.

The contextual factors identified in this study are grouped according to these levels in Figure 23. The factors are anticipated to enable the protocols to achieve the intended outcomes. The opposite is also true with a lack of these factors inhibiting the intended outcomes. For example, organisational buy-in is an enabling contextual factor and a lack of organisational buy-in is an inhibitory contextual factor.

Numerous contextual factors have been identified in this research. It is likely some factors have greater influence over whether the intended outcomes are achieved or not. Participants in all case study areas suggested strong leadership, organisational buy in

and staff relationships were crucial for successful implementation of the protocols, and these factors are focused on and discussed in this chapter (in Section 8.1.1 and the conclusion). Other contextual factors, such as staff recruitment, were mentioned less frequently and strongly by participants. Surveys have been used by several realist researchers to examine the relationships between the contextual factors and outcomes of interest, and identify the most influential factors for different groups (Westhorp and Feeny 2024). For example, a survey was used to test a programme theory about the impact of staff capacity building events (RREALI 2020). The authors asked participants about the factors that most likely influenced changes in their learning (e.g., trainer's background and expertise), and examined subgroups differences in the responses (e.g., gender, age and employer type). In another realist study, Oroviogoicoechea and Watson (2009) conducted a survey to explore nurses' experiences of a new computerised information system. They found that contextual factors related to the nursing unit (e.g., type of nursing unit and patient group) had a greater influence on staff practice than user characteristics (e.g., age and attitudes towards information technology). Future research looking to refine the programme theories outlined in this thesis could use a survey to weight the contextual factors. Different stakeholder groups should be invited to complete the survey as the perceived importance of the contextual factors is likely to differ. For example, policy makers may be particularly interested in participants' views on the need for resources and ongoing Government support while care experienced children may be concerned with the role of staff-child relationships.

The results from this study suggest that the protocols are more likely to be successful in the contexts shown in Figure 23. It is anticipated that if protocols are set-up in these conditions, then staff will be more likely to explore ways of responding to children's behaviours that do not involve emergency calls to the police or arrests. It is expected that staff will be more likely to reach out to partner agencies for help meeting children's needs and more children will be engaged in preventative and early intervention work. As a result, the relationships between partner agencies will improve and the protocols will achieve their overarching goal which is to reduce the criminalisation of children in care.

In the literature review, several explanations were discussed for why children in care are over-represented in the criminal justice system. The first two explanations considered how a child's experiences before and during care may increase their risk of involvement in offending behaviour. The third explanation proposed the way staff respond to the behaviour of children in care may increase their contact with the criminal justice system. Care staff were suggested to involve the police for matters that would not come to the attention of the police in a family home. The protocols have been set-up to change how staff respond to the behaviour of children in care. The programme theories in this study suggest that how staff perceive a child's behaviour is crucial. They propose that the protocols work by encouraging staff to recognise a child's vulnerabilities and consider the underlying reasons for a child's behaviour. Staff are expected to understand the negative impact that a criminal record can have on a child's life chances and feel driven to avoid prosecution wherever possible. The programme theories also highlighted that staff need ongoing training and support to ensure they have the skills and confidence to respond to children's behaviour effectively and avoid unnecessary criminal justice system involvement. In Section 8.2.1, I discuss how the programme theories are expected to inform practice, policy and future research.

8.1.3. What are the implications of the multi-agency protocols, for who, and in what ways?

The study demonstrates that protocols have consequences for a range of participants, including children in care and staff employed by the partner agencies involved in the protocols. The protocols impact children in care as they look to address the over-representation of this group in the youth justice system. This is a priority as contact with the youth justice system can "be a barrier to successful transition to adulthood and future life prospects" (Department for Education 2018a, p. 32). The protocols outline arrangements to support the needs of children in care and divert them from the youth justice system wherever possible (Department for Education 2018a). This is anticipated to improve the life chances and outcomes of children in care (Department for Education 2018a; Welsh Government 2022).

The protocols require the agencies signed up to the arrangements to identify if their practice aligns with the guidance and if not, change their way of working. The findings suggest protocols have the largest impact for staff working in care placements and the police. The protocols place an expectation on staff in care placements to manage children's behaviours internally. Care staff have previously been criticised for calling the police too readily and relying on them to resolve minor incidents (Shaw and Greenhow 2021; Howard League for Penal Reform 2018b). However, it is widely acknowledged that staff working in care placements have a challenging role. They experience difficult situations such as aggressive and violent behaviour and work long hours with low pay (Seti 2008) and often report feeling unsupported and undervalued (Colton and Roberts 2007). Adequate training and support are therefore needed to provide staff with the knowledge, skills, and confidence to de-escalate behaviours effectively. Participants suggested that care staff should be trained on the reasons for children's behaviour and the different behavioural support strategies that can be used to defuse situations. The protocols encourage care staff to consider a range of ways of responding to children's behaviour other than formally involving the police and particularly advocate for the use of restorative approaches. The high turnover staff in residential care and the use of

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agency staff mean that ongoing efforts are needed to raise awareness of the guidance in the protocols, and a single training session is not sufficient.

The findings from this study demonstrate the key challenges that care staff are required to navigate when delivering restorative approaches. One challenge is that neutrality is a key principle of restorative approaches (Restorative Justice Council 2020), and it is unlikely that care staff will be perceived as neutral as they have existing relationships with children and staff at the placement. Several protocols acknowledged the importance of neutrality and noted that the police or Youth Justice Service are available to deliver or assist with restorative approaches. However, in practice, care staff in the case study areas were expected to deliver the work due to a lack of resources in the other partner agencies. Care staff are therefore required to identify ways to create an environment suitable for restorative approaches and support those who are taking part to feel safe and respected and able to share their views on the incident. Another challenge is that care staff need to consider the appropriate timing of restorative approaches. Participants noted sufficient time needs to pass before a restorative approach can take place so that those involved can process the incident and their feelings and prepare for the work. However, there is also the pressure to resolve incidents quickly in care settings as those involved are likely to see each other daily. As a result, the timing of restorative approaches requires careful judgement. The findings add to the existing literature where two main studies have examined the use of restorative approaches in residential care (Hayden and Gough 2010; Littlechild and Sender 2010). Both studies were conducted 15 years ago and there has been limited consideration of how restorative approaches are used in residential care since. Most of the studies have focused on restorative approaches for children involved in the youth justice system (Kimbrell et al. 2023). There has also been much consideration around how restorative approaches have been used in schools (Lodi et al. 2021), but comparatively little in care placements. Further research on the application and effectiveness of restorative approaches in care settings is needed as it forms a central part of the protocols.

This study also demonstrates the implications that the protocols have for the police and how they respond to the behaviour of children in care and work with partner agencies. Police response teams are expected to receive fewer emergency calls from care placements reducing the demand on their resources. When emergency calls are made, response officers are required to use their judgement to determine the best course of action, for example, if it's appropriate for care staff to resolve the incident or if police investigation is necessary. Meanwhile, neighbourhood policing teams are expected to take a proactive role in supporting care placements, increasing the demand on their resources. They may assign a Single Point of Contact officer to care placements, conduct regular visits, and/or work with children when concerns are raised for example, around drug use. In the case study areas, there was a lack of agreement among participants about whether informal police visits to care placements are beneficial for children, care staff and the police or not. Some participants suggested that police visits can help the police and children to build relationships, develop trust, and improve perceptions of each other. They can also benefit staff as care staff and the police get to know each other, share information and concerns, and problem solve. In several studies, care staff and the police have shared their positive experiences of police visits to children's homes (Newton et al. 2022; Moodie and Nolan 2016). They reported that informal police visits to children's homes improve attitudes of children towards the police and attitudes of the police towards children, developed positive child-officer relationships, and led children to be more willing engage in conversations with officers (Moodie and Nolan 2016; Newton et al. 2022; Schofield et al. 2012).

However, several children's home managers in this study were concerned about the potential unintended negative consequences of police visits to children's homes. Some managers in Areas A and C had stopped inviting the police to visit the home because they felt it was "unnatural" for the police to spend time there and they were concerned with how the children would perceive the visits. There is a potential for the visits to negatively impact a child's self-image and labelling theory proposes that this can increase a child's risk of future offending (Becker 1963). In addition, one participant

noted that the visits may negatively impact the public's perception of children living at the home if they assume that the police are visiting the home for criminal matters.

A couple of children's home managers appeared to lack confidence in their decision to invite police into the home or not. As discussed in Chapter 6, a children's home manager in Area C had been questioned about their decision to invite the police to visit the home by Ofsted and they did not feel able to defend their decision. At a national level, guidance on whether (and how) to conduct police visits to care placements is lacking. The English protocol does not provide guidance on the topic (Department for Education 2018a) and the advice in Wales is mixed. The Wales protocol advocates for regular police visits to care placements and states that "the police should be regular visitors to placements – not just attending when something has gone wrong, but there to build relationships with them and to understand each other" (Welsh Government 2022, p. 10). Whereas the toolkit designed to help practitioners put the Welsh protocol into practice recommends that children are provided with opportunities to spend time with the police outside their placement if they wish to do so (Missing People 2023). This contradicts the previous advice and suggests that police should not attend the home. Instead, children should be provided with optional opportunities to meet the police in the community. A consensus on what constitutes best practice is needed to promote consistency across England and Wales, and reduce the potential for negative unintended outcomes for children in care.

There are clear parallels here with the literature on police involvement in schools. Police officers are often assigned to schools with the intention of building relationships and trust with children, improving perceptions of the police, and reducing offending behaviour. The number of police officers working in schools in England and Wales has increased in recent years (Runnymede Trust 2023). However, there is a lack of evidence on whether police involvement in schools is effective in improving children's perceptions of the police (Bhabra et al. 2004; Jackson 2002) or improving their behaviour (Gaffney et al. 2021). There is also a limited understanding of how the police

work with schools and how practice varies across England and Wales. For example, some officers attend breakfast or afterschool clubs, conduct corridor patrols, or deliver classroom lessons (Gaffney et al. 2021). Several adverse effects of the involvement of police in schools have been raised in the literature. First, as highlighted above, police involvement in schools may negatively impact the child's and the public's perceptions of the school and the children who attend if the public believe the police are involved because the school is unsafe or ineffective (labelling concerns). Second, it may increase the surveillance of children and result in more incidents being formally processed by the police (net widening concerns). In a US study, Na and Gottfredson (2013) found that police visits were associated with an increase in reporting of less serious offences. It could be argued that this is a positive outcome due to better detection or a negative outcome as minor behaviours are formally processed by the police. Na and Gottfredson (2013) suggest that "the presence of police officers helps to redefine disciplinary situations as criminal justice problems rather than social, psychological, or academic problems, and accordingly increases the likelihood that students are arrested at school" (p. 642). These net widening concerns are also likely to be applicable to care settings as some protocols encourage care staff to regularly share information and liaise with their Single Point of Contact officer.

There is evidence that police presence in schools may be particularly problematic for children from ethnic minority groups, those with disabilities and boys (Crosse et al. 2021; Home and Fisher 2020; Fisher and Fisher 2023). For instance, Home and Fisher (2020) analysed nation-wide administrative data and found that police presence in US schools was associated with a higher arrest rate for boys and Black students. In another study, Crosse et al. (2021) examined administrative data for 33 schools in the US that increased police presence with a matched sample of schools that did not. They identified that increases in records of offences and disciplinary action due to increased police presence were most evident for Black and Hispanic students, compared with White students. Due to the potential adverse impacts and the lack of available evidence on police involvement in schools, the Youth Endowment Fund have funded an evaluation to assess the effectiveness and cost-effectiveness of the intervention in

schools in England and Wales (Sanders et al. 2024). The study protocol includes plans to conduct subgroup analysis to understand how children's characteristics, such as sex and ethnicity, may influence the effects (Sanders et al. 2024). The evaluation is taking a theory-based approach, and some learning is likely to be transferable to care settings, but an evaluation of police involvement in care placements is also needed to inform practice and avoid potential negative outcomes.

8.2. Contributions to knowledge

This section considers the main theoretical and methodological contributions of this study and the implications for policy, practice and research.

8.2.1. Theoretical understanding of how and why local protocols are anticipated to work

This study contributes a theoretical understanding of how and why local multi-agency protocols are anticipated to work to reduce the criminalisation of children in care. Previous research has not explored the underlying theory of how the protocols are intended to change practice. In this section, I discuss how the programme theories contribute to practice, policy, and future research.

8.2.1.1. Contribution of the programme theories to practice

The English and Welsh protocols outline "'what needs to happen across the country" and local areas are required to decide "how" they will implement the guidance in their local area (Department for Education 2018a, p. 31; Welsh Government 2022). As highlighted in the literature review, there is a lack of research looking at how local protocols have been put into practice. This study provides an in depth understanding of how local protocols have been implemented in four case study areas. The study also articulates programme theories that describe the mechanisms by which the protocols are anticipated to work and the contextual factors that trigger or inhibit the outcomes from being produced. Realist philosophy suggests that mechanisms are not unique to a case study area and the same mechanisms are expected to explain causal pathways in other areas. Programme theories are therefore "portable", and practitioners can expect that "an intervention might result in the desired change through the same mechanism

elsewhere – when implemented in a certain way and where the contextual conditions are right" (Punton 2016, p. 2). The contextual factors in the programme theories can help practitioners to identify whether a protocol is "likely to thrive or wither on their patch" and inform their decision on whether to adopt the approach or not (Astbury 2018, p. 168).

Practitioners can use the programme theories to aid planning and delivery and decisions about programme refinement (Wong et al. 2016). For instance, all case study areas held meetings to discuss and monitor their protocols, but the arrangements varied (e.g. in terms of who attended and what data was reviewed). The programme theories describe what is important about these meetings (e.g., establishing a sense of a shared goal and commitment to supporting implementation) and what can enable and inhibit them from working well (e.g., having a consistent and committed representative from each partner agency at the meetings). This understanding can help practitioners when they are planning their meetings and, for example, deciding the objectives of the meetings and who to invite. Punton et al. (2020) reflected on how their findings from a series of realist evaluations have been used by practitioners. The authors reported that the programme theories developed in one of their evaluations were used by stakeholders to adjust an intervention to help achieve the expected positive outcomes. While the programme theories developed in another evaluation had little impact on practice. Punton et al. (2020) felt the programme theories they developed were more likely to impact practice when: (1) stakeholders were in the process of reviewing the intervention and there were opportunities for change, (2) stakeholders had co-developed the programme theories, and (3) stakeholders were interested and willing to engage in realist thinking. It may be that the programme theories developed in this research are most applicable when areas are reviewing their protocol arrangements or new protocols are set up. The document review identified that multiple protocols have been set-up in recent years and five were in the process of being developed (see Chapter 4). Furthermore, many protocols included plans to review their arrangements every one to three years after it was first produced. In this study, stakeholders were not involved in the co-developing the programme theories and the

willingness of stakeholders to engage with realist thinking is likely to vary as some stakeholders may prefer 'simple' research findings about 'what works' (see Section 8.3 for further discussion of the limitations of realist research).

Others have argued that programme theories "can be used [by practitioners] to promote shared understanding of the intervention among diverse stakeholders" (Skivington et al. 2021, p. 4). Practitioners can use the programme theories as a communication tool to explain the approach to others in their area. This may help to align expectations across partner agencies, establish a shared understanding of what the local protocols are looking to achieve and aid team building (McLaughlin and Jordan 2015). Diagrams are commonly used to present programme theories in realist evaluations (e.g., Mukumbang et al. 2018a, 2018b) and others have found them useful when working with practitioners to develop an understanding of how an intervention works (e.g., Bernheim et al. 2025). In this study, I have presented the refined programme theories in diagrams (Figures 17-22) as well as in tables (Appendix H) and an accompanying narrative (in Chapters 6-7). It is hoped that the diagrams are useful in practice and provide an accessible way of communicating how the protocols are anticipated to work.

8.2.1.2. Contribution of the programme theories to policy

The programme theories outlined in this study also have implications for policy makers. In the overall programme theory (Figure 23 in Section 8.1.2), the contextual factors at the infrastructural level highlight how the wider social, economic, and cultural setting can impact on an intervention (Pawson 2013). There are three factors at this level, and they should be considered by policy makers. First, this study highlights the resources needed to support the implementation of the local protocols. Staff employed by the partner agencies need capacity to collectively write a protocol, attend meetings to discuss and review the approach, and deliver ongoing training to staff. There were examples in the case study areas where professionals' capacity influenced their ability to support the protocol or not. In one example, a nurse reported they were able to attend meetings about the protocol in Area C as they were part of a well-resourced

team, whereas a children's home manager had stopped attending due to a high workload. In another example, Youth Justice Service practitioners in Area A had the resources to develop a training course about the protocol and deliver it to partner agencies. The other areas did not have the resources to deliver training, and instead, they shared a copy of their protocol with staff via email, the intranet or in meetings. Sharing the protocol in this way is likely to limit staff members' awareness, understanding and use of the protocol. Policy makers should be aware of the resources needed to implement the local protocols.

Second, Government support was suggested to be important for encouraging the use of the protocols. Government support has been provided for the protocols as national guidance was published to promote the approach in England (Department for Education 2018a) and Wales (Welsh Government 2022). However, several participants felt that continued support was necessary to encourage staff to commit to the protocols. As highlighted in Chapter 6, this may be particularly important as new policies are introduced in policing and youth justice, some of which may have conflicting priorities and risk undermining efforts to prevent the criminlisaiton of children in care. Future research should consider how the protocols are implemented alongside, and potentially interact, with other policy developments.

Government could demonstrate their ongoing support for the protocols for example, by continuing to share and promote the national guidance, assisting with capacity-building and/or monitoring the approach. There has been limited monitoring of the approach at a national level. The Wales protocol does not include any plans for monitoring practice (Welsh Government 2022). One participant noted this is a significant gap that has made it difficult to identify what impact (if any) the national protocol has had on practice. In England, local areas are encouraged to contact the Department for Education when they set-up a protocol (Department for Education 2018a). However, it is not clear whether the number of areas that have set-up a protocol continues to be reviewed. This study demonstrates that it is necessary to keep records updated. Thirty local protocols

were identified and analysed in Chapter 4, but it was unclear how many remained active and an additional five protocols were reported to be under development. Furthermore, two of the case areas were no longer implementing their protocols due to a change in senior management (Area B) or a perceived lack of need to continue focusing on the approach (Area D). Meanwhile, the other two case study areas continued to use the approach after many years.

Local areas in England have also been asked by the Department for Education to monitor the impact of their protocol by reviewing local offending data (Department for Education 2018a). The document review in this study identified that most protocols (70%; n= 21) include plans to monitor their arrangements. However, these plans varied considerably, with some areas planning to assess the rate, frequency and level of offending by children in care and others collecting qualitative feedback from stakeholders. This data is not collated at a national level, and it is not clear whether the local areas have monitored the impact of their approach as planned and if so, what they have found. Monitoring the local protocols at a national level and collating consistent outcome data would help to assess the impact of the approach on the criminalisation of children in care. It would also hold local areas to account and demonstrate ongoing Government interest in the issue.

Finally, profiteering in children's social care was identified as an inhibitory contextual factor to the protocols. Profiteering has been identified as a major concern by others (Competition and Marketing Authority 2022; MacAlister 2022), as it prioritises financial gain over the well-being and best interests of children. UK Government (2024) have recently introduced rules that require care providers to share their finances with Government and plan to put a limit on the profit they can make. Welsh Government (2024) have committed to removing profit from care and introduced the Health and Social Care Wales (Bill) to restrict profit making and transition to a not-for-profit model of care in Wales. In a recent literature review, Ablitt et al. (2024) identified links between a for-profit system and poor placement quality, stability and continuity. In this study,

participants identified a link between profiteering and the criminalisation of children in care. Some participants suggested for-profit providers often provide low pay and poor-quality training for staff. The pay in privately-run care providers is lower on average than the pay in local authority run homes (Munton et al. 2021), and it is unlikely to attract staff with substantial skills, experience and knowledge of working with children. In addition, poor quality training is likely to impact on the ability and confidence of staff to respond to behaviours that challenge, therefore increasing the likelihood of formal police involvement. A for-profit system was suggested to inhibit the ability of the protocols to reduce the criminalisation of children in care. Policy makers should be aware of this as they continue to work on reforms to increase financial transparency and prevent profiteering in children's social care.

8.2.1.3. Contribution of the programme theories to future research

The programme theories developed in this study are useful for researchers as they provide a structured framework for understanding how the protocols are intended to work. The framework can guide researchers in designing future evaluations of the protocols and inform decisions on what data to collect. For example, programme theories are regularly used to inform interview schedules (Manzano 2016) and can be used to design surveys to further test how and why an intervention is expected to work (Realist Research Evaluation and Learning Initiative 2020; Westhorp 2018). Westhorp and Feeny (2024) argue that surveys based on well-developed programme theories have many benefits and can be used to investigate outcomes for different groups or contexts, examine the role of mechanisms, and adjudicate between rival programme theories.

Researchers can revise and update the programme theories presented in this study as new data, perspectives or evidence emerge or circumstances change. In realist evaluations, programme theories are not considered 'final', and the ongoing reflection and revision of programme theories is encouraged (Pawson and Tilley 1997). Realist researchers often conduct multiple rounds of data collection and analysis as they work to revise programme theories and develop their understanding of how and why an

intervention is working (or not). For example, in a study looking at the impact of housing on wellbeing, Rolfe et al. (2020) conducted interviews with staff from three housing organisations (n= 23) and reviewed the literature to develop initial programme theories. The researchers then conducted surveys and interviews with tenants at three timepoints to refine their programme theories (n= 121 at time 1, n= 75 at time 2, n= 45 at time 3). The survey data allowed the researchers to examine the causal pathways proposed in the initial programme theories and identify correlations between aspects of housing and tenants' wellbeing. The researchers reported how each of their initial programme theories had been updated based on the survey findings (Rolfe et al. 2020). The interviews with tenants provided the researchers with further in-depth insights into the mechanisms through which housing impacted on their wellbeing and the influencing contextual factors (Garnham et al. 2022). Pawson and Tilley (1997) argue that it is important for realist evaluations to operate in a cyclical manner and programme theories should continue to be examined and improved as empirical data is collected.

In the literature, programme theories are commonly refined and revised by researchers from the same research group. It may be that this approach is appealing as the researchers have been involved in the process and understand the steps that have been followed to produce the programme theories. However, programme theories can also be used by researchers external to the original project. In this study, I have detailed the stages of the data collection and analysis (Chapter 3) and provided tables (Appendix E-H) and diagrams (Figures 14-22) of the initial and refined programme theories with the aim of increasing transparency and making the programme theories accessible to others for further refinement. Using and refining programme theories that have already been developed is beneficial as it acknowledges what is already known about an intervention, reduces the resources required for theory development and avoids duplicating efforts.

8.2.1. Contributions to our understanding of realist methodology

In this section, I discuss the key benefits and disadvantages of using realist methodology to aid our understanding of youth justice interventions. I then reflect on my experience of using realist methodology and share the strategies I found helpful when conducting this evaluation.

8.2.1.1. Realist methodology in the field of youth justice

This study adds to the discussion on how realist methodology can contribute to the field of youth justice. Realist methodology has been increasingly used over the last 20 years, predominately in health-related research (Lemire et al. 2020; Jagosh et al. 2016). In 2022, Sutton et al. discussed the potential benefits of using realist methodology in youth justice research. The authors argue that the field of youth justice has been dominated by the "what works" agenda and there is a need to develop a more holistic understanding of how interventions work. The "what works" agenda focuses on identifying whether interventions are effective or not and it prioritises findings from randomised control trials and quasi-experimental studies over qualitative studies. The agenda is popular in many fields including business, criminology, education and health (UK Government 2024). It is attractive to decision makers because it offers seemingly straightforward and actionable recommendations based on the available evidence. It also promotes transparency by making the bases for decisions more explicit, thereby increasing trust among stakeholders. However, the agenda has been criticised because it does not identify why outcomes are observed or how contextual factors influence an intervention's success or failure (Pawson 2008). Frustrations with the "what works" agenda are evident in numerous fields (Pampaka et al. 2016; Pawson and Tilley 1994; Walshe 2007), but it remains largely unchallenged in youth justice.

This study demonstrates how realist methodology can be used to address the limitations of the 'what works' agenda by developing an in-depth, context-sensitive understanding of how and why a youth justice intervention works. As discussed in the previous section, the findings from this study can provide policy makers and practitioners with a shared understanding of how the protocols are anticipated to work and improve intervention planning, overcome common obstacles in intervention

delivery and maximise impact. However, this study also illustrates the complexity of findings from realist evaluations. Seven refined programme theories are outlined to describe how and why the protocols work and each contains multiple contexts, mechanism: resources, mechanism: reasoning, and outcomes. In addition, the findings are not able to tell us whether the protocols are effective at reducing the criminalisation of children in care or not. Walshe (2007) argues that theory-driven approaches for complex interventions are necessary as the answer to "does the intervention work?" is "almost always 'yes sometimes'", and exploring when, how and why it works is likely to be more relevant for policy makers (p. 58). Despite this, policy makers may prefer 'quick' and 'simple' conclusions about effectiveness (Astbury 2018; Westhorp et al. 2011). If realist evaluations are to be used in youth justice, it will be necessary to educate research funders, policy makers and practitioners about the value of realist evaluations and what to expect from the findings.

8.2.1.2. Lessons learnt using realist methodology

In this section, I reflect on my experience of using realist methodology and the lessons learnt. Realist methodology has been increasingly used in recent years, however, there has been confusion, misunderstandings, and variation in how realist principles have been interpreted and applied (Marchal et al. 2012; Wong et al. 2016). As a result, researchers have been encouraged to share their experience of using realist methodology to aid others' understanding of what it entails and strengthen future use of the methodology. The insights provided in this section aim to contribute to the ongoing development of realist practices. I outline the lessons I learnt while conducting this study and what I found helpful during the process. It is hoped that these lessons will support novice realist researchers to conduct high-quality realist evaluations. The key lessons are summarised in Box 2.

Box 2. Lessons learnt on conducting a realist evaluation

- Limit the scope of the research to make it achievable within the time frame available.
- Use the RAMESES quality standards (Wong et al. 2017) and reporting standards (Wong et al. 2016) to inform your study and how you share the findings.
- Identify training opportunities and join realist networks to develop your understanding of realist methodology.
- Define the key realist terms and share the definitions you are using.
- When developing programme theories, work backwards from outcomes to identify the underlying mechanisms and relevant contexts.
- Find a method to help you visualise the programme theories.
- Consider rival programme theories to test your thinking.
- Identify opportunities to present the programme theories to others for feedback.
- Document the decisions made during the theory development and refinement process.

8.2.1.2.1. Limit the scope of the research

The theory building process in realist evaluations is demanding and time consuming. I developed my understanding of how and why the protocols were intended to work by conducting a document review. I then conducted two rounds of data collection and analysis to identify the key contexts, mechanisms and outcomes, and searched for and incorporated existing theories and relevant literature. The process required sufficient time for guesswork, reflection, discussion, and deliberative judgement (Astbury 2018). To achieve this research within the project timescales, I limited the scope of the research. There are various ways this can be done for example, by focusing on the most important or least well understood components of an intervention. In this study, I focused on how partner agencies implemented the protocols in the community. This is the central concern of the protocols and all protocols detail how staff should support children in care in the community. A handful of protocols (n= 4; 13%) also included guidance on how practitioners should support children in care if they receive a custodial sentence, and how these arrangements work is outside the scope of this study.

8.2.1.2.2. Developing confidence in using realist methodology

Using realist methodology for the first time can feel daunting and overwhelming. This is partly because there is a lot of jargon associated with realist methodology and misunderstandings are common (Greenhalgh et al. 2015; Rolfe 2019). There are also no step-by-step instructions on how to conduct a realist evaluation (Salter and Kothari 2014). Pawson (2006) suggests that this is because "Realist evaluation is best viewed as a way of thinking rather than a rigid set of procedures" (p. 6). There were a number of resources that improved my understanding of how to conduct a realist evaluation. The RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) group have developed free training materials about realist methodology (RAMESES 2017). They have also produced quality standards (Wong et al. 2017) and reporting standards for realist evaluations (Wong et al. 2016). The quality standards helped me to understand what constitutes a high-quality realist evaluation. Although the standards do not offer detailed instructions, they outline what is excellent, good, adequate, and inadequate practice for different aspects of realist evaluations. Meanwhile, the reporting standards have been developed to ensure the reader can understand the evaluation and its findings, and assess its quality and rigour. The standards are easy to follow as the authors describe 20 items that should be included in the write up of a realist evaluation and provide an example for each (e.g., item 1 refers to what should be included in a title of a realist evaluation).

To further develop my knowledge and confidence in using realist methodology, I looked for opportunities to learn from other researchers. I signed up to the RAMESES email list where researchers pose questions to the realist community and share resources. I also attended training with the Centre for Advancement in Realist Evaluation and Synthesis (CARES), realist seminars held by the Realist Research and Evaluation Group and The Realist Hub, and a monthly forum for PhD students using realist methodology. The sessions provided opportunities to learn about other realist projects, check my understanding of realist methodology and ask questions, and discuss how to overcome challenges. For instance, at a realist PhD forum I asked my peers how they had approached data coding. Some PhD students had coded their data according to key

realist terms (e.g., contexts, mechanisms and outcomes) and others had coded their data according to the programme theories they were seeking to test. It was helpful to hear about others' experiences and the rationale for the different approaches. I reflected on my research and made the decision to code the data from the first round of data collection using key realist terms as the analysis was exploratory and the programme theories were not clear at this stage. I then coded the data from the second round of data collection against the initial programme theories I had developed.

8.2.1.2.3. Constructing programme theories

The theory building process can be challenging to navigate as it requires sustained thinking, imagination and creativity (Pawson and Tilley 2004). There are several strategies that I found useful when developing the programme theories. First, I found it helpful to define my understanding of the key terms at the outset of the study (e.g., contexts, mechanisms, outcomes; see Table 1 in Chapter 3). The definitions were a helpful guide when coding the data and building the programme theories as I often questioned whether an issue was a context or mechanism. The definitions also demonstrate to the reader how the terms have been conceptualised. Several reviews have been conducted to assess how the key terms have been defined and applied in realist evaluations (Greenhalgh and Manzano 2021; Lemire et al. 2020; Salter and Kothari 2014). The reviews found that half or less of the included studies provided a definition (Greenhalgh and Manzano 2021; Lemire et al. 2020) and where a definition was provided, the terms 'context' and 'mechanism' had been used inconsistently across evaluations (Greenhalgh and Manzano 2021; Lemire et al. 2020; Salter and Kothari 2014). Defining the terms at the beginning of an evaluation is an important consideration, and it is good practice to report the definitions used.

Second, as highlighted in the methodology chapter, I used the configuration proposed by Dalkin et al. (2015) to inform the development of the programme theories:

Mechanism (Resources) + Context → Mechanism (Reasoning) = Outcome.

This configuration distinguishes between mechanism: resources and mechanism: reasoning. It encourages researchers to think about how the resources provided as part of the intervention (e.g., advice, opportunities) interact with contexts and lead to a change in participants' reasoning (e.g., the way they think or feel) and produce outcomes. This configuration helped to guide my thinking about the different concepts and their functions. It also helped me to focus on the relationships between the concepts and avoid simply listing contexts, mechanisms, and outcomes. Previous evaluations have been criticised for considering the concepts in isolation (Pawson and Manzano-Santella 2012). This is because understanding the relationships between the concepts is central to realist evaluations as researchers seek to understand how and why an intervention has the potential to cause change (Pawson and Tilley 1997).

Third, I looked for ways to visualise the programme theories. When developing the initial programme theories, I used different coloured post-it notes to distinguish between the different components (e.g., contexts, mechanism (resources and reasoning) and outcomes) and moved them around to explore the connections between them. Visualising the pathways helped me to reflect on the data and the ways in which the protocols are anticipated to work. The exercise also helped to focus my thinking as Pawson et al. (2004) warned that researchers are at-risk of getting lost in the "swamp" of theory development as they wade through the literature, their ideas, and the ideas of participants and search for clarity. During the post-it note exercise, I found it helpful to focus on the outcomes of the protocols and work backwards to identify the relevant mechanisms (resource and reasoning) and contexts. This approach was taken by Jackson and Kolla (2012), and I found it particularly useful as there are many contexts that may influence how the protocols work and working backwards from the outcomes enabled me to focus on the most relevant ones. Once I had established the initial programme theories through this exercise, I created flow diagrams to represent them (Figures 14-16) and updated the diagrams as the programme theories were refined (Figures 17-22).

Fourth, I looked for opportunities to check my thinking and discuss the programme theories with others. Realist evaluations are predominantly conducted by interdisciplinary teams which allows for a broad range of views and experiences to be included and enables discussion and debate when creating and refining the programme theories (Van Belle et al. 2022). During the PhD I worked independently and I attempted to overcome the challenges associated with this in several ways. Initially, I examined rival theories to test my thinking. Rival theories contrast with programme theories and suggest why the same intervention activity may result in a different outcome (Jagosh et al. 2022). For example, a programme theory may explain why restorative approaches may decrease offending behaviour and a rival programme theory may explain why it may increase offending behaviour. Rival theories are used to make critical comparisons and help researchers test which explanations are more plausible (Astbury 2013). I then sought feedback on my programme theories from my supervisors and other researchers. I did this by presenting the emerging programme theories at supervision meetings and seminars held by the Children's Social Care Research and Development Centre (CASCADE) and the Youth, Society and Risk group at Cardiff University. This enabled me to gain the perspectives of others and discuss the credibility of the programme theories. For example, when presenting the initial programme theories about practitioner support from the Youth Justice Service (IPTs 5-6), a colleague shared that they had also identified the importance of building trusting relationships in an evaluation of an intervention designed to support children at-risk of exploitation. They shared other mechanisms and contexts identified in their work to explore if there were other similarities or differences (e.g., having a consistent worker, the worker acting as a role model, and having opportunities to take part fun activities together).

Fifth, I documented the theory building process and the changes I made to the programme theories throughout the study. The process is creative and iterative and challenging to document. However, as a first step, I used NVivo to code the data as contexts, mechanisms (resource and reasoning), and outcomes. I then created a spreadsheet on Microsoft Excel to build the programme theories. The spreadsheet contained columns that aligned with the configuration "Mechanism (Resources) +

Context → Mechanism (Reasoning) = Outcome". It also included space for notes where I included example quotes to illustrate the relationships between the components, reflections from the post-it note exercise, and recorded the decisions I had made. For instance, I noted why some contexts, mechanisms, or outcomes were prioritised over others and why components were added or removed from the programme theories during theory refinement. This approach provided a record of my decision-making which is helpful when writing up and presenting the findings from the study. It also attempts to promote the transparency of the theory building process which can be "messy" and "convoluted" (Dalkin et al. 2021, p. 124).

8.3. Strengths and limitations of the research

This study has several key strengths and limitations. One strength is that a range of data was collected from four case study areas, including interviews, documents, and observations of meetings. Researchers are encouraged to collect "large amounts of data" in realist evaluations to help identify the different outcomes, mechanisms, and contexts by which the intervention works, and for the purposes of data triangulation (Manzano 2016, p. 348). I recruited the case study areas by approaching managers employed by the Youth Justice Service or the police, informing them about the study, and inviting them to take part. Many managers did not respond to the invitation and there is a potential bias in who agreed to participate. For example, the managers who agreed may have had a particular interest in the subject matter, strong views on the usefulness (or not) of their protocol, or a greater capacity to take part in research due to the demands and resources in their service. However, a strength of the case study areas is that they varied in terms of their geography, the content of their protocols, and their experience of implementing the approach. The variation was helpful when looking for common patterns in how the protocols are anticipated to work and the impact of different contextual factors. In addition, the case study areas had set up their protocols a number of years ago and had experience of the factors that enabled and inhibited the approach over time. Two of the protocols were being used at the time of data collection and two had stopped which provided useful insight into why areas may choose to sustain their approach over the longer term. Evaluating 'mature' interventions improves

our understanding of how the delivery of an intervention is maintained over time. Unlike early-stage evaluations, which often focus on proof of concept or short-term outcomes, evaluations of 'mature' interventions allow us to understand the lifecycle of an intervention from initial implementation to long-term operation. Crucially, mature interventions are often exposed to changes in external factors (e.g. a shift in organisational priorities) which provide insights into an intervention's resilience and adaptability.

Managers and practitioners were interviewed for this study, and their perspectives were helpful for exploring what works, for whom, in what circumstances, and why. Managers were interviewed because they were well placed to discuss the rationale for setting up a protocol, what they hoped it would achieve, and how they intended for it to work. Practitioners were interviewed because they had experience of implementing the protocol and knowledge of occasions where it had worked well and occasions where it had not, and why this had been the case. Both managers and practitioners shared their experiences of the enablers and barriers required to operationalise the policy and highlighted the complex nature of the task. Interviewing managers and practitioners is recommended as a first step in realist evaluations as they are very familiar with the intervention (Manzano 2016).

Interviewing children in care about their views and experiences of the protocols would be a helpful next step. Pawson and Tilley (1997) recommend interviewing the individuals who receive the intervention as they can provide insights into their outcomes and what it was about the intervention that attributed to these. Interviews with children would improve our understanding of how children view the roles of staff from different agencies and their experience of how staff respond to their behaviour. For example, one programme theory outlines that children who take part in a restorative approach as the individual who caused harm will perceive the intervention to be fair and feel satisfied and this is more likely to happen when the child perceives the facilitator to be neutral and respectful. The programme theories are based on a range of data (e.g., from

documents, interviews and the existing literature) but it would be very valuable to 'test' them with children and gain their perspective. The programme theories from this study provide an important and useful starting point and can be revised with care experienced children in future studies.

It is challenging to decide when to end a realist evaluation as it is an iterative process that starts and ends with theory development (Pawson and Tilley 1997). In this study, I conducted theory building and theory refining interviews, and planned to conduct theory consolidating interviews, but these did not take place due to time constraints. In theory consolidation interviews, the researcher presents their refined programme theories to participants and seeks feedback. The interviews are useful for fine tuning the programme theories and addressing any gaps in the researcher's understanding of how an intervention works (Manzano 2016; Mukumbang et al. 2020). However, the process of revising programme theories is "a never-ending task" (Manzano 2016; p. 356) and it requires a pragmatic decision on when to stop data collection. Realist researchers are advised to work towards a better understanding of how and why an intervention works (Westhorp 2014). This means progressing from "some knowledge to some more knowledge" rather than "from ignorance to answer" (Pawson 2006; p. 101). The programme theories outlined in this study are a first step to understanding how the protocols work, and they can continue to be refined in future evaluations.

Furthermore, this study used qualitative methods to develop programme theories and future research should consider the insights that quantitative methods can provide to further our understanding of how and why the protocols work in certain circumstances. For example, recently linked datasets between the Department for Education and Ministry of Justice have provided new opportunities for examining the nature and extent of the criminalisation of children in care (Hunter et al. 2023; Leyland 2024; Leyland et al. 2025). In 2025, Leyland et al. analysed the datasets and identified regional differences in rates of criminal cautions and convictions for children involved in the care system in England. A data dashboard has been created to support others to explore the

differences in outcomes for children in care (Child-ren 2025). Policy differences could be explored in collaboration with the dashboard to examine whether policies have an impact on criminal cautions and conviction rates for children in care.

8.4. Summary of the implications for policy, practice and research

In this chapter, I have discussed the implications of this study for policy and practice. These are summarised below:

- Policy makers should be aware that the use of local protocols across England and Wales has been inconsistent and national roll-out of this approach has not been achieved.

- The programme theories outlined in this study can be used by practitioners and policy makers to establish a shared understanding of how and why the protocols are anticipated to work, and inform planning and delivery.

- The study highlights the resources required to implement the protocols (e.g., staff time to attend training and meetings about the protocol). Policy makers should be aware of the resources required and support with capacity building to enable local areas to implement the approach.

- Several participants suggested that continued Government support is needed to promote the use of the protocols over the long term. Government should demonstrate their ongoing support for the approach. This should include efforts to monitor use of local protocols and collect and analyse data to assess the impact of the approach on the criminalisation of children in care.

- Some participants suggested that profiteering in the care sector has implications for the criminalisation of children in care as for-profit providers may prioritise profit over the welfare of children, attract less skilled and experienced staff, and provide poor quality training. Policy makers should be aware of these concerns as they continue to work on reforms to prevent profiteering in children's social care.

I have also highlighted several areas for future research. In summary:

- Examining the effectiveness of the protocols was outside the scope of this study, and additional research is needed to assess whether the protocols are effective at reducing the criminalisation of children in care or not.

- The programme theories outlined in this study should be further refined by incorporating the views and experiences of care experienced children.

- In this study, there was a lack of agreement on whether informal police visits to care placements are beneficial and if so, how they should be conducted. Research is needed to assess the effectiveness of informal police involvement in care settings and inform best practice guidance.

- Researchers should consider using realist methodology to understand how and why youth justice interventions work and how practice can be improved. The lessons that I have learnt while conducting this evaluation have been summarised to help novice realist researchers anticipate some of the potential challenges in using this methodology and enhance the quality of their evaluation.

8.5. Conclusion

In this chapter, I have discussed the methodological and theoretical contributions of the research. The study makes a methodological contribution by illustrating how realist methodology can be used to deepen our understanding of youth justice interventions and highlighting some of the advantages and disadvantages of using this methodology. I have reflected on my experience of conducting a realist evaluation and shared multiple strategies that I found helpful at different stages. It is hoped these reflections will help researchers new to realist methodology address some of the common challenges and improve the rigour of their evaluation. The study also makes a theoretical contribution as it outlines the mechanisms through which local protocols are intended to reduce the criminalisation of children in care and the contexts that enable or inhibit these mechanisms from being activated. By employing a theory-driven approach, it provides an original contribution to knowledge as previous studies have not articulated the underlying assumptions of how the protocols are expected to work. The theoretical framework can be used by policy makers and practitioners to inform planning and

delivery of the protocols. Given that the criminalisation of children in care is a widely shared concern across jurisdictions (e.g., Gerard et al. 2019; Stanley 2017; Herz 2019), the findings are likely to be useful nationally and internationally. Several areas in Australia have looked to the UK for ideas on how to improve practice and been inspired to set up their own local protocols (e.g., Queensland Government 2018; Victoria State Government 2020). These areas are also likely to benefit from the theoretical framework, as it furthers our understanding of how, why and when the protocols are anticipated to achieve change.

The theoretical framework developed in this study has been informed by interviews with professionals, observations of professional meetings and analysis of relevant documents (e.g., local protocols and training materials). It demonstrates how professionals perceive protocols to work (or not) and the factors they consider to be most important for successful implementation. Future research is needed to understand care-experienced children's perspectives on how, why and for whom the protocols work. This should include children's views on restorative approaches and informal police involvement in care settings. In this study, how children respond to these interventions is hypothesised from the perspective of professionals and children's views would provide a greater understanding of how the protocols are experienced in practice, and the conditions under which the approach is perceived as supportive (or not).

The current study provides an important starting point in understanding how and why the protocols are intended to work to reduce the criminalisation of care experienced children. The findings demonstrate that protocols have not been set-up consistently across England and Wales, and the success of the protocols appears to depend on the will and interest of a small number of individuals in each area. In the case study areas, an individual or several individuals identified the criminalisation of children in care as a major concern and they were motivated to change practice. The individuals took responsibility for establishing a working group with key partner agencies and led on

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writing the protocol and chairing meetings to discuss and review the approach. Participants in all case study areas valued leaders who were able to convey their enthusiasm and commitment to achieving change and establishing better support for children in care. Passionate leaders were instrumental in communicating the importance of the protocol to staff in their organisation and encouraging partner agencies to take an active role in the protocol. The importance of leadership was further evident in Area B as the protocol stopped when there were changes to senior management and there was no longer a key individual leading on the approach.

In addition, the representatives from different partner agencies who attended meetings about the protocol played a key role in the approach. They were responsible for raising awareness of the protocol in their organisation and questioning the practice of partner agencies to ensure it aligned with the guidance in the protocol. The protocols in Areas A and C appeared to work well because there had been very little staff turnover in the key organisations. Staff attending meetings about the protocol had a good working relationship and an understanding of each other's roles and expertise before the protocol had been set-up. For example, in Area C, a children's home manager described that "I've been here forever. [name of Youth Justice Service manager] has been here forever" (C9, Children's home) and this created a useful foundation for the protocol as they already understood each other's perspectives and priorities and trusted each other. As a result, staff discussed that they are willing to work together on this new initiative and felt comfortable challenging each other's decision making and holding each other to account. These individuals continued in their roles after the protocol was introduced and the approach had been sustained for many years.

As highlighted in Chapter 2, there has been little published research about how protocols have been used to tackle the over-representation of children in care in the criminal justice system. This study provides useful insight into how the different case study areas approached setting up and implementing a protocol and the challenges they experienced. It makes an important contribution to improving our understanding of

how local areas use protocols to better support children in care, divert them from the criminal justice system, and improve their outcomes.

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Appendices

Appendix A. Example interview questions for theory gleaning

Question	Logic
What is your job title? Prompt: What does this involve?	Introductory, participant's background
What is the purpose of the protocol in [location]? Prompt: What problem(s) is it trying to address?	Looking for outcomes
When was the protocol first implemented in [location]? Prompt: Why do you think the protocol was introduced at this particular time?	Introductory, history of protocol
Who was involved in developing the protocol? Prompts: Who led on the development? Was anyone else consulted?	Introductory, history of protocol
Please could you tell me about your experience of implementing the protocol in [location]. Prompts: What has your role been? Did you receive any training on the protocol? What does the protocol involve day-to-day?	Introductory, get participant talking
How was your work different before the protocol was introduced?	Exploring context - before/after
How will you know whether the protocol has 'worked'? Prompts: What would success look like? What are the expected outcomes for children, staff, organisations?	Looking for known outcomes
I am interested to learn how the protocol causes its outcomes. How do you think the protocol has caused or helped cause [outcome identified by the participant]? Prompts:	Looking for mechanisms

Do you think it is mainly about new skills? New relationships? New attitudes? New knowledge? How do you think that has helped cause the outcome? Can you provide any examples?	
Do you think the protocol has changed the way professionals think or feel about the behaviour of children in care in any way? Prompts: In what ways? Can you provide any examples?	Looking for mechanisms
Could you give me one example of when the protocol has worked well? Prompts: What happened? Why did it work well?	Looking for examples of contexts, mechanisms, and outcomes
Could you give me one example of when the protocol has worked less well? Prompts: What happened? Why do you think it didn't work well?	Looking for examples of contexts, mechanisms, and outcomes
Do you think the protocol is more successful in supporting some children than others, or not? Prompts: If so, which children do you think the protocol works best for? And which children do you think the protocol works less well for? Why do you think these differences exist?	Exploring context – subgroups
It is expected that the local protocols will work differently in different contexts. What it is about [location] that makes it work well? Prompts: Anything about the culture, resources, local relationships, needs of children in the area, leadership etc that helps to implement the protocol?	Exploring context and facilitators to implementation
Is there anything about [location] that has made it challenging to implement the protocol? Prompts: Anything about the culture, resources, local relationships, needs of children in the area, leadership etc that makes it difficult to implement the protocol?	Exploring context and barriers to implementation

Has anyone been monitoring or evaluating the protocol? Prompts: If so, what information has been collected? Who has been organising it/reviewing the data? What has been found?	Looking for outcomes
Have there been any consequences of the protocol, good or bad, that were not anticipated?	Looking for known unintended outcomes
If you could change something about the protocol to make it work more effectively, what would you change and why?	Exploring why the programme has not worked as effectively as it might and strategies for improvement
What else do you think we need to know, to really understand how the protocol has worked in [location]?	Open probe, comment on anything not covered by the interview

Note. Interview schedule informed by Westhorp and Manzano's (2017) guidance.

Appendix B. Example interview questions for theory refining

Question	Rationale
What is your job title? Prompt: What does this involve?	Introductory, participant's background
What has your role been in [name of protocol]?	Introductory, participant's background
What do you think is the purpose of the protocol in [name of area]?	Looking for outcomes
How do you think we will know whether the protocol in [name of area] has worked?	Looking for outcomes
Have you been involved in meetings about the protocol? Prompt: If yes, could you tell me a bit more about the meetings? Who attends?	Information gathering about the meetings
What are the meetings trying to achieve?	Looking for outcomes
What do you think attendees take away from the meetings?	Looking for mechanisms and outcomes
Did you receive any training to help you implement the protocol? Prompts: What does the training cover? Who receives the training?	Open question to understand more about the training
Do you think the training changes the way professionals think or feel about the behaviour of children in care in any way? Prompts: In what ways? Can you provide any examples?	Looking for mechanisms
There are lots of ideas about how the training works. One is that the training helps staff and carers to understand the goals of the protocol and their role. Does that fit with your experience, or not?	Testing protocol training IPT
In your experience, do you think refresher training is needed or is a one-off training sufficient? Prompt:	Testing protocol training IPT

Who would benefit from refresher training? All groups or just some? Why/why not?	
The protocol mentions restorative approaches – is that something staff in your service are involved in? Prompt: If yes, could tell me a bit more about that?	Information gathering about the restorative approaches
There are a few ideas about the timing of restorative interventions. Some suggest that the intervention should happen soon after the incident, whereas others have mentioned that "cooling off" period is needed. From your experience, do you think the timing of restorative interventions is important, or not? Prompt: Why / why not?	Testing restorative approaches IPT
There have been some different ideas about whether children who have limited empathy engage in a restorative approach or not. Some have suggested that restorative approaches can be difficult for children with limited empathy and others have said it can work well with everybody. Do you have any views or experience on that?	Testing restorative approaches IPT
Is there an option to refer a child for 1:1 support if you have concerns about their behaviour? Prompt: If yes, can you tell me a bit more about that?	Information gathering about 1:1 support
How do children usually respond and engage with opportunities to working with a practitioner? Prompt: Is there anything that can make a child more or less likely to engage? Some have suggested that there are occasions where practitioner and child don't seem to be a good fit. For example, children may respond less well to a practitioner of the opposite sex. Does this fit with your experience, or not?	Testing 1:1 support IPT
I expect that the protocols will work differently in different areas. Is there anything about [name of area] that makes it work well?	Looking for contexts
Is there anything about [name of area] that has made it challenging to implement the protocol?	Looking for contexts

If you could change something about the protocol to make it work more effectively, what would you change and why?	Exploring why the programme has not worked as effectively as it might and strategies for improvement
Is there anything else you think we need to know, to really understand how the protocol has worked in [name of area]?	Open probe, comment on anything not covered by the interview

Appendix C. Ethics approval letter

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27 May 2021

Our ref: SREC/4121

Zoe Bezeczy
PhD Programme
SOCSI

Dear Zoe,

Your project entitled *'A realist evaluation of multi-agency protocols that aim to reduce the prosecution of children in care and care leavers'* has now been approved by the School of Social Sciences Research Ethics Committee of Cardiff University and you can now commence the project should all necessary forms of approval been received.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored and you will be obliged periodically to complete and return a SREC monitoring form.

Please inform the SREC when the project has ended.

Please use the SREC's project reference number above in any future correspondence.

Yours sincerely

Dr Kirsty Hudson
Chair of School of Social Sciences Research Ethics Committee

cc: Martin Innes, David Wilkins

Appendix D. Document review supplementary tables

Table A. Multi-agency protocols in England and Wales identified and included in the analysis

Number	Area	Protocol title	Date
1	Bedfordshire	A Joint Protocol to Reduce the Offending of Looked After Children and their entry into the Criminal Justice System.	2018
2	Bracknell	Policy and Protocol for the Prevention of Offending for Children Looked After	2020
3	Bradford	Protocol between Bradford Police, Youth Offending Team and Children's Social Care regarding incidents in residential homes for children who are looked after which may result in police intervention and action.	2017
4	Calderdale	Calderdale Children Looked After and Reducing Criminalisation.	2018
5	Derby City	Reducing Offending Behaviour. Joint Protocol Between; Derbyshire Police, Derby City Council, Derby City Youth Offending Service and the Crown Prosecution Service.	2018
6	Derbyshire	Derbyshire Joint Agency Protocol Regarding Offending by Children in Care.	2019
7	Devon, Plymouth & Torbay	A protocol covering Devon, Plymouth and Torbay to reduce criminalisation of Children and Young People in Care.	NR
8	Dorset	A Pan Dorset Protocol to Reduce Criminalisation of Children and Young People in Care.	2020
9	Gwent	Gwent Protocol to Reduce the Prosecution of Children Looked After.	2020
10	Hillingdon	Reducing Offending and the Criminalisation of Children in Care.	2017
11	Lancashire	Pan Lancashire's Joint Agency Protocol to Assist in Dealing with Offences in Residential Children's Care Homes.	2019
12	Leeds	Agreement between Leeds Youth Justice Service, West Yorkshire Police, Leeds Residential and Children Looked After Services in respect of incidents in residential homes.	NR
13	Leicestershire	Children's Homes: Use of Restorative Practices & Involving the Police.	2017

14	Lincolnshire	Joint Lincolnshire Protocol to reduce offending and the criminalisation of children in care.	2018
15	Merseyside	Pan Merseyside Protocol: Preventing the Unnecessary Criminalisation of Looked After Children	2018
16	Neath Port Talbot	Neath Port Talbot Joint Agency Protocol Regarding Offending by Children in Care.	NR
17	Norfolk	A Joint Protocol to Reduce Offending and Criminalisation of Looked After Children (Children in Care).	2017
18	Northamptonshire	Northamptonshire protocol for reducing the unnecessary criminalisation of children in care and care leavers.	2020
19	Northumberland	The Northumberland protocol on reducing unnecessary criminalisation of looked-after children and care leavers.	2019
20	Nottinghamshire	Reducing Offending Behaviour. Joint Protocol Between; Nottinghamshire Police, Nottingham City Youth Offending Team, Nottingham Integrated Children and Families service, Nottinghamshire Youth, Families and Social Work and the Crown Prosecution Service.	NR
21	South East	South-east protocol to reduce offending and criminalisation of children in care.	2014
22	Staffordshire & Stoke	A Joint Protocol To Reduce the Prosecution of Looked After Children.	2017
23	Suffolk	A Joint Protocol to Reduce Offending and Criminalisation of Children in Care (CiC).	NR
24	Sunderland	Sunderland Joint Agency Protocol Regarding Offending by Children in Residential Care.	2016
25	Sussex	A Joint Protocol to Reduce the Criminalisation of Children in Care.	2015
26	Thames Valley	Thames Valley Protocol on Reducing Unnecessary Criminalisation of Children in Care and Care Leavers 2020.	2020
27	Vale of Glamorgan	Vale of Glamorgan protocol for policing children and young people looked after.	2019
28	Wakefield	Wakefield District protocol to reduce offending and criminalisation of Looked After children in our care and Wakefield Protocol when contacting the Police in respect of Children in Residential Care.	NR

29	Warwickshire & West Mercia	Warwickshire and West Mercia Protocol to Reduce the Offending and Criminalisation of Children in Care.	2016
30	West Berkshire	Responding to children in care protocol: a protocol between Thames Valley Police, Berkshire West Safeguarding Children Partnership, West Berkshire Council and providers of Children Homes.	2019

Note. NR= Not reported. Greater Manchester protocol titled "Greater Manchester Joint Agency Protocol to Assist in Dealing with Offences in Residential Children's Care Homes" was identified via an internet search. The Youth Justice Service confirmed in November 2020 that it is not in use and it was not included in the analysis.

Table B. Agencies named as partners in the protocols

Protocol number	Children's services	YJS	Police	PCC	CPS	HMCTS	HMPPS	CRC	LAA	Health	Education	Charities	Total
1	Y	Y	Y		Y								4
2	Y	Y								Y	Y		4
3	Y	Y	Y										3
4	Y	Y	Y										3
5	Y	Y	Y		Y								4
6	Y	Y	Y		Y								4
7	Y	Y	Y	Y	Y	Y							6
8	Y	Y	Y	Y	Y	Y							6
9	Y	Y	Y		Y	Y							5
10	Y	Y	Y										3
11	Y	Y	Y		Y								4
12	Y	Y	Y										3
13	Y	Y	Y										3
14	Y	Y	Y										3
15	Y	Y	Y		Y	Y							5
16	Y	Y	Y		Y								4
17	Y		Y										2
18	Y	Y	Y	Y	Y		Y			Y			7
19	Y	Y	Y		Y	Y	Y	Y		Y	Y	Y	10
20	Y	Y	Y		Y								4
21	Y		Y										2
22	Y	Y	Y		Y								4
23	Y		Y										2
24	Y	Y	Y		Y								4
25	Y		Y		Y	Y							4
26		Y	Y	Y	Y	Y	Y	Y	Y				9

27	Y	Y	Y										3
28	Y		Y										2
29	Y	Y	Y										3
30	Y		Y							Y			3
Total	29	24	29	4	16	7	3	2	1	4	2	1	

Note. CRC= Crime Reduction Company; CPS= Crown Prosecution Service; HMCTS= Her Majesty's Courts and Tribunals Service; HMPPS= Her Majesty's Prison and Probation Service; LAA= Legal Aid Agency; PCC= Police and Crime Commissioner; YJS= Youth Justice Service.

Table C. Monitoring plans outlined in the included protocols

Protocol number	Monitoring plans?	Frequency of monitoring	Responsible body	Mentoring activities
1	Yes	Twice within 12 months from implementation	NR	Collecting data on arrests and outcomes of children in care.
2	No	-	-	-
3	No	-	-	-
4	No	-	-	-
5	Yes	NR	NR	NR
6	Yes	At least every six months	NR	Collecting data on the number of incidents dealt with internally, number of incidents dealt with jointly with the police resulting in a formal disposal, number of incidents dealt with jointly with the police resulting in an informal disposal and number of cases discontinued by the CPS.
7	Yes	NR	Youth Offending Service Management Board	Collecting data on the rate, frequency, and level of offending by children in care.
8	Yes	Three times a year	Youth Offending Service Partnership Board	Collecting data on the rate, frequency, and level of offending by children in care. Developing of a performance monitoring framework.
9	Yes	NR	Criminal Justice System Strategy Board	NR
10	Yes	NR	Corporate Parenting Board	Collecting information on incidents requiring police involvement and the outcomes. Gathering verbal feedback from key stakeholders.
11	Yes	Every six monthly (formally); local	Youth Justice Management Board	Children's home managers to produce monthly and bi-annual reports. Collecting data on the number of incidents dealt with jointly with the

		meetings on a case-by-case basis		police resulting in a formal disposal, number of incidents dealt with jointly with the police resulting in restorative justice disposal and number of incidents dealt with internally where a formal restorative justice approach has been used within the children's home.
12	No	-	-	-
13	Yes	Annually	NR	NR
14	Yes	Every six months	Senior Management Group	Collecting key statistic and conducting a policy impact assessment.
15	Yes	Quarterly	Youth Performance Improvement Group, Local Safeguarding Children's Board Scrutiny Panel	Review of police contact forms.
16	Yes	NR	NR	Collecting data on the number of incidents dealt with internally, number of incidents dealt with jointly with the police resulting in a formal disposal, number of incidents dealt with jointly with the police resulting in an informal disposal and number of cases discontinued by the CPS.
17	Yes	Quarterly	NR	Audit of random cases.
18	Yes	NR	Youth Offending Service Management Board	Collecting data from the individual agencies.
19	Yes	NR	Corporate Parenting Advisory Group, Multi Agency Looked After Partnership, Youth Justice Management Board.	NR
20	Yes	NR	NR	NR
21	No	-	-	-

22	Yes	Annually	NR	NR
23	No	-	-	-
24	Yes	Annually	NR	Collecting data on number of incidents dealt with internally, number of incidents dealt with jointly with police resulting in a formal disposal, number of incidents dealt with jointly with the police resulting in an informal disposal and number of cases discontinued by the CPS.
25	Yes	NR	NR	NR
26	No	-	-	-
27	Yes	NR	NR	NR
28	No	-	-	-
29	No	-	-	-
30	Yes	NR	NR	Gathering verbal feedback from key stakeholders.

Note. NR= Not reported.

Appendix E. Initial programme theories from Area A

Programme component	Identifier	Resource +	Enabling context	Inhibiting context	→ Reasoning	=Intermediate outcome	Protocol outcome
Writing and reviewing the protocol	IPT A1	Partners collaborate and write the protocol.	Committed leaders. Resources available.		Partners feel committed to the protocol.	Partners work to implement the protocol.	Children in care have reduced contact with the criminal justice system.
	IPT A2	Partners attend meetings about the protocol.	Committed leaders. Resources available.		Attendees develop a shared understanding of the protocol. Attendees feel committed to improving the protocol.	Partners work to implement the protocol.	Children in care have reduced contact with the criminal justice system.

Staff training	IPT A3	Staff are provided with new knowledge about the protocol.	Agencies buy-in to the approach and attend training.	Police require regular refresher training.	Staff understand the goals of the protocol and their role. Staff understand they can seek support from the Youth Justice Service and feel confident to do so.	More children in care are engaged in preventative and early intervention work. Improved partner relationships	Children in care have reduced contact with the criminal justice system.
	IPT A4	Staff are provided with new knowledge about restorative approaches.	Agencies buy-in to the approach and attend training. Resources available.		Staff feel confident using restorative approaches.	Staff defuse and resolve situations informally. Staff make fewer calls to the police.	Children in care have reduced contact with the criminal justice system.
Youth Justice Service intervention	IPT A5	The child is given the opportunity to spend time with a Youth	Child perceives the practitioner to be independent	Child is working with multiple professionals and feels overwhelmed.	Child feels motivated to engage. Child feels able to talk to	Child and practitioner develop a relationship.	Children in care have reduced contact with the criminal justice system.

		Justice Service practitioner.	from other professionals. Practitioner perceived to be friendly.	Child does not respond well to a practitioner of the opposite sex.	the practitioner.	Practitioner develops an understanding of the reasons for the child's behaviour.	
	IPT A6	Youth Justice Service practitioner tailors the intervention to the child's needs.			Child feels able to engage in the work.	Child achieves the goals.	Children in care have reduced contact with the criminal justice system.
	IPT A7	Support worker acts as a consistent, supportive adult.	Practitioner can provide long-term support.		Child feels supported. Child feels able to seek advice and guidance.	Child achieves the goals.	Children in care have reduced contact with the criminal justice system.
	IPT A8	Support worker advocates for the child.			Child feels listened to and less frustrated.	Child develops a greater sense of self-worth.	Children in care have reduced contact with the criminal justice system.

	RT A1	The child is given the opportunity to spend time with a Youth Justice Service practitioner.			Child feels that they can avoid formal repercussions for their behaviour.	Child is more likely to continue engaging in offending behaviour.	Children in care have increased contact the criminal justice system.
Restorative approaches	IPT A9	Person who caused harmed takes part in a restorative approach.	Person was caused harm is motivated to take part in a restorative approach. A quick restorative response is provided.		Person was caused harm reflects on their behaviour, understands the impact of their behaviour, feels remorseful and accepts responsibility.	Person was caused harm improves their behaviour. Improved relationship with the person harmed.	Children in care have reduced contact with the criminal justice system.
	RT A2	Person who caused harmed takes part in a restorative approach.			Person was caused harm is not able to see the situation from the point of view of the person who was harmed.	Person was caused harm is more likely to continue to engage in offending behaviour.	Children in care has increased contact with the criminal justice system.

	IPT A10	Person who was harmed takes part in a restorative approach.	A quick restorative response is provided.	The person harmed favours punitive approaches.	The person harmed feels able to share their views and understands the reasons for the child's behaviour.	The person harmed feels satisfied. Improved relationship with the person who caused harm.	Children in care have reduced contact with the criminal justice system.

Note. IPT= initial programme theory. An initial programme theory describes how and why an intervention is anticipated to work in certain circumstances. RT= rival theory. A rival theory proposes an alternative explanation to an initial programme theory and explains how the same mechanism (resource) can produce a different response and outcome.

Appendix F. Initial programme theories from Area B

Programme component	Identifier	Resource +	Enabling context	Inhibiting context	→ Reasoning	=Intermediate outcome	Protocol outcome
Reviewing the protocol	IPT B1	Partners attend meetings about the protocol.	Committed leaders.	High turnover in management.	Attendees develop a shared understanding of the protocol. Attendees feel committed to improving the protocol.	Partners work to implement the protocol.	Children in care have reduced contact with the criminal justice system.
Staff training	IPT B2	Staff are provided with new knowledge about restorative approaches.	Resources available.		Staff understand the values of restorative approaches. Staff feel able to use practical restorative skills.	Staff defuse and resolve situations informally. Staff make fewer calls to the police.	Children in care have reduced contact with the criminal justice system.

Youth Justice Service intervention	IPT B3	The child is given the opportunity to spend time with a Youth Justice Service practitioner.	Child perceives the practitioner to be independent from other professionals.	Child is working with multiple professionals and feels overwhelmed.	Child feels motivated to engage. Child feels able to talk to the practitioner.	Child and practitioner develop a relationship. Practitioner develops an understanding of the reasons for the child's behaviour.	Children in care have reduced contact with the criminal justice system.
	IPT B4	Youth Justice Service practitioner tailors the intervention to the child's needs.			Child feels supported. Child feels able to seek help and guidance.	Child achieves the goals.	Children in care have reduced contact with the criminal justice system.
Restorative approaches	IPT B5	Person who caused harmed takes part in a restorative approach.	Person was caused harm is motivated to take part in a restorative approach. A quick restorative response is provided.		Person who caused harm accepts responsibility for their behaviour, understand the impact of their behaviour on the person harmed, feels remorseful	Person was caused harm improves their behaviour. Improved relationship with the person harmed.	Children in care have reduced contact with the criminal justice system.

					and reflects on how to put the situation right.		
	IPT B6	Person who was harmed voices their wishes regarding the approach taken.			The person harmed feels involved. The person harmed perceives the approach to be fair.	The person harmed feels satisfied.	Children in care have reduced contact with the criminal justice system.
	IPT B7	Person who was harmed takes part in a restorative approach.	A quick restorative response is provided.		The person harmed feels able to share their views and sees 'good' in the child.	The person harmed feels satisfied. Improved relationship with the person who caused harm.	Children in care have reduced contact with the criminal justice system.

Note. IPT= initial programme theory. An initial programme theory describes how and why an intervention is anticipated to work in certain circumstances.

Appendix G. Synthesised initial programme theories

Programme component	Identifier	Resource +	Enabling context	Inhibiting context	→ Reasoning	=Intermediate outcome	Protocol outcome
Writing and reviewing the protocol	IPT 1	Partners collaborate and write the protocol.	Committed leaders. Resources available.		Partners feel committed to the protocol.	Partners work to implement the protocol.	Children in care have reduced contact with the criminal justice system.
	IPT 2	Partners attend meetings about the protocol.	Committed leaders. Resources available.	High turnover in management.	Attendees develop a shared understanding of the protocol. Attendees feel committed to improving the protocol.	Partners work to implement the protocol.	Children in care have reduced contact with the criminal justice system.

Staff training	IPT 3	Staff are provided with new knowledge about the protocol.	Agencies buy-in to the approach and attend training. Resources available.	Police require regular refresher training.	Staff understand the goals of the protocol and their role. Staff understand they can seek support from the Youth Justice Service and feel confident to do so.	More children in care are engaged in preventative and early intervention work. Improved partner relationships	Children in care have reduced contact with the criminal justice system.
	IPT 4	Staff are provided with new knowledge about restorative approaches.	Agencies buy-in to the approach and attend training. Resources available.		Staff understand the values of restorative approaches and feel confident using it.	Staff defuse and resolve situations informally. Staff make fewer calls to the police.	Children in care have reduced contact with the criminal justice system.
Youth Justice Service intervention	IPT 5	The child is given the opportunity to spend time with a Youth	Child perceives the practitioner to be independent	Child is working with multiple professionals and feels overwhelmed.	Child feels motivated to engage. Child feels able to talk to	Child and practitioner develop a relationship.	Children in care have reduced contact with the criminal justice system.

		Justice Service practitioner.	from other professionals.\n\nPractitioner perceived to be friendly.	Child does not respond well to a practitioner of the opposite sex.	the practitioner.	Practitioner develops an understanding of the reasons for the child's behaviour.	
	IPT 6	Youth Justice Service practitioner tailors the intervention to the child's needs.	Practitioner can provide long-term support.		Child feels able to engage in the work.	Child achieves the goals.	Children in care have reduced contact with the criminal justice system.
	RT 1	The child is given the opportunity to spend time with a Youth Justice Service practitioner.			Child feels that they can avoid formal repercussions for their behaviour.	Child is more likely to continue engaging in offending behaviour.	Children in care have increased contact the criminal justice system.
Restorative approaches	IPT 7	Person who caused harmed takes part in a restorative approach.	Person was caused harm is motivated to take part in a restorative approach.\n\nA quick restorative		Person was caused harm reflects on their behaviour, understands the impact of their behaviour,	Person was caused harm improves their behaviour.\n\nImproved relationship with the	Children in care have reduced contact with the criminal justice system.

					feels remorseful and accepts responsibility.	person harmed.	
	RT 2	Person who caused harmed takes part in a restorative approach.			Person was caused harm is not able to see the situation from the point of view of the person who was harmed.	Person was caused harm is more likely to continue to engage in offending behaviour.	Children in care has increased contact with the criminal justice system.
	IPT 8	Person who was harmed takes part in a restorative approach.	A quick restorative response is provided.	The person harmed favours punitive approaches.	The person harmed feels able to share their views, understands the reasons for the child's behaviour, and sees 'good' in the child.	The person harmed feels satisfied. Improved relationship with the person who caused harm.	Children in care have reduced contact with the criminal justice system.

Note. IPT= initial programme theory. An initial programme theory describes how and why an intervention is anticipated to work in certain circumstances. RT= rival theory. A rival theory proposes an alternative explanation to an initial programme theory and explains how the same mechanism (resource) can produce a different response and outcome.

Appendix H. Refined programme theories

Programme component	Number	Resource +	Enabling context	Inhibiting context	→ Reasoning	=Intermediate outcome	Protocol outcome
Writing and reviewing the protocol	RPT 1	Partners collaborate and write the protocol.	Committed leaders. Buy-in from partner agencies. Resources available.		Attendees feel committed to supporting implementation	Attendees support others to implement the protocol.	Children in care have reduced contact with the criminal justice system.
	RPT 2	Partners attend meetings about the protocol.	Committed leaders. Buy-in from partner agencies. Available resources.	High staff turnover.	Attendees feel they are working towards a shared goal. Attendees understand how well the protocol is being implemented. Attendees feel committed to supporting implementation.	Partner relationships improve. Attendees raise awareness of the protocol. Attendees support others to implement the protocol. Attendees update the	Children in care have reduced contact with the criminal justice system.

					Attendees feel committed to improving the protocol.	protocol document.	
Training about the protocol	RPT 3	Staff are provided with new knowledge about the protocol.	Buy-in from partner agencies. Continued Government support. Resources available. Good existing partner relationships.	Different professional cultures. High staff turnover. High level of agency support.	Staff understand the goals of the protocol, their role and the role of others. Staff hold each other to account. Staff understand impact of trauma on behaviour. Staff look for ways to respond to behaviour to avoid prosecution. Staff feel confident seeking support	Improved partnership working. More children are engaged in preventative or early intervention work.	Children in care have reduced contact with the criminal justice system.

					and advice from partners.		
Informal police involvement in children's homes	RPT 4	Local police officers work proactively with children's homes.	Resources available.		Police officers and children at home will develop a better understanding of each other and build relationships. Police officers and staff at the home will develop a better understanding of each other and build relationships.	Staff will feel confident seeking advice and support from police officers. Children have improved attitudes towards the police. Children are more likely to be willing to engage with police officers. More children will take part in preventative or early intervention work.	Children in care have reduced contact with the criminal justice system.

	RT 3	Local police officers work proactively with children's homes.			Children perceive themselves to be potentially criminal. The public perceive children at the placement to be potentially criminal.	Children are more likely to engage in offending behaviour.	Children in care has increased contact with the criminal justice system.
Behavioural support training for staff in children's homes	RPT 5	Staff are provided with knowledge about behavioural support.	Strong leadership. Positive recruitment. Resources available. Positive staff-child relationships. Positive staff relationships.	Children's homes are focused on profit. High staff turnover. High levels of agency staff.	Staff understand their role in managing behaviour. Staff consider the reasons for children's behaviour. Staff feel confident responding to children's behaviour.	Staff defuse and resolve situations informally. Staff make fewer emergency calls to the police.	Children in care have reduced contact with the criminal justice system.
Restorative approaches	RPT 6	Person who caused harmed takes	Individual is motivated to take part in a		Person who caused harm reflects on their	Person who caused harm perceives the	Children in care have reduced contact with the

		part in a restorative approach.	restorative approach. Timely response. Facilitators are trained in restorative approaches. Resources available to identify an independent facilitator.		behaviour, feels able to share their views, understand the impact of their behaviour on others, feels remorse and accepts responsibility.	process to be fair. Person who caused harm feels satisfied. Person who caused harm improves their behaviour. Improved relationship with the person harmed.	criminal justice system.
	RPT 7	Person who was harmed takes part in a restorative approach.	Facilitator adapts the process to the individuals' needs. Facilitator creates a safe environment. Facilitator acts in neutral and		Person who was harmed feels able to share their views, sees the child as human and develops an understanding of the reasons for the child's behaviour.	Person who was harmed perceives the process to be fair. Person who was harmed feels satisfied. Improved relationship with the	

			respectful manner.			person who caused harm.	

Note. RPT= refined programme theory. A refined programme theory describes how and why an intervention is anticipated to work in certain circumstances. It has been developed, supported and revised during a realist evaluation. RT= rival theory. A rival theory proposes an alternative explanation to an initial programme theory and explains how the same mechanism (resource) can produce a different response and outcome.