

Treating Sexually Harmful Teenage Males

A longitudinal evaluation of a
therapeutic community

October 2014

**Gwyneth Boswell, Peter Wedge, Annie Moseley,
Jane Dominey & Fiona Poland**

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Acknowledgements

This 10-year longitudinal study was commissioned and funded by a Trust of the Religious Society of Friends (Quakers). The researchers are grateful for successive Clerks' and Trustees' enduring support and encouragement in this pioneering venture.

Special thanks are due to Senior Research Fellows, Annie Moseley and Jane Dominey, who conducted the fieldwork with tenacity, sensitivity and professional commitment for longer than a decade, and to Emeritus Professor Peter Wedge, who stayed with the project as Consultant throughout.

The researchers are also grateful to Daniel Rashid and Anna Boswell for qualitative and quantitative data collation services respectively. Particular thanks are also extended to the Analytical Services team at the Ministry of Justice for their help in providing re/conviction rates for this study.

The end-product owes a great deal to the co-operation of the two Directors and staff of Glebe House who not only gave their time to interviews and questionnaires, but also facilitated the residents' involvement in the research process.

The final vote of thanks goes to the young ex-residents themselves. They must all remain anonymous, but their ongoing commitment and willingness to share their experiences and views were essential to the longitudinal research endeavour. We are most grateful to them all.

Professor Gwyneth Boswell

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1. Introduction

Glebe House is an independent Children's Home, run by a Quaker charitable trust, and registered with the Department of Health. Founded in 1965, it catered for particularly damaged and challenging male adolescents who had failed in previous care or custodial settings, and has operated as a therapeutic community since 1969. In the early 1990s the Trustees and staff took the decision to specialise exclusively in the group they felt no-one else wanted - known male perpetrators of sexual abuse in late adolescence.

In 1998, following 3 years of careful discussion and planning with the research team, the Trustees commissioned the team to conduct a pilot study to investigate the feasibility of following up a group of ex-residents. The purpose of this was to find out how they had fared both in terms of reduction of their abusive behaviour and of their quality of life. The research method proved to be feasible (Boswell & Wedge, 2002, 2003) with the main findings as follows:

- Strong appreciation by ex-residents of the Glebe House programme, the professionalism of its staff, and the way in which it had prepared them for independent living in the community.
- Significantly fewer reported personal and lifestyle problems 2-3 years after they had left Glebe House.
- Well-developed techniques for coping with remaining problems
- Reduced sexual and other offending as set against a comparison group

Following the success of the pilot project, the Trustees decided to commission a substantive research project over a period of 10 years, so that the lifestyle paths of as many young men as possible could be tracked, and so that any re/conviction rates could be obtained after a meaningful period - that is to say by at least 2 years and, for the earliest leavers, up to 10 years after they had left Glebe House. It was also agreed to incorporate an action research element into the project, so that the Community could act in the interim period on pointers provided in the team's annual report to the Trustees.

It is upon the basis and rationale described above that the research recounted in this report was founded, and the following sections now set out the structure and findings of this longitudinal study. Through interviews and questionnaires with ex-residents, staff and external professionals, and data from the Ministry of Justice, it examines the effect and effectiveness of the programme upon those whose growth and relapse prevention it promotes. Most importantly, it considers the implications of these findings for the Community's work with abused and abusing adolescents, for those who fund these placements, and for the protection of the wider public.

2. Research Context

Sexual abuse has been defined as any sexual interaction with person(s) of any age that is perpetrated (a) against the victim's will, (b) without consent, or (c) in an aggressive, exploitative, manipulative or threatening manner (Ryan, 1997). Where such abuse is perpetrated against a child, however, the capacity to consent is clearly not present, and so this kind of abuse 'involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening' (Dept. for Education, 2013: 86). All Glebe House's residents have committed abusive acts/offences against children, the majority have themselves been abused in some way, and most are themselves children when they arrive at the Community.

In the mid-1990s, when this longitudinal study was piloted, the knowledge base about sexual abuse by children and young people was limited. Though a start had been made in a report published by National Children's Homes (NCH, 1992), any discussion of the aetiology and treatment of adolescent abusers was generally derived from findings relating to adult male abusers.

The pilot study for the present research, recounted in the Introduction, was published in 2002, together with a companion review of the relevant research and literature of the foregoing two decades (Boswell & Wedge, 2002, 2003; Bailey & Boswell, 2002). An earlier UK research review (Vizard, Monck & Misch, 1995) had confirmed previous findings in the USA to the effect that at least 30% of all sex offence convictions or cautions were of young people under 21 years of age (Davis and Leitenberg, 1987). A subsequent research review concluded that, although the majority of adolescent sexual offenders appeared unlikely to reoffend as adults, a large proportion of adults who had offended against children reported that these preoccupations had begun in adolescence (Grubin, 1998). This growing awareness, together with a questioning of the assumption that all children and young people who had been abused would themselves become abusers, led to calls for a concentration upon adolescent abusers in their own right (Bentovim, 1991; Calder, 1997).

From the millennium onwards, this tendency developed into a much clearer focus for both treatment and research programmes. Above all, there emerged a strong message that, whilst they did indeed constitute a separate group, they were also a heterogeneous group, with each individual subject to a unique, complex, and still-developing combination of biological and psychosocial influences. Important examples of these influences included experiences of attachment (Rich, 2006) and trauma (Barton, Gonzalez & Tomlinson, 2012), mental health states (Houston & Galloway, 2008) and a

growing understanding of psycho-neurological effects on behaviour (Joyal, Beaulieu & Chantérac, 2014).

This realisation, in turn, led to a movement away from 'grand' theoretical approaches (Rich, 2011) towards a more holistic model for working with these young people along their pathway into adulthood (Masson & Hackett, 2006). A useful example is to be found in the 'Good Lives' model of working (Thakker, Ward & Tidmarsh, 2006; Ward, Polaschek & Beech, 2006), which offers an individualised and humanistic approach, emphasising the process rather than the model of treatment. It contains the recognition that different individuals develop differently and so, while it may be necessary to confront and challenge their abusive behaviour, it is necessary alongside this to build therapeutic alliances with them, to enable their growth, and to instil hope in them. Over the last decade, this model has been further developed within desistance theory, which looks beyond criminogenic and risk factors towards evidence of stable lifestyles and citizenship (Ward & Laws, 2010; McNeill, Farrall, Lightowler *et al.*, 2014). Glebe House seeks to operate along these lines.

Very importantly, an international perspective has now developed for understanding and working with sexually abusive behaviour in young people, which does not depend on transposing material employed with adult sex offenders. Answering, in some respects, Calder's 1997 call for international consensus on this issue, its emergence and application can now be seen for example in adolescent-specific risk-assessment tools (Print, Morrison & Henniker, 2000, 2002; Worling & Curwen, 2001; Miccio-Fonseca, 2010) and in specific treatment programmes (Worling, Littlejohn & Bookalam, 2010). Further, it is now addressed specifically in the published domain (see Boer, Eher, Craig *et al.*, 2011).

Despite the undoubted accrual of evidence-based approaches to working with adolescent sexual abusers, as recounted in the foregoing paragraphs, the State's reaction to these young people has tended to increase in punitiveness over the last decade, sometimes in response to tabloid and public hysteria. Nevertheless, there remains a recognition by Local Authorities and, to some extent, sentencers, that there is a category of young person, usually themselves damaged, abused, or otherwise vulnerable, who needs long-term therapeutic intervention. It has often, though, been a matter of chance as to whether such young people have been criminalised or taken through the Child Protection/Safeguarding pathway. By whatever route they have arrived, however, the Glebe House Therapeutic Community provides a 2-year residential programme for around 12-15 young men, typically aged 16-19 years; this type of provision for the late teen group appears to be unique in England and Wales. It is in the context of the existing research base outlined above, that the effectiveness of this specific treatment facility comes now to be evaluated.

3. The Therapeutic Programme

Glebe House is administered by the Friends Therapeutic Community Trust, whose members are all Quakers from the surrounding region. The Community's Director is responsible for its day-to-day management, which is supported by a staff team of 50, and underpinned by a programme of support, training, supervision and specialist external consultancy. Trustees are kept informed of the Community's progress via bi-monthly meetings with senior management.

The staff of the Community are not required to be members of the Society of Friends. However, the ethos of Glebe House is based upon the fundamental Quaker principle that there is God or good in everyone. Whilst religion is not an overt constituent of community life, a significant feature of its three daily meetings is a period of silence at the beginning and at the end, in parallel with the Quaker tradition.

The therapeutic programme at Glebe House is not a part, but a whole of the residential placement experience. Although they move through a range of settings and activities, residents are subject to a therapeutic approach 24 hours a day, 7 days a week, and all staff aim to be consistent in the way they interact with the young men in their care. Based on restorative justice principles, the therapeutic programme is operated on the premises that self-esteem and confidence develop through mutual respect and valuing; that punishment should not be used to correct behaviour; that domination of one person or group by another is abhorrent; and that relationships should be egalitarian and non-authoritarian.

However, since making the decision to specialise in young male sexual abusers in their late teens, the Community has been at pains to emphasise that its therapeutic principles do not translate into anarchy but, rather, that difficult and challenging behaviour needs to be understood and can be transformed into something more productive and legitimate. Its Mission Statement details its aim in a more specific way as follows:

- To provide a safe, nurturing and therapeutic environment
- To create, implement and monitor high quality individual treatment plans
- To encourage positive personal growth
- To reduce risk of abusive behaviours
- To develop meaningful relapse prevention strategies in partnership with service users
- To offer clear and informed guidance to referring agencies regarding risk assessment throughout placement, particularly when a young person is moving on.

Following a staged assessment process, a range of therapeutic approaches combines to provide the individualised treatment plans referred to above. This comprises individual therapy/counselling, group work, education, on and off-site work experience, creative arts and drama, leisure activities and a specialist Relapse Prevention Programme for addressing the perpetration of sexual abuse. Community meetings, held at the beginning, middle and end of each day, where behaviour is reviewed and decisions made, are the cornerstone of the therapeutic programme in that they encapsulate the ongoing relationships amongst residents and staff. This 'milieu' approach, interpreted by the Community as 'the living, learning environment', is seen as the means by which young people's behaviour can be both nurtured and challenged, so that they learn to conduct themselves in ways which will be socially acceptable when transferred to other day-to-day societal settings. Other important aspects of the programme are the encouragement, where appropriate, of family contact; the healing of damaged relationships; a gradual move towards independence, ending in a period living in a bedsitter or bungalow on the premises with minimal staff support; and a 3-month after-care or 'outreach' facility to support transition back into the community.

Of great importance to referrers, and firmly highlighted in the Glebe House literature, is the ongoing risk assessment process provided by staff. This is done via 'milieu' observation as well as being specifically addressed within the relapse prevention programme. Levels of supervision are high, being gradually reduced on the basis of periodic written risk assessments derived from residents' behaviour in all settings provided by the programme. A final risk assessment from the Community and one from a Consultant Psychologist when residents leave, inform the after-care process of the responsible authority, to assist them in the maintenance of relapse prevention plans.

As the preceding paragraphs indicate, the therapeutic programme is not derived from a single theory surrounding the aetiology of young sexual abusers. The Community, however, describes itself as operating an approach which can broadly be termed 'psychodynamic', but draws on psychoanalytic, person-centred and cognitive-behavioural approaches, embedded in a therapeutic community model based on Rapoport's (1960) four 'cornerstones' of democracy, communalism, reality confrontation and permissiveness. Current staff thinking centres around updating this model in line with the 'Community of Community' standards for therapeutic communities (Clarke, 2011; Royal College of Psychiatrists, 2014) which are based on five suggested quintessential qualities for a therapeutic environment - attachment, containment, communication, involvement and agency (Haigh, 2013).

Overall, the Community's therapeutic programme translates into a method of working which seeks to understand the reasons for an individual's sexually abusive behaviour, to help him come to terms with these, and to progress through the normal developmental stage of adolescence to a point where he can take personal responsibilities for his actions.

4. The Legislative Framework

Glebe House is registered with the Department of Health as an independent Children's Home, under Section 60 of the Children Act 1989. It is regulated and inspected annually by the Office for Standards in Education, Children's Services and Skills (OFSTED) under Section 22 of the Care Standards Act 2000 and those of Section 148 of the Education and Inspections Act 2006. It received the grade of 'Outstanding' in the five inspection reports covering the bulk of the research period and 'Good' in the most recent report (2013).

Under the Children Act 1989, young men may be placed at Glebe House under a full Care Order (Section 31) or under an accommodation requirement (Section 20). At the time of writing, these provisions are under review.

Although it is not categorised as secure accommodation, and is thus not a 'lock-up' facility, Glebe House also accepts young men who have been criminalised, including increasingly those previously held in Secure Units or Young Offender Institutions, some of whom may be on parole licence. For most of the period that criminalised young men entered this study, they did so by two means: firstly via a Community Rehabilitation Order for young people aged 16 upwards with a requirement of residence in a specified place for a specified period; and secondly, under Section 20 of the Children Act 1989, via a residence requirement attached to a criminal Supervision Order, enabling Glebe House to be used as an alternative to custody or Secure accommodation. However, in late 2009, both these measures were replaced by the Youth Rehabilitation Order under the terms of Schedule 1 (16) of the Criminal Justice and Immigration Act 2008. Under this provision, a residence requirement could also be made.

Criminalised residents are also subject to the provisions of the Sex Offender Act 1997, which may require them to be placed on the Sex Offender Register. Under the Criminal Justice Act 2003, residents may also be subject to Multi-Agency Public Protection Arrangements (MAPPA) and, under the Sexual Offences Act 2003, to Sexual Offences Prevention Orders (SOPOs).

All of this legislation impacts upon the way in which a facility such as Glebe House may be used, and the expectations which are placed upon it by both Children's Services and the Criminal Justice system. Nevertheless, both the Children and Young Persons Act 1933 and the Children Act 1989 require that 'the welfare of the child shall be paramount' in any court proceedings. The United Nations Convention on the Rights of the Child (UN General Assembly, 1989) reinforced this position and the more recent Children and Families Act of 2014, appears also to endorse it. Thus, the individual welfare needs, at least of any 16 and 17 year olds, have somehow to be balanced, in any residential setting which houses sexual abusers, with the protection of the public and the prevention of re-offending.

5. Characteristics of the Research

The study began on 1st November 2001. An interim research report was presented to the Trustees on 24th November 2005. Progress reports were also provided annually to the Trustees in November of each year, with suggested action points based on findings during the year. The study period ended on 31st July 2014. This section sets out the characteristics of the research, describing the aim, design and methods, the sources of evidence, and the participants from whom much of it was obtained.

5.1 Research Aim

The research aim was to evaluate the effectiveness of the Glebe House residential programme in terms of:

- Reduction in type and extent of problems identified on arrival at Glebe House
- Key lifestyle changes after leaving Glebe House.
- Reduction or cessation of ex-residents' sexually abusive behaviour.

The research aim was sub-divided in this way, so that the concept of 'success' should not be limited to re-offending or recurrence, but extended to an examination of the change in the range of factors which other previous and contemporaneous research identified in the backgrounds of sexually abusing young men.

5.2 Research Design

It was important to ensure that a robust method for establishing change in this challenging client group, as set out above, was adopted. At its outset in 2001, the study drew for its design on a recent review of the strengths and weaknesses of evaluative processes for psychological interventions with children and adolescents, which advocated the deployment of a number of methods which have been included in the present study (Carr, 2000). These were: a research team independent of the treatment delivery team; resident self-report before and after treatment; experienced, supervised therapists' report of residents' functioning before and after treatment; both statistically and clinically significant indicators of change; incorporated risk assessments; and use of a control or comparison group with similar characteristics to the 'treated' group being studied. In addition to these methods, it was considered vital to ascertain the views of all staff involved in the Community, since they constitute around 75% of its population at any one time and, thus, as a study of the Caldecott Community noted, are 'key to its mood and to any success it might achieve with children' (Little, 1995: 126).

5.3 Research Methods

As already outlined, this research takes the form of a longitudinal study. Such studies are a relative rarity in sociological/criminological research since it is difficult for sponsors to commit their organisations to the funding required, for several years ahead. However, for outcome evidence, whether qualitative or quantitative, to be meaningful in terms of assessing the longevity and endurance of change, the authors of this report would contend that a period of at least 2 and preferably 5 or more years' follow-up is needed.

It was encouraging to the research team that the principal author of the well-respected longitudinal Cambridge Study in Delinquent Development (Farrington, 2003), in discussing the limitations of his own research (which was based on the analysis of official records of re/conviction) advocated for future such research to seek complementary self-report and professional data, in order to provide a more complete picture of long-term offending patterns. Noting that 'there are some things that quantitative data cannot assess', he and his colleagues observed that:

On this score, the richness of qualitative data, whether in the form of life histories or case studies, can enrich information gleaned from quantitative records.

(Piquero, Farrington & Blumstein, 2007: 212)

In accordance with the research aims set out earlier in this Section, therefore, the present study drew on a range of qualitative and quantitative evidence. Quantitative information was gained via official re/conviction data. Semi-structured interviews with residents, staff and external professionals (i.e. social workers, youth offending team workers, and probation officers) examined the short and longer-term effects of the constituent and holistic aspects of the regime upon residents. The interview schedules had been extensively piloted, developed and employed in previous studies grounded in the experiences and concerns of young men with serious offending behaviours (Boswell 1995, 1996; Wedge, Boswell & Dissel, 2000) and had also been piloted and appropriately amended at the commencement of the present study (Boswell & Wedge, 2002, 2003).

The qualitative material was analysed by case and theme, using the framework technique developed by Ritchie and Spencer (1994, 2014). Thus, it was possible to examine what different individuals and groups said about the same issue, and how one person's opinion on a topic related to their views on another. Consequently, a range of attitudes and behaviours could be identified, and the accounts of participants compared and contrasted.

The means of obtaining the range of evidence set out above, and the sources and categories of participants from which each type was obtained, are set out below.

Documentary evidence

Written assessments and ongoing records compiled by professionals involved with the young men before they arrived at Glebe House, together with the Community's own assessments and records, were studied to obtain evidence of key background factors in residents' lives, as identified by those professionals. In addition, close perusal of the background literature cited in **Section 2**, placed this study's subject matter in its wider evidential context.

Semi-structured interviews with 43 residents, incorporating a problem checklist

Based on the key factors identified by the documentary evidence, the type, extent and change in residents' problems and lifestyles were chronicled via a self-report checklist within a semi-structured qualitative interview with residents at the following stages: a few weeks after arrival at and before departure from Glebe House; 6 months after leaving; and at yearly intervals thereafter (in accordance with **Table 2** in **subsection 5.4** below) to the point where the final member of the ongoing cohort was interviewed in 2014, two years after leaving the Community. Arrival and departure interviews were conducted face-to-face and were typically of 1½ hours in length. Post-leaving interviews, tending to decrease in length as time went on, were mainly conducted by telephone, except where, for practical or optimal communication reasons, they were conducted face-to-face.

Semi-structured interviews with 10 of 15 ex-residents who had left Glebe House early, in an unplanned way

These young men had left Glebe House prior to their anticipated programme-completion date for a range of reasons, including unacceptable or criminal behaviour, family-related issues, and withdrawal of Local Authority funding. Five of the 15 left within a few weeks, and before they could be interviewed, though relevant information was obtained from staff interviews and case records. The remaining 10 stayed for periods ranging from 4 to 18 months. Two of the 10 who had been interviewed, but were subsequently sentenced to custody, participated in a single follow-up face-to-face interview in the Young Offender Institution where they were detained. Through these means, it was possible to elicit from this premature leaver group some qualitative data to add to the re/conviction data, to broaden the level of comparison with data obtained from the 43 programme-completers.

Re/conviction data on a comparison group

An 'untreated' comparison group of 43 was drawn from those who had been referred to and accepted by Glebe House over the same period but, for a range of reasons, had not become resident there. Individuals were 'matched' with members of the ongoing cohort in respect of age and approximate date of referral, and re/conviction data only were obtained on this group.

Semi-structured interviews with therapeutic staff, incorporating risk assessments

Therapeutic staff members' reports of residents' functioning at beginning and end of the therapeutic regime, incorporating their clinical risk assessments, were also obtained through face-to-face semi-structured qualitative interview.

Semi-structured follow-up interviews with involved external professionals

Where professional agencies remained involved with, or could access records on ex-residents, telephone interviews were conducted with relevant professionals to gain more detailed information about the young men's progress, including current lifestyle and behaviour.

Questionnaires to all Community staff and semi-structured interviews with the two successive Directors

These questionnaires and interviews sought all staff members' views and experiences of the Community.

Re/conviction data from the Ministry of Justice

In order to gauge changes in sexually abusive behaviour, re/conviction data on the ongoing ex-resident group, a comparison group, and a group who left Glebe House early in an unplanned way, were obtained from the Ministry of Justice Analytical Services team in mid-May 2014. At this point, just over two thirds of all these groups had reached the second half of their twenties (i.e. were aged between 25 and 30 years).

5.4 The Resident (becoming ex-resident) Research Participants

Between January 2002 and March 2010, all 59 young men who arrived at the Community were invited to become part of this study. During that period only one young man declined. This is therefore virtually a 'whole population' study for that 10-year period. The criteria for their inclusion in the annual follow-up group were that they should have either completed the therapeutic programme (usually after 2 years) or left in a 'planned' way - i.e. with the agreement of all concerned that they had completed the work necessary to bring them to an optimum point for return to the outside community. Members of the ongoing cohort, which eventually totalled 43, met one of these two criteria. As noted in the previous section, those in the early but unplanned leaver group, eventually totalling 15 did not meet either criterion, but data were obtained on them in the range of ways described.

In terms of ethical considerations, the request for their participation in the research was initially explained to new arrivals, who were given full information about the research and its purpose at the first interview. The principles of confidentiality and anonymity were explained and they were each asked to sign a consent form. Following each post-leaving interview, they were provided with gift vouchers of their choice to the value of £30 in

recognition of their time and ongoing commitment to the research process. The majority of the ongoing cohort stayed with the project until their last scheduled interview; five ceased to be contactable (one after 10 months, two after 18 months, one after 2½ years, and one after 3½ years); one chose to cease his involvement after 18 months; and tragically, one participant died in the year following his 6 month post-leaving interview. However, with the exception of these two latter, all were followed up by interview for at least 18 months, and most for much longer. For the two exceptions, it remained the case that any post-leaving re/conviction data would be obtained. **Tables 1 and 2** below respectively show the ongoing cohort leaving years, and final interview timings. Aged from 19-27 years, all at final interview were looking back on their time at Glebe House from the viewpoint of adulthood

Table 1: Years in which the Ongoing Cohort left Glebe House (n=43)

Leaving yr	2004	2005	2006	2007	2008	2009	2010	2011	2012
Cohort nos.	3	6	8	4	2	5	7	5	3

Table 2: Stage of Ongoing Cohort's final post-leaving interviews (n=43)

No. of yrs after leaving Glebe House	6.5 yrs	5.5 yrs	4.5 yrs	3.5 yrs	2.5 yrs	1.5 yrs	0.5 yrs
Nos. interviewed	4	4	7	6	16	4	*2

*One deceased, and one (interviewed at 10 mths post-leaving) became uncontactable after this

5.5 Presentation of the findings

As the preceding paragraphs show, a large body of data has been assembled in order to assess the effectiveness of the Glebe House programme, in terms of key changes in the lifestyle and sexually harmful/offending behaviour of those referred to, or formerly resident within it. The range of material on the ex-residents will be brought together to form a coherent whole in terms of overall outcome. The same process will obtain for the comparison and early unplanned leaver groups to highlight any contrast between the three groups. The views of the Glebe House staff are incorporated to highlight key experiences of working in the Community from different viewpoints, and to consider their impact not only upon residents, but also upon staff levels of job satisfaction, which are integral to effectiveness levels. Also incorporated are the views of professionals involved with the young men after they have left Glebe House, both to provide external comment on the programme's effectiveness, and to add to the body of evidence about ex-residents' lifestyle and behaviour in the resettlement process.

All names and other potentially identifying respondent characteristics have been changed. The data in the ensuing sections are presented within the three categories of life before, during and after Glebe House. A list of tables appears at the end of this report.

6. Life Before Glebe House

The background information gained from written assessments and records compiled by professionals involved with the young men before they arrived at Glebe House, together with the Community's own assessments and records, and arrival interviews with each new resident, provided evidence of key characteristics and background factors in their lives. These are summarised here and, where relevant, are further discussed in the following two sections on life at Glebe House and life afterwards. The material relating to the ongoing cohort of 43 and that relating to the 15 young men who left early and in an unplanned way, is presented separately for comparison purposes. It is important to reiterate that five of the latter group (henceforth known as 'the early leaver group') left Glebe House before they could be interviewed, so that the data for them rely on professional records rather than directly elicited material.

6.1 Key Characteristics of the ongoing and early leaver groups

This section sets out the main characteristics of each of the two groups of ex-residents - i.e. the ongoing cohort of 43 and the early leaver group of 15. Data are provided in relation to age, ethnicity, religion, conviction type (if any), criminalised or non-criminalised routes to Glebe House, those subject to public protection measures, offence and abusive behaviour types leading to referral, and types of victim. As the following material indicates, in some cases, it appears only to have been a matter of chance, geography, or localised custom and practice, as to whether such young people have been criminalised or taken through child care/protection procedures.

Age

Ongoing cohort

As **Table 3** below shows, sixteen ex-residents arrived at Glebe House at the age of 16, sixteen at the age of 17, eight at the age of 18, and one at the age of 19. Two ex-residents under the age of 16, had also been admitted but, overall, it is clear that the Community's evolving policy to admit young men in their late, rather than early teens, was being implemented during this period. Although three young men from this cohort left the Community early in a planned way, and a further two stayed considerably longer than anticipated, largely for resettlement planning purposes, the average length of time these young men spent at Glebe House was 2 years. Eight of them moved on to McGregor Lodge (the satellite 'step-down' house, located in a rural area some 30 miles away and staffed night and day), which had been set up in 2006, and where the length of stay has ranged from 3 months to 5 years, based on the young men's needs.

Table 3: Ages of Arrival at Glebe House of the Ongoing Cohort and Early Leaver Group

ARRIVAL AGES	Ongoing Cohort (n = 43)	Early Leaver Group (n = 15)
Under 16 yrs.	2	1
16 yrs.	16	1
17 yrs.	16	8
18 yrs.	8	5
19 yrs.	1	-

Early leaver group

As **Table 3** above, shows, one member of this group arrived at Glebe House at under 16 years, one at the age of 16, eight at the age of 17, and five at the age of 18. Again this would appear to reflect evolving admission policy. However, the proportions of those arriving at 17 and 18 are somewhat higher (by 16% and 14% respectively) than those of the ongoing cohort. It could be that the higher arrival age group's tolerance for the therapeutic regime was lower than that of the ongoing cohort, whose members may have had less exposure to treatment interventions, but this has to remain a matter for speculation.

Ethnicity

Ongoing cohort

In terms of ethnic origin, 27 of the 43 ongoing cohort members described themselves as White British or English (including one known to be of dual heritage); 7 as White Irish or Irish; 3 as White Welsh or Welsh; one described himself as White European and another named the European mainland country he came from; two described themselves as being Afro- or Black-Caribbean and one was of dual British/African heritage, naming the African country concerned. (Where only one person has named a specific country, this has not been specified in order to protect their identity). One young man, who had been adopted, did not know his birth parents' ethnic origin nor how he might have fitted into any ethnic category.

Early leaver group

Twelve of the 15 members of this group described themselves as White British, British or Scottish. Three others were of dual heritage - a combination of European, African and Asian, again not specified to protect identities. This is a not dissimilar ethnic profile to that of the ongoing cohort, though it contains no Irish members.

Religion

Ongoing cohort

Religion did not feature in the lives of 25 of these young men (though 3 had had strong religious upbringings with comments that suggested they had possibly rebelled against this); a small minority of this group described themselves as Atheist. Of the remaining 18, eight described their religion as Roman Catholic and four as Christian. Within these latter 2 groups, a small minority* indicated that they were 'evangelistic', and a further small minority* that they were non-practising. Other small minority* groups included Church of England, Mormon, Muslim, and Jehovah's Witness. (*Numbers have not been specified for 'small minority groups', again to protect identities).

Early leaver group

This profile was again similar to that of the ongoing cohort. Eight of these young men had no religion. Small minority groups included the following categories: Christian; Church of England; Roman Catholic; Agnostic; Hindu; religion not given. Not all regarded themselves as practising.

Criminalised routes to Glebe House

Table 4 below illustrates the types of criminalised behaviour by members of both groups. It is important to note that some young men from each group had engaged in combinations of such behaviour, though it is the most serious offence type which is recorded here. Most of this behaviour was directed at children under 16, with small numbers at a single sex group, but most involving children of both sexes. Some had been convicted of more than one sexual offence.

Ongoing cohort

Professional records indicated that just under half of these young men (20) had been criminalised for the sexually harmful behaviour towards children which had led them to become resident at Glebe House. As **Table 4** below shows, in all but 3 cases, their primary convictions constituted contact offences, most frequently upon younger siblings (whether natural, step-, half- or foster care siblings,) or children with whom they had been placed in close proximity in residential Care homes, or in school settings.

Early leaver group

Seven of this group of 15 had been criminalised for the sexual offences which had led them to Glebe House - again just under half, a similar proportion to that of the ongoing cohort. Similarly, also, these offences were largely committed on younger siblings or children with whom they had been in close

proximity. However, as **Table 4** below shows, in all these cases, the primary offence was a contact offence - two of Rape, four of Sexual or Indecent Assault, and one of Sexual Activity, perhaps suggesting that some of the more serious-end sexual offenders are less able to comply with a structured residential regime than those whose behaviour is not so violently inclined.

Table 4: Primary conviction types for criminalised Ongoing Cohort and Early Leaver Group - all committed on children under the age of 16 years, of whom the majority were under 13 years

Conviction type	Rape	Sexual/ /Indecent Assault	Sexual activity with child under 16	Causing/inciting child under 16 to engage in sexual activity	Indecent exposure
Ongoing Cohort nos. (n=20)	3	8	4	2	3
Early Leaver nos. (n=7)	2	4	1	-	-

Criminalisation involving Public Protection measures

Ongoing cohort

Fourteen of the criminalised 20 had been placed on the Sex Offender Register, with 9 also subject to Multi-Agency Public Protection Arrangements (MAPPA) monitoring. With five exceptions (4 of whom were also subject to Sexual Offences Prevention Orders [SOPOs]) most of those on the Register did not remain on it more than a few months beyond their period of residence at Glebe House, and the majority who were subject to MAPPA only remained so for around a year after leaving the Community. However, two further members of the ongoing cohort, who were not criminalised, one because of the extent of his learning disability, were nevertheless subject to MAPPA, one for 18 months, and one for 3 years after they left Glebe House.

Early leaver group

Four of the criminalised 7 had been placed on the Sex Offender Register with 2 of these also subject to MAPPA monitoring. (In a fifth case it was unclear whether either of these measures had been applied). As with the ongoing cohort, 2 non-criminalised members of the early leaver group were also subject to MAPPA, though not far beyond their original projected leaving dates.

It is clear from staff interviews that public protection procedures have become more rigorous in recent years, and that many more young men are now

placed on the Register and subject to SOPOs and MAPPA, with the added professional accountability that these systems bring with them. It is, however, worth noting here that neither the young men nor the staff, nor the associated paperwork, were always clear as to whether the former would be subject to MAPPA after leaving and this issue may need further attention from staff.

Non-Criminalised routes to Glebe House

Ongoing cohort

Those cohort members who had not been criminalised (23) had arrived at the Community via UK-based or Republic of Ireland Child Care systems. Eleven were on Section 31 (full) and eight on Section 20 (voluntary) Care Orders of the Children Act 1989. The remaining 4 were on Irish Care Orders. Although their sexually harmful behaviour (set out in **Table 5** below) was in some cases equivalent to that for which their peers in **Table 4** above had been criminalised, they were neither subject to criminal justice measures nor to Sex Offender Register, SOPO or MAPPA procedures (the latter with the exception of the two cases mentioned above).

Early leaver group

The 8 non-criminalised members of this group had arrived at Glebe House via the England and Wales Child Care system. Five were on Section 31 (full) and 3 on Section 20 (voluntary) Care Orders of the Children Act 1989. As noted above, two of this group had been made subject to MAPPA, but again, despite some equivalent behaviour to that of their criminalised peers, none of the others were subject to public protection procedures.

Table 5 below shows the types of sexually harmful behaviour perpetrated by both cohorts, as designated in case records.

Table 5: Primary Types of Sexually Harmful Behaviour by Non-criminalised Ongoing Cohort and Early Leaver Group

Types of sexually harmful behaviour	Sexual abuse/assault	Sexual penetration	Inappropriate contact with/ touching of children	Inappropriate sexual behaviour
Ongoing Cohort nos. (n=23)	7	3	8	5
Early Leaver nos. (n=8)	1	-	1	6

As with the criminalised group, it is important to note that some young men from both cohorts had engaged in combinations of such behaviour, though it is the primary piece of behaviour which is recorded in **Table 5** above. As

with the criminalised group also, most of this behaviour was directed at children under 16, small proportions at a single sex group, but most involving children of both sexes. In addition, however, and unlike the criminalised cases, a small minority of victims from each of the non-criminalised groups were adults. The male adults were the victims of the early leaver group, and of physically rather than sexually harmful behaviour. These small numbers are unspecified, in order to protect identity, and inferences from them must be regarded with caution. However, it is possible that the early leaver behaviour which included physical attacks on adults provides some hint as to the potential difficulty of successfully containing them in the Community.

6.2 Key Background Factors in the Ongoing Cohort and Early Leaver Group

This section sets out the key background factors in the lives of the ongoing and early leaver groups of ex-residents. Data are provided in relation to living circumstances (family, Care and schooling experiences), physical and mental health conditions, and history of abuse, neglect and trauma.

Living circumstances before Glebe House

Family and Care Experiences

The majority of young men from both ongoing and early leaver groups came from fluctuating living arrangements involving intricate family structures, often including strings of step-relations and half-siblings, as well as grandparents, great grandparents, aunts, uncles and cousins, and experience of the Care system. The word 'family' in **Tables 6 and 7** below may be taken to include a range of combinations of these structures constituting their living circumstances before coming to Glebe House.

Table 6: Ongoing Cohort's Living Circumstances before Glebe House (n = 43)

LIVING CIRCUMSTANCES	FAMILY/CARE SUB-GROUPS	ONGOING COHORT NUMBERS	TOTALS
Mainly with family	*Family with male & female parent figures	11 (5 known long-term to Social Services)	19
	**Single parent family	8 (3 known long-term to Social Services)	
*Moving between family & Care		10	10
Mainly in Care	*1 - 4 placements	4	14
	5 - 30 placements	10	

*One young man from each of these categories (i.e. 3 in all) had come to Glebe House direct from a Secure Unit

**Five single parents were female and three were male

Table 7: Early Leavers' Living Circumstances before Glebe House (n = 15)

LIVING CIRCUMSTANCES	FAMILY/CARE SUB-GROUPS	ONGOING COHORT NUMBERS	TOTALS
Mainly with family	Family with male & female parent figures	3 (all known long-term to Social Services)	3
	Single parent family	-	
*Moving between family & Care		1	1
Mainly in Care	1 - 4 placements	1	11
	*5 - 30 placements	10	

* Six young men from these two categories had come to Glebe House direct from a Secure Unit

Most of these young men came from complex and unhappy backgrounds, the majority financially impoverished. It is for these kinds of reasons that, as **Tables 6** and **7** above highlight, over half of the ongoing cohort (23) and over two thirds of the early leavers (11) had spent the larger proportion of their lives in the Care system. Although four from the Ongoing Cohort and one from the Early Leaver Group had been in long-term foster placements, the rest had been moved around with a troubling regularity.

Most striking is the fact that all but one in the early leaver group who had experienced Care, had been subject to multiple placements and that all those who came to Glebe House direct from Secure Care emanated from this multiple placement group. In addition, just under half of those living within their own families in the ongoing cohort, and all of those in the early leaver group were, usually along with those families, known on a long-term basis to Social Services. Read in conjunction, the two tables serve to emphasise the highly problematic backgrounds of both these cohorts of young men. They further suggest that the high level of multiple and Secure Care placements in the lives of the early leaver group, had produced young men with an especially unpromising prognosis for successful settlement at Glebe House.

Home and Placement Moves

Table 8 below emphasises the flux in both the ongoing and early leaver groups' lives, whether living with families or in Care. It can be seen that high proportions in both cohorts had moved homes and/or placements in excess of four times in their short lives and that where 11 (26%) of the ongoing cohort had moved in excess of nine times, this was true of (33%) of the early leaver group, one of whom had in fact moved more than 30 times, mainly in Care.

Table 8: No. of Home/Placement Moves by Ongoing Cohort and Early Leaver Group before arrival at Glebe House

No. of moves	0	1	2	3	4	5+	10 +	15+	20+
Ongoing Cohort nos. (n = 43)	2	1	3	-	4	24	4	2	3
Early Leaver Group nos. (n = 15)	1	-	2	-	-	7	3	1	1

Schooling

The regularity of home moves also clearly had an effect on the quality and consistency of both cohorts' schooling, as shown in **Table 9** below. Thirty three (77%) of the Ongoing Cohort and 9 (60%) of the Early Leaver Cohort had experienced 4 or more school moves in their lives.

Table 9: No. of School Moves by Ongoing Cohort and Early Leaver Group before Arrival at Glebe House

No. of moves	1	2	3	4+	10+	15+	*Not known
Ongoing Cohort nos. (n=43)	-	3	7	30	1	2	-
Early Leaver Group nos. (n=15)	-	2	-	8	1	-	4

* In 4 cases of residents who left without interview, records did not make these numbers clear, though since all came into the multiple Care placement group, it appeared likely that they had also experienced multiple school moves

Records also showed that undue frequency of school moves had disrupted the educational process for many. Truancy was common, and behaviour problems had led to one or more school exclusions in 8 cases in each cohort (this amounting to over half of the early leaver cases). Additionally, 13 out of the 43 ongoing cohort (30%) and 8 out of the early leaver group (just over 50%) had been assessed as having a mild or moderate learning disability, a minority at the very low IQ end. **Table 10** below shows these and other types of diagnosed conditions likely to affect these young men's capacity to learn. Some young men had more than one of these conditions. (It should be noted that some other young men were reported by professionals as exhibiting the symptoms of some of these conditions, but since they had not received formal diagnoses, they are not included in the figures below).

Table 10: Nos. of Ongoing and Early Leaver Group Members with diagnosed conditions likely to affect learning capacity

DIAGNOSED CONDITION TYPES*	Ongoing Cohort nos. (n= 21 out of 43)	Early Leaver Group nos. (n=13 out of 15)
Mild or moderate learning disability	13	8
Dyslexia	7	1
Dyspraxia	3	-
Attention Deficit Disorder(ADHD)	4	5
Asperger's syndrome	2	-

* Some young men had more than one of these conditions

The diagnosed condition types in **Table 10** above do not, of course, constitute an exclusive list of conditions which may affect learning. Others, such as mental health, severe physical and trauma-related conditions may also impinge upon the levels of comfort and concentration required for learning, and their presence in these cohorts is discussed below. In addition, most of these young men had negative perceptions of school, whether this was because of over-authoritarian staff, being devalued or made to feel stupid in class, or because of bullying or other unhappy experiences with peers. Few reported satisfactory educational experiences prior to their arrival at Glebe House. These youngsters were, thus, arriving at Glebe House with outstanding educational needs, whether or not they were still of school age. Given the fact that education is a potential protective factor in the development of anti-social and offending behaviour (Wilson and Reuss, 2000; Lösel & Bender, 2003) this was a significant issue for these two cohort groups. It also constituted a major challenge for the Community's educational staff, who had to cater for a wide range of learning needs and styles.

Physical and Mental Health Conditions

Physical health problems on arrival at Glebe House were reported in professional records for 31 out of the 43 ongoing cohort (just over 72%) and for 12 out of the 15 early leaver group (80%). Many of these constituted serious and lifelong conditions. Across the two cohorts, they included asthma, diabetes, internal organ disorders (kidneys, heart etc.), skin, bone and limb disorders, hearing and vision impairment, eating disorders, coeliac disease, and neurological disorders such as Tourette's syndrome, epilepsy, and mild cerebral palsy. This comprehensively exceeds a research finding among 1,400 young adult male offenders on Probation, in which it was found that 22% had chronic (i.e. lifelong) health problems, and which itself was reported as a matter for serious concern (Stewart, Smith & Stewart, 1994). In addition to these conditions, a quarter of the ongoing cohort and a fifth of early leavers

reported having had quite serious accidents requiring hospital treatment, including surgery. Accident-prone-ness has been linked by researchers to high risk-taking behaviour, which in turn can follow from the circumstances which surround poor states of physical and mental health (MacDonald, 2006; NACRO, 2008). Mental health conditions including post-traumatic stress disorder (discussed separately below), dissociative disorder, borderline personality disorder, and schizophrenia were also reported in professional assessments, and tended to relate to the deeply damaged backgrounds of these young men. In interview and survey, a number of staff members indicated that they felt Glebe House was not well-equipped to identify or manage mental health conditions, and this is a further area which the Community may need to review in terms of both its selection criteria and its staffing component.

Backgrounds of Abuse and/or Neglect

This section sets out the characteristics of abuse and neglect from which the members of the ongoing and early leaver groups had suffered. As noted in the *Family and Care Experiences* section above, many of their family structures were extremely complex, and so the data in **Tables 11** and **12** below represent the type of family or other figures who most closely approximate to the type of perpetrator.

Table 11: History of Abuse and/or Neglect in Backgrounds of the Ongoing Cohort (n=43)

PERPETRATOR FIGURE	ABUSE TYPES/NEGLECT			
	SEXUAL	PHYSICAL	EMOTIONAL	NEGLECT
Father	4	8	-	-
Mother	3	8	9	16
Step-father	5	11	2	1
Step-mother	1	1	1	5
Both Parents	2	3	4	-
Grandparent(s)	1	1	-	-
Uncle/Step Uncle/ Great Uncle	6	1	1	-
Family or other adult acquaintance	10	-	1	-
Peer acquaintance	4	3	1	-
Stranger	1	-	-	-
TOTAL OF ABUSE TYPES/NEGLECT	37	36	19	22
OVERALL TOTAL	114 sets of experiences of these abuse types/neglect by 43 ex-residents			

In relation to **Table 11** above, out of 43 ongoing cohort members, only one was not reported to have suffered abuse or neglect, though he had witnessed

domestic violence/abuse, as had at least 5 others (Definitive numbers are not available, since professional records are sometimes ambiguous in relation to this matter). As the overall total of 114 sets of abuse/neglect experiences suggests, the majority of young men had been subject to more than one such experience: 26 had suffered combinations of abuse/neglect; 24 had been subject to abuse/neglect from more than one person; in 6 cases, sustained abuse from multiple abusers within family/friends networks appeared to have been the norm. In contrast with impressions often created by the media, only one young man had experienced stranger abuse.

In relation to **Table 12** below, all 15 Early Leaver Group members had suffered some form of abuse or neglect. Again, the overall total of these experiences (37) indicates that the majority of this group had been subject to more than one of them: 9 had suffered combinations of abuse/neglect; 7 had been subject to abuse/neglect from more than one person; in 4 cases, sustained abuse from multiple abusers within family/friends networks appeared to have been the norm. At least 4 members of the cohort had also witnessed domestic violence/abuse, though again definitive numbers are not available here.

In proportional terms, there appeared to be little difference between the abuse/neglect experience types of the two groups, except that no early leaver data included reports of either grandparental or stranger abuse.

Table 12: History of Abuse and/or Neglect in Backgrounds of the Early Leaver Group (n=15)

PERPETRATOR FIGURE	ABUSE TYPES/NEGLECT			
	SEXUAL	PHYSICAL	EMOTIONAL	NEGLECT
Father	3	7	4	2
Mother	-	1	1	-
Step-father	2	-	2	1
Step-mother	-	-	-	-
Both Parents	2	1	1	3
Grandparent(s)	-	-	-	-
Uncle/Step Uncle/ Great Uncle	1	-	-	-
Family or other adult acquaintance	2	2	-	-
Peer acquaintance	2	-	-	-
Stranger	-	-	-	-
TOTAL OF ABUSE TYPES/NEGLECT	12	11	8	6
OVERALL TOTAL	37 sets of experiences of these abuse types/neglect experienced by all 15 early leavers			

These young men's experiences of background abuse/neglect are discussed more fully in **Section 7**.

Trauma

Trauma is a phenomenon which may be produced by, amongst other experiences, abuse, witnessing violence, neglect or loss/abandonment. If undetected and unresolved, as is quite often the case with children and young people (Kinchin & Brown, 2001) it may subsequently manifest itself in the form of post-traumatic stress disorder (PTSD), dissociative or other mental health disorders, and conditions such as severe memory loss. Alternatively, it may remain in the psyche in a less serious form, such as an anxiety or panic disorder, but still with the capacity to affect most facets of an individual's life. Thus, it is difficult to fully classify under either the mental health or abuse/neglect umbrellas, hence receiving a discrete category in this section. Researchers discussing the responses of young people to trauma have made the following observation, with obvious implications for the Glebe House residents:

For example, adolescent boys may feel emasculated by the experience and respond with intense narcissistic rage. When accompanied by a sense of narcissistic invulnerability, this rage places them at risk of taking revenge or engaging in dangerous reenactment behaviours. (Pynoos & Nader, 1993: 531)

Within both the ongoing and early leaver groups, there were examples of young men known to have been abused in some way, who in contrast with their peers, could not remember anything about their pre-school years; who had adopted dissociative modes such as being guided by 'spirit voices'; who had nightmares and flashbacks about their abusers which provoked a desire for indirect revenge behaviour; who had continuing vivid and disabling memories of both protecting younger siblings against adult abuse and yet later re-enacting that abusive behaviour towards them.

In the Glebe House study, a quarter of both the ongoing cohort (11) and of the early leaver group (4) were recorded as having trauma-related conditions, though most had not been formally diagnosed. These proportions are similar to findings of undiagnosed PTSD in an earlier study by the authors, of young men in the same age range, detained for sexual and other violent offences in a specialised Young Offender Institution (Boswell, Wedge & Price, 2003). Here, formal tests for PTSD were administered, and between one quarter and one third of these young men either fell into, or came close to the category of current or lifetime PTSD (The diagnostic criteria at that time were generally agreed to be over-rigid and have subsequently been relaxed for children and young people in particular - see American Psychiatric Association, 2013).

6.3 In Summary

In setting out the key characteristics and background factors in the lives of these 58 young men who entered the Glebe House study between 2002 and 2012, it has been possible to discern many similarities between the 43 who stayed to complete the therapeutic programme and the 15 who, for various reasons did not. It is apparent that all of them came from complex and, in many cases, deeply damaged backgrounds, with case files chronicling incidents of sometimes longstanding abuse and neglect, in the context of poor physical and mental health, and disrupting home and school moves. The most notable differences between the two were that a higher proportion of the early leaver group had arrived at Glebe House at a slightly older age, direct from a Secure Unit, with multiple Care experiences, and with criminalised members having committed more 'contact' offences than those in the ongoing cohort. Although the differences are modest, this may constitute a message for the Community and its funders about the appropriateness of the programme for those at the older, more disrupted, more serious end of the sexually harmful behaviour continuum. A further message relating to findings from both groups is the need to test for post-traumatic stress disorder on arrival at Glebe House, so that appropriate treatment can be put in place.

It is apposite to end this Section with a brief description of the background of Harry, whose 2½ year stay at Glebe House followed a sustained period of harmful sexualised behaviour towards children. He told the interviewer that he could not remember anything about his life before the age of five, a common manifestation of early trauma. His files told the story of a small child persistently sexually and physically abused by his stepfather and friends up to this age, from which he still bears bodily scars. This was followed by multiple Care placements into adolescence. Of his mental scars, Harry said 'I've got so much in my head I have to shake it and it feels loose'. Of his prognosis, his therapist said 'He's the most challenging lad I've ever worked with'. On arrival at Glebe House, Harry said 'This was the place I needed all my life'. The next Section portrays the kind of life Harry and his peers experienced at Glebe House.

7. Life at Glebe House

As we have seen in the previous Section, the vast majority of both ongoing and early leaver groups arrived at Glebe House with extremely bleak and often damaging prior family and educational experiences, and sub-optimal health conditions. This did not make them the most promising group of youngsters for Glebe House to engage in treatment, educative or other self-developing activities. This Section presents their own assessments of the problems they arrived with, and of the impact the therapeutic programme had upon them during their residence. (Since the early leaver group of 15 did not remain for the duration of the programme, no further qualitative material is available to discuss herein, with the exception of that of 2 young men who were interviewed for a second time while serving sentences in a Young Offender Institution, to which they both went direct from Glebe House). The views and experiences of Glebe House staff about life within the Community are also incorporated in this Section.

7.1 The Problem Checklists

Within their arrival and departure interviews, members of the ongoing cohort of 43 completed a problem checklist, for the purpose of identifying significant changes during the period of their residence at Glebe House. The checklists contained specific headings covering multivariate factors which had proved to be problematic for the young men in the pilot study, and which extended the background information cited in the previous Section, based on their own rating of the seriousness of these factors for them at arrival and departure. These headings encompassed family life, education, health, addiction, abuse, neglect, loss, social and economic influences. The checklist process allowed the young men some control over the extent to which they wished to disclose sensitive personal material (though most of them nonetheless did so).

Respondents were asked to rate a range of factors on a seriousness scale of 1-5, where 1 meant 'Very good, no problems' and 5 meant 'Very bad, lots of problems'. Thus, their ratings at arrival and departure could be compared. It is recognised that the use of the word 'problems' arguably promotes a negative slant on the factors concerned. However, the pilot study again confirmed that a more neutral expression does not tend to elicit the information being sought and, in the event, respondents appeared to have no difficulty in rating some areas of their lives positively.

This section provides three tables which depict the ongoing cohort's ratings of their problems at 3-5 on the seriousness scale, on arrival at Glebe House (**Table 13** below), and the changes in their ratings indicates the extent to which they felt these problems had been alleviated by the time they left the Community (**Tables 14** and **15** below).

Table 13: Problems rated by the Ongoing Cohort at 3-5 on the seriousness scale, on arrival at Glebe House (n = 43)

PROBLEM CATEGORY	COHORT NOS.	PROBLEM CATEGORY	COHORT NOS.
Reading, writing & maths	22*	Eating habits - family	3
Educational qualifications	17**	Drugs - you	7
Your parents/carers	25*	Drugs - family	3
Your brothers & sisters	14	Alcohol - you	8
Your schoolfriends	15	Alcohol - family	13
Your other friends	8	Sniffing solvents - you	2
Work/job - you	10	Sniffing solvents - family	-
Work/job - family	12	Gambling - you	2
Housing - you	7	Gambling - family	7
Housing- family	6	Self-confidence	13
Physical health - you	12	Physical abuse to you	28*
Physical health - family	17**	Physical abuse by you	5
Money - you	16	Sexual abuse to you	26*
Money - family	14	Sexual abuse by you	29*
Violent offending - you	9	Organised/ritual abuse to you	1
Violent offending - family	11	Organised/ritual abuse by you	-
Non-violent offending - you	12	Emotional abuse to you	22*
Non-violent offending - family	4	Emotional abuse by you	14
Depression - you	25*	Hurting/killing of animals by you	2
Depression - family	21**	Viewing of hard core pornography	13
Anxiety/panic attacks - you	6	Viewing violent TV	12
Anxiety/panic attacks - family	4	Neglect - of you	18**
Other mental health problems - you	8	Abuse to your parents/carers	14
Other mental health problems - family	6	Bullying of you (in family, school, work)	20**
Self-harm - you	19**	Bullying by you (in family, school, work)	8
Self-harm - family	5	Death of someone important	26*
Thoughts of suicide - you	22*	Loss of contact with important family	29*
Thoughts of suicide - family	2	Loss of contact with important friend	20**
Eating habits - you	7	Anything else	1

* Over half or **just under half of all respondents identifying these problems on arrival

Table 13 above shows that the following problem categories were rated by over half of all respondents (51-67%) as 3-5 on the seriousness scale: reading, writing and maths; parents/carers; depression; thoughts of suicide; physical

abuse; sexual abuse; sexual abuse to others; emotional abuse; and loss of contact with important family member. Just under half (42-49%) similarly rated the following categories: family depression; self-harm; bullying; loss of contact with important friend; and neglect. **Tables 14 and 15** below show the extent to which respondents felt these problems had reduced by the end of their time at Glebe House.

Table 14: Frequency of highest-ranked problems reduced after Glebe House (in ranked order) [n=43]

PROBLEM CATEGORY	COHORT NOS.	EXTENT OF PROBLEM REDUCTION	
		Reduced by at least 2 points on Departure	Reduced by less than 2 points on Departure
OVER HALF OF COHORT	Rated at 3-5 on Arrival		
Sexual abuse by you	29	24	5
Loss of contact with important family	29	13	16
Death of someone important	26	18	8
Physical abuse to you	28	24	4
Sexual abuse to you	26	20	6
Depression - you	25	24	1
Emotional abuse to you	22	18	4
Thoughts of suicide - you	22	22	NONE
Reading, writing & maths	22	13	9

Table 15: Frequency of other high-ranked problems reduced after Glebe House (in ranked order) [n=43]

PROBLEM CATEGORY	COHORT NOS.	EXTENT OF PROBLEM REDUCTION	
		Reduced by at least 2 points on Departure	Reduced by less than 2 points on Departure
JUST UNDER HALF OF COHORT	Rated at 3-5 on Arrival		
Depression - family	21	13	8
Bullying of you (in family, school, work)	20	18	2
Loss of contact with important friend	20	14	6
Self-harm - you	19	19	NONE
Neglect - of you	18	16	2
Physical health - family	17	9	8
Educational qualifications	17	16	1

These checklist ratings now receive brief comment, with illustrative quotations from cohort members. The ratings of the less frequently reported problem categories are also discussed. Respondents' ratings of aspects of life

at Glebe House follow, highlighting the extent to which the therapeutic programme impacted upon the problems they had identified as serious.

High-ranking problems

An examination of **Table 13** above reveals a large number of weighty problems carried by these respondents through their young lives. (The average number of problems rated at higher than one on the rating scale had been 30 [52%] out of a possible 58. Although a small minority did not rate more than 5 problems at this level on arrival, most members of the cohort did so, and it should be borne in mind that even one or two of these could constitute extreme detriment). As **Tables 14** and **15** above show, the highest-ranking problems encompass the particularly damaging factors of abuse of all kinds (including bullying), neglect, loss, and problematic parents/carers, perhaps in themselves leading to two other high-rated problems - those of self-harm and suicidal thoughts. Depression is also a high-ranking problem which may follow from abusive and neglectful backgrounds and other adverse experiences. It is notable that depression in the family was also rated as a serious problem by just under half of this cohort, perhaps suggesting some intergenerational transmission of this problem, a notion supported by research (Greig & Gregory, 2003; Hammen, Shih & Brennan, 2004).

Family physical health was also rated as a serious problem by 40% of the cohort, who often cited parental conditions such as alcohol/drug-related illness, diabetes and asthma (prevalent in these respondents' own lives, as recounted in **Section 6**, but not showing high numbers in the above tables, as they tended to rate the problem levels of their own health as lower than 3). The only high-ranked problem which had not reduced in at least half of cases by departure was loss of contact with important family members. Given the large proportion of this cohort who had been in Care, and already had reduced or lost contact with their parents and/or siblings, this is an unsurprising finding - though as will be seen in later sections, Glebe House devotes considerable time to re-establishing appropriate contact with families both during and after the programme. Equally unsurprising, given the enduring nature of some of the family conditions, is that only just under half of young men who cited family physical health problems reported a significant improvement by the end of their two years in the Community.

Table 15 of course also shows a range of problems which were rated between 3-5 by under 40% of these respondents. They are self-explanatory but it is worth noting in particular the difficulties relating to factors such as peers and siblings (the latter often the victims of these respondents but also often loved and missed by them); employment and money; respondents' and families' offending (which can also be intergenerational - see Farrington, 2003); respondents' concern about emotional abuse they had perpetrated, usually on the subjects of their sexual abuse; abusive experiences of a parent (which may also be intergenerational and account for children's sexualised behaviour - see

Kwong *et al.*, 2003); family and respondent alcohol usage, which can also run in families; self-confidence; and viewing of violence and/or hardcore pornography. Although it is rarely possible to attribute any particular cause to a given phenomenon, it is not difficult to see how some or all of these factors in their backgrounds may have contributed to the development of the sexually harmful behaviour of these respondents.

There are a number of remarkable findings within these checklists as follows:

- The joint highest-ranking problem cited by 29 (67%) was that of sexual abuse by the respondent. This demonstrated that, even in the early stages of their entry to the therapeutic programme, they were fully cognizant of the seriousness of the behaviour that had brought them to Glebe House. Further interview questioning revealed that no ongoing cohort member was in denial about their offences or harmful behaviour.
- Self-harm and thoughts of suicide (which some had in fact attempted) were cited by 44% and 51% of the cohort respectively. These troublingly high proportions within a relatively small sample of young men highlighted the unhappiness and despair which had characterised many of their young lives. However, as **Tables 14** and **15** above show, these were also the only two categories of problem to be perceived as significantly reduced or eradicated at Departure by everyone citing them, suggesting that the therapeutic programme had made an extremely positive impact on their mental states.
- Death of someone important was cited by 61% of the cohort as a serious problem. In the majority of cases, this related to grandparents who had often been significant nurturing figures where parents had been absent or inadequate. In four cases, it related to great-grandparents, in four to birth fathers and in three cases to foster parents. Again, this is a high proportion of bereavement experiences within a small sample.
- In the majority of cases, problems of background abuse, loss/bereavement and neglect were scored at 4 or 5 (the higher end of the problem rating continuum) on arrival, but were also perceived as significantly reduced by the end of the programme. Respondents' later comments suggested that this was largely because of the one-to-one therapy and group work which had been done on the programme to help them understand and come to terms with what had happened to them. However, the traumatic effects still remained for a small number and, in some cases, the rating levels went up at the departure interview because the therapy had raised their memory and awareness of the magnitude of the physical and/or mental pain which had been inflicted upon them.

The cited problems relating to educational skills and attainment are more complex. As **Table 14** above shows, reading, writing and maths were among

the highest-ranking problems, and were perceived as being significantly reduced on departure by 13 (59%) of those listing it. While this also meant that 9 (41%) were still finding literacy and numeracy problematic when they left Glebe House, this may well have been due to the extent of their learning disabilities and other specific learning difficulties. On the other hand, of the 17 who rated educational qualifications as seriously problematic, 16 perceived this factor as significantly reduced on departure. As noted in **Section 6**, education is a potential protective factor in the development of anti-social and offending behaviour, and so the work undertaken in the Community is extremely important for these young men. This issue is discussed further in **subsection 7.2** which focuses on aspects of life at Glebe House.

This section concludes with three brief case studies incorporating interview accounts with the young respondents and their therapists at Glebe House, in order to convey some of the problems with which they arrived and dealt with at the Community from their own and staff perspectives. They reiterate, in particular, the centrality of these young men's backgrounds of abuse and negligence, their loneliness in these situations, and their ensuing mental health states which encompass trauma, self-harm, depression, low self-esteem and other diagnosable mental health problems, sometimes combined with learning disability. They also highlight the importance of the education offered at Glebe House in developing resilience, and the need for Glebe House to look more closely at its available expertise in early diagnosis of mental health conditions.

In terms of the Community's stated aims (see **Section 3**), the following case studies describe, in turn, a moderate success story, a failure, and a substantial success story:

Barney: family abuse, neglect, trauma, loss, low self-confidence/esteem
Barney, a young man with a mild learning disability, was terribly neglected and abused in every possible way by both his parents up to the age of 8. When this was discovered, he was taken into Care, but it was clear his traumatic experiences were unresolved. Social Services never funded the therapy he was seen to need so badly and that he and his foster carers had continually asked for. So by the age of 16, when he arrived at the Community, he had never spoken of his abuse to anyone, but said he thought of it frequently 'and then my stomach is on fire'. He got that same feeling when stressed or unhappy and, in line with the classic symptoms of PTSD, this was when he either harmed others or himself, engaging in high risk and sometimes suicidal behaviour. He remained desperate to see the younger sister he hadn't been allowed contact with for many years, whom it was possible but not definite he had abused, but for whom he had also acted as a human shield from their abusive stepfather. His self-esteem was at rock-bottom - 'I don't deserve anything'. By the time he left Glebe House, however, he had reached an understanding of what had happened to him, become literate, scored himself as having no more problems with self-confidence, ceased his risky behaviour, and was seen as being one of the strongest contributors to

all aspects of the Community's life. Despite many adverse background factors, he lives a stable life and is not thought to have reoffended.

Clovis: parental addiction, neglect, exposure to pornography, poor housing, poor health, delinquent friends/peers, own crime, drug & alcohol addiction
A young man with a moderate learning disability, and a history of genetic health problems, Clovis came from a poor estate in a neighbourhood he described as 'pretty rough with violence, drugs and a lot of crime'. His parents were heroin-dependent and his peer group culture was one of high drug and alcohol usage. As a consequence of parental neglect, exposure to their pornography and probable sexual abuse, followed by his own sexualised, drug and alcohol-addictive behaviour within a delinquent peer group, Clovis and his siblings were taken into care. He experienced multiple placements during which he committed non-sexual offences for which he was criminalised from the age of 12. His therapist's main worry when he arrived at Glebe House at the age of 17, was that he was 'a teenager acting out his emotional state' but with no moral compass or understanding that what he had done was wrong. Clovis responded well to therapy and described it as the best thing about the Community, which he saw as 'a brilliant place'. He was well-liked within the resident group, but could not contain his long-running delinquent urges and eventually had to leave the Community for criminal behaviour. When later interviewed in a Young Offender Institution, he spoke of hallucinations and hearing voices which were both current and longstanding - 'It feels like someone next door to me screaming out'. He felt this went back to the age of 6 or 7, when 'my family life was pretty messed up so I probably wanted to disappear into my own little world'. Later drug and alcohol misuse had not helped. 'I didn't tell anyone at Glebe House (about the voices) because I was scared of sounding so weird. Now I think I would have got help if I had told them. I wish I'd stayed there and carried on with my therapy'.

Fergus: physical health problems, abuse with continuing traumatic effects, self-harm, depression, low self-confidence
Fergus was a bright young man with an apparently stable family background, though with an intensely religious upbringing which he had found difficult. He had committed some serious sex offences within the family, which appeared surprising at the time, but which he later put down to a form of revenge towards his parents and to his own experience of being sexually abused by a member of his peer group, which had continuing traumatic effects, and which he had not disclosed before coming to Glebe House at the age of 16. 'I didn't talk about it before I came here. It still has knock-on consequences - nightmares and being cautious about friends'. He also had a history of physical health problems, self-harm and depression. His self-confidence was quite low. 'I'm not the most confident person. On the outside, I may look it, but on the inside I'm not'. His therapist was concerned about 'his passive-aggressive behaviour - a tendency to bottle things up instead of acknowledging anger. He's able, but lacks drive, is frightened to push himself or to shine, and does not expect to do well or derive pleasure from it'. At Glebe House, his therapist and teachers pursued his most promising resilience factor by pushing him hard educationally. He gained GCSEs and 'A' levels, was accepted for University, and now has a degree and a good job.

7.2 The Ongoing Cohort's ratings of the Glebe House experience

As a central part of their arrival and departure interviews, members of the ongoing cohort were asked to rate numerically a range of aspects of life at Glebe House. **Table 16** below shows their checklist scores along a scale of 1- 5, where 1 = Very Helpful and 5 = Very Unhelpful.

Table 16: Ongoing Cohort's views of helpfulness of life at Glebe House at Arrival [ARR] and Departure [DEP] (n=43)

ASPECT OF LIFE AT Glebe House	Ratings 1 & 2 Very helpful/ helpful		Rating 3 Moderately helpful		Ratings 4 & 5 Unhelpful/ Very unhelpful	
	ARR.	DEP.	ARR.	DEP.	ARR.	DEP.
Community Meetings	36	34	6	5	1	4
Staff	42	40	1	2	-	1
Groups*	18	41	7	1	1	1
One-to-one Sessions	41	40	1	1	1	2
Work experience*	2	35	-	6	-	-
Education**	36	35	5	5	-	1
Sport**	36	36	2	2	2	-
Friends	34	35	8	6	1	2
Family contact**	32	37	1	4	5	-
Social Worker/ Youth Offending Worker/Probation Officer visits**	30	23	5	7	7	11
TOTAL NO.	307	356	36	39	18	22

* Some residents had had limited or no experience of these aspects in their early weeks

** For reasons of age, physical limitations, state of family relationships or lack of professional contact, a minority of respondents could not rate these aspects.

It is immediately apparent that, at both Arrival and Departure, there is a very high set of scores at the top of the rating scale in all aspects of life at Glebe House. It is also the case that, within the 1 & 2 ratings category, a very high proportion of respondents (79% of the total) had rated these aspects at 1 (Very helpful) and likewise on Departure (76%). This provides strong evidence of these respondents having consistently positive experiences of Glebe House and its therapeutic programme from beginning to end of their residence there. As the asterisk * explains, work experience and, to some extent groupwork experiences had not really started at the time of the first interview, hence the considerable increase in total scores at the time of departure. Both these aspects became popular with young men, as did the staff, whose helpfulness

was frequently described in terms of their being people who respected residents, listened to them, and among whom there was always someone to talk to or ask for help. Sport was also highly rated, often described as a calming influence on these young men, some of whom said they had previously dealt with their anger by punching walls or people. Groups and one-to-one sessions were often seen as 'hard work', particularly in the early stages of the programme, but they were nevertheless highly rated. Respondents could see that they constituted important opportunities to share experiences, to be heard and understood, and (in groups) to help each other.

Education was also consistently highly rated, with only 5 others rating it as moderately helpful at both Arrival and Departure, and one person who liked the teacher but not the learning process, rating it unhelpful at Departure. However, it is important to note here that, while at Glebe House, 79% of these cohort members demonstrated measurable and significant improvements in their Literacy Skills and 55% in Numeracy Skills, via an accredited process. Many achieved a range of other vocational and academic awards and qualifications, including City & Guilds, ASDAN (Award Schemes Development and Accreditation Network), NVQ (National Vocational Qualifications) and GCSE, with at least three known to have moved on to Higher Education. The importance of the external educational psychologist's assessments in identifying the type and extent of any learning disability, including dyslexia, with associated recommendations about suitable educational pathways, could not be over-estimated.

Table 16 above shows that family contact was perceived as helpful for several more respondents by Departure than it was on Arrival and this was usually because of the work done by staff with the respondent and family in the intervening period. When asked whether staff helped them to keep in touch with their families, 38 of the 43 ongoing cohort referred to being encouraged to telephone them, and could do so on the office phone for up to 20 minutes twice a week. In complex cases, direct family therapy was offered. It can also be seen that contact with their external social workers/youth offending workers/probation officers, was seen as less helpful by Departure than it was on Arrival. Most young men arrived having had several professionals involved in their lives. Some felt they offered a lot of help, others very little and a small number were quite cynical about social workers in particular. Unless they knew and felt they could trust their social worker, they did not know what they could expect in terms of them or their family being visited or supported during their stay at Glebe House. This uncertainty had not proven unfounded for at least a quarter (11) of respondents scoring this aspect of life within the 4 & 5 (Very unhelpful/Unhelpful) rating category on Departure. Community meetings also appeared marginally less popular on Departure than on Arrival, a few people describing them as too long and sometimes boring, although arguably, this is not particularly surprising after 2 years of meetings 3 times a day.

The quotations below (from different people on Arrival and Departure) provide a flavour of the issues referred to above.

Community meetings

Arrival: Not a big fan of sharing my business with a lot of people

Departure: They can be helpful and unhelpful. You do a lot of work in them, assessing behaviour. Sometimes when staff are talking, though, it goes on for ever and ever

Staff

Arrival: They settle you in. They put themselves out to help you. They put in their time even if they aren't getting paid and have stayed on specially

Departure: Supported me all the way through, even when I was trying to commit suicide. A big shiny 1 [on the rating scale]. I love them to bits

Groups

Arrival: I've only just started and it's making me think of a lot of hard stuff, but I'm doing it

Departure: Immensely helpful. Others knew when I was avoiding telling the truth. If I didn't tell the truth I'd be wasting my time here. You learn from other people

Work Experience (no quotations on arrival)

Departure: I've done motor vehicle, woodwork, general maintenance on site and the bike shop off-site

Departure: They were really helpful. It gives you an idea of how you would have to work if you were doing that sort of trade, and how to work with other people

Education

Arrival: It's good. I'm doing ASDAN courses, IT, GCSE English and Maths

Departure: The amount of time and effort that teacher has put in for me - so dedicated to her job!

Sport

Arrival: Fishing's helpful as it calms me down. I go with my Key Worker

Departure: Football's been a major help towards controlling my temper (I used to be the angriest lad on the pitch!)

Friends

Arrival: I think there's something about the lads all bonded together - we're all here for the same reason

Departure: It's been really important. I didn't have any friends before and I didn't expect to have any here, but I do

Family contact

Arrival: I've been able to ring my Mum and all my family

Departure: I don't have any, but the staff really tried to fight for me to get contact

Social Worker/Youth Offending Worker/Probation Officer Visits

Arrival: My YOT Worker is very good. She got me here and she helped me

Departure: Social workers tell me one thing and go and do another. I've had so many different ones. I don't see the point of it all.

These quotations illustrate the types and changes of response to Glebe House over during the respondents' stay there. Most are positive, a minority are critical, but all are able to articulate an opinion. This was probably helped by the fact that, when asked, they had almost all felt involved in making decisions both about their own lives and about the Community

Ongoing cohort members were further asked to rate six features of Glebe House according to how far they liked or disliked them on the same scale of 1 - 5, where 1 = Like very much and 5 = Strongly dislike. **Table 17** below provides their ratings.

Table 17: Ongoing Cohort's likes and dislikes about life at Glebe House at Arrival [ARR] and Departure [DEP] (n=43)

ASPECT OF LIFE AT Glebe House	Nos. of cohort rating aspect at 1 (Like very much) or 2 (Like)		Nos. of cohort rating aspect at 3 (Like moderately)		Nos. of cohort rating aspect at 4 (Dislike) or 5 (Strongly dislike)	
	ARR.	DEP.	ARR.	DEP.	ARR.	DEP.
Your bedroom	34	38	4	4	5	1
The food	42	41	1	1	-	1
House, living room, kitchen etc.	38	37	5	5	-	1
Indoor activities	36	37	6	6	1	-
Outdoor (on-site) activities	39	39	3	3	1	1
Outings	41	36	1	6	1	1
TOTAL NO.	230	228	20	25	8	5

Table 17 above affords further evidence of considerable consistency from Arrival to Departure in terms of the features along the Like/Dislike continuum. Again, most members of the cohort have rated each of these

categories highly. As in **Table 16** above, within the 1 & 2 ratings category, a very high proportion of respondents (also 79% of the total) had rated these aspects at 1 (Very helpful) and likewise on Departure (83%). A notable aspect of **Table 17** is the improvement of the bedroom ratings by the time of Departure. This relates mainly to the very small assessment room which young men occupy when they first move in, and the one to which they transfer thereafter until a larger bedroom becomes free. In one case a (possibly still traumatised from abuse before Glebe House) respondent felt negative because 'I was sexually abused in a bedroom and I feel my abuser is still around'. There is also a slight fall in ratings of the outings, from the high to the middle part of the scale by Departure, this tending to come from young men residing in the independent-living bungalow in the grounds, who had more choice over their movements. Clearly, also, a single Dislike/Strongly dislike rating is given to each of the categories of food, communal house rooms and on-site outdoor activities on Departure, the reasons for which are difficult to discern but may again be related to an acquired preference for independent living and catering. For example 'I hardly spend time in the main house now and I prefer to cook for myself'.

The quotations below (again from different people on Arrival and Departure) provide a further flavour of respondents' views about the categories they have rated. When later asked what had most stuck in their minds about Glebe House, many of these features were again cited.

Bedroom

Arrival: I don't really like my room as it's too small and I've been there nearly 3 months [describing the room next to the assessment room, both of which are small]

Departure: It's cushty [sic]. The bed is comfortable. The decorations reflect ME!

Food

Arrival: Pretty nice. You get a mix - Mexican, Greek, Sri Lankan

Departure: Ten out of ten! Everything tastes nice. You get a big plateful of lunch. It's so lovely

House, living room, kitchen etc.

Arrival: You can relax here There's quite a big kitchen. It's got a nice vibe around the house

Departure: It's just amazing. It's like a home, not a Children's Home

Indoor activities

Arrival: The Drones Club [informal gathering place] is good. We can get away from people in the club room

Departure: Pool. Music centre in the theatre. Computers in the education block in the evening

Outdoor (on-site) activities

Arrival: Football - a coach comes from the city - and learning to drive, and gardening and looking after hens. I love animals

Departure: I don't do them - just look at the fish in the garden

Outings

Arrival: I've already been on 4 trips out, to London and places nearer here. We go for walks, shopping and swimming. There's loads of supervision though

Departure: I loved them, though it was kind of strange at the beginning when you were on one-to-one supervision. The narrowboat, the house holiday, the challenges, they're great fun - a time for the whole community

When asked at Arrival what, for them, had been the best thing so far about Glebe House, most named one of the features they had rated highly in **Tables 16** and **17** above. Importantly, for these damaged young men, one person said 'You have roles and boundaries and so you feel safe. I haven't had any rules before', while another said 'You feel supported and you realise you are not on your own'. Six people said 'Everything' or 'Everyone'. At Departure there was much more focus on what the therapeutic programme had done for them as a whole. For example, 'Meeting new people, learning how to live properly, changing'; 'Self-confidence, self-understanding, and love'; 'Getting the chance to do the work and getting through it, with a lot of help and support'; 'Thinking through bad situations that could happen and learning how to prevent them'. Asked what were the worst things about Glebe House, 13 people said 'Nothing' on Arrival and 10 said likewise on Departure. At the beginning, the hardest thing for most of the new arrivals was adjusting to therapeutic community living, to therapy and groupwork, these latter still being described as 'hard' by the end of the programme, but also with an understanding of how important it had been for them to do it and to 'work through the difficult feelings you get when you do the work'. As in the pilot study, this notion of 'doing the work' constituted a regular refrain from young men, and staff too. The other most frequently cited 'worst thing' at both Arrival and Departure was distance from family and friends. This is a difficult balance for staff to strike, since some family relationships are clearly damaging and so contact needs careful management. Yet research shows that, even where this is the case, young people will still gravitate back to their roots after residential placements (Broad, 1999; Stein, 2005) and so it is necessary to prepare them to cope with any disappointments that may evolve from this. When the 25 respondents who had been in other Children's Homes were asked how Glebe House compared with their previous experiences, one said it was no different, two said they preferred their previous homes, one because he found it more stressful 'doing the work', the other because he didn't want

to have to stay in the Community as long as two years. The majority of 22, however, found Glebe House a preferable experience for reasons captured in the following comments: 'more fun'; 'staff more relaxed'; 'more support'; 'more structure'; 'more choice of activities and education'; and 'the friendly atmosphere'. When asked a further question about how they would describe the atmosphere, most used positive adjectives such as calm, comforting, peaceful, friendly, supportive, warm, family-like, loving. A few, however, were at pains to point out that some residents had behaviour problems which could erupt at any time, so that, 'It can be good, but when people act out it can be a bit glum'.

Overall, the problem checklists and those inviting rankings of the Glebe House experience have depicted a group of young men with many serious and debilitating problems who find most aspects of the therapeutic programme helpful, if sometimes difficult. Importantly, their progress throughout is strongly reliant on the contribution of the staff, whose views about Glebe House now follow.

7.3 A View from the Staff

It goes without saying that the effectiveness of a residential therapeutic community depends heavily on the 24-hour 7-day-a-week input and commitment of the wide range of staff charged with running it. Thus, it is important that their views and experiences of working in the Community should be presented within this study. The Directorship changed in late 2009, the first Director moving on after 18 years and the subsequent Director now having been in post (including a period in a temporary capacity prior to formal appointment) for nearly 5 years. Both Directors were interviewed for this study and their observations and perceptions in respect of their leadership role are summarised here, followed by the findings from a short survey of the wider staff group.

Community and Programme Leadership

Both Directors had worked at Glebe House for 20 years before the first one left. Consequently they had worked together a great deal and were able to achieve an agreed transition period, while acknowledging that this was going to be difficult for all members of the Community. They were generally seen by staff, and indeed saw themselves as charismatic and reflective leaders respectively. The first came to the role with an instinctive approach to relationships and leadership which later came to incorporate an understanding of the need for research and theoretical underpinnings, while the second tended to draw from the start on a systematic analytical framework, while recognising that good interpersonal skills are also vital. Of course neither of these styles is right or wrong but each naturally led to different approaches to programme and staff structuring. Change, as it often

is, was difficult for some, and led to a turnover of staff, which is only just beginning to stabilise again. The newer Director and Trustees have been at pains to prioritise the safety and containment of the young men within the Community during this period of change.

Much has been written about the qualities of leadership and views about these differ. As one author has described the role within a therapeutic community, 'Leadership in a therapeutic environment. "What a long, strange trip it is!" (Rollinson, 2012:100). Importantly, each Director has sought to build a staff team which could hold the therapeutic ideal for its residents, to develop strategically and to manage change safely. As a consequence, Glebe House has developed over the years a very positive reputation with funders for its programme, for its training and conference presentation skills, its post-leaving satellite house and its community outreach services. Both Directors have felt challenged by the growing need to survive financially and by the increasing number of residents arriving from Secure Units and young offender institutions, requiring ever-closer attention to risk assessment and management. Each Director has found great value in their relationships with their Quaker Trustees, whom they find supportive, and above all humane.

The Staff Survey

As key participants in the Glebe House residential experience, every member of staff, whatever their position in the Community, was invited to complete an anonymous questionnaire about their experiences and views of Glebe House and its work. They were asked the same questions as in the pilot staff survey 12 years previously; where relevant, similarities and differences will be referred to. Somewhat disappointingly, only just under 60% (34 out of 55 staff employed at the time of the survey) completed and returned these questionnaires, though it was perhaps unsurprising since only 50% (16 out of 32) had responded to the pilot study questionnaire. The number and spread of respondent characteristics, as set out in the following section, however, are sufficient to be reasonably indicative. The non-returns probably reflect a mixture of uncertainty about the Community being researched on the part of newer staff, discontinuity following a period of change for others, and for all of them an intense absorption in the therapeutic programme with minimal time for other considerations.

Respondent characteristics

The staff who replied to the research questionnaire (22 female, 12 male), represented 78% of female employees and 44% of males. The majority of the staff group were White British (51), and of these, 59% replied; of the ethnic minority group of 4 (comprising Black British, Asian British and Black African) 100% replied.

At the time of the pilot study, there were no staff members who were not White British, and one of the recommendations in that study centred around the need for staff appointments which reflected and modelled the wider multi-racial society. There has been some progress in this area over the last decade but the spread described above suggests there is a continued need to focus on it, especially given the increased ethnic diversity of residents, as shown in **Section 6.1**, who are entitled to good standards of ethnic and cultural awareness, and role modelling.

Staff respondents were also wide-ranging in terms of organisational status and function, ranging from kitchen staff to director level. Their time in post ranged from 2 days to 30 years, thus providing a good spread of experience of the life and development of the Community over time. Full-time respondents numbered 27, and 7 were part-time.

Community aims as seen by the staff

Respondents were asked six questions. The first of these asked what they saw as being the main aims of Glebe House. Answers centred around supporting and equipping the residents to move on from their damaged backgrounds with the help of a therapeutic programme within a safe residential setting; facilitating and nurturing growth through education and rehabilitative measures; providing residents with the skills to reintegrate into society and make a positive contribution; and by these means to protect children, prevent relapse and reoffending, and the abuse of further victims. These responses appear congruent with the main aims of Glebe House, as set out in **Section 3**. Such congruence is generally viewed as a salient feature of organisational effectiveness (Locke and Latham, 2002; Parker, 2000).

The second question asked how far staff considered the aims of Glebe House were achieved, on a scale of 1 - 10, where 1 = very poorly and 10 = very well. Their answers appear in **Table 18** below.

Table 18: Extent to which staff consider the aims of Glebe House are achieved (n=33*)

Very poorly.....Very well										
Rating scale	1	2	3	4	5	6	7	8	9	10
Staff scores	-	-	-	-	1	3	5	9	10	5

* One staff member did not feel s/he had been there long enough to comment

As **Table 18** above shows, the majority of staff felt that the aims of Glebe House, as they perceived them, were well met, placing their scores in the top half of the 1 - 10 rating scale, with a cluster around 8 and 9. These ratings are a degree higher than those clustering around 7, twelve years previously, and

would suggest a strong degree of current consonance between staff views and the operation of the programme they seek to deliver.

Staff views of the effectiveness of the therapeutic programme

The third question asked how effective staff considered the therapeutic programme to be in helping residents to reduce their sexually inappropriate behaviour. Their ratings appear in **Table 19** below.

Table 19: Staff ratings of the effectiveness of the therapeutic programme in reducing residents’ sexually inappropriate behaviour (n=34)

Very ineffective.....Very effective										
Rating scale	1	2	3	4	5	6	7	8	9	10
Staff scores	-	-	1	-	2	1	3	11	14	2

As **Table 19** above clearly indicates, the majority of staff considered the therapeutic programme to be effective in reducing sexually inappropriate behaviour, the vast majority (31) of them selecting points in the top half of the rating scale. Clusters here were around 8-9, again a degree higher than those of 7-8, seen twelve years before. Additional comments from the three whose ratings were in the lower half of the scale, indicated that the pressures emanating from staff turnover at the time of the questionnaire impinged on their ability to deliver their roles on the programme, and with the residents, to the level that they would wish to do. [NB: Ratings in this category could only apply to staff's observations for the duration of the programme and not after residents had left. The extent to which their ratings are vindicated is shown in Section 8].

Changes seen in residents during their stay at Glebe House

Fourthly, staff were asked, via an open question, what were the most common kinds of change they saw in residents during their stay at Glebe House. With the exception of one respondent who didn’t answer this question, and a further respondent who had not worked there long enough to be able to comment on change, responses centred around the 22 factors listed below:

- Taking responsibility
- Understanding of own and others’ risk
- Practical life skills
- Communication and social skills
- Empathy
- Tolerance
- Self-awareness
- Self-confidence
- Self-control
- Self-esteem

- Self-identity
- Anger management
- Emotional growth
- Building family relationships/attachments
- Physical appearance and hygiene
- Making appropriate friends/relationships
- Maturation
- Insight/ability to reflect
- Educational engagement
- Learning sexual and other boundaries
- Resilience
- Independence skills

As is apparent, all these observations centred around positive changes; no negative changes were mentioned though, as the young men themselves have mentioned above, the therapeutic process often produces periods of regression and 'acting out' prior to change, which can be very challenging for staff. Given that most of these young men arrive at Glebe House exhibiting major problems with self-regulation, however, it is encouraging that staff see positive changes in these areas over the 2 years the young men spend in the Community.

Staff levels of job satisfaction

In a highly demanding '24/7' residential community setting, there is nowhere for staff to hide, and so it would seem crucial for them to retain a level of job satisfaction which is sufficient to sustain them in this situation. Research has consistently also shown that levels of job satisfaction are liable to reflect the extent of functioning and well-being of an organisation (Spector, 1997; Saari and Judge, 2004; Judge and Kammeyer-Mueller, 2008). The fifth question in the staff survey, therefore, invited staff to rate their levels of satisfaction along the 1 - 10 scale, as shown in **Table 20** below.

Table 20: Staff ratings of their levels of job satisfaction at Glebe House (n=34)

Very low.....Very high										
Rating scale	1	2	3	4	5	6	7	8	9	10
Staff scores	1	1	2	1	1	2	5	7	5	9

As **Table 20** above shows, levels of job satisfaction at Glebe House are very high, 82% (28) being within the 6 - 10 range, and 62% within the 8-10 range, with the highest proportion of ratings at the maximum of 10. Twelve years previously, the ratings were all in the 7-10 category, with the highest proportion at 8. However, at that time, there were no scores lower than 7, whereas in the current survey, there were 6 scores on the lower half of the rating scale. In the context of overall high satisfaction, it is nevertheless

important to represent the views of those in the minority. In a space for additional comments, 3 who had worked at Glebe House for over 5 years, felt that the change of management personnel and systems in recent years, which they variously described as too managerial, hierarchical and autocratic, had led to levels of depression and dissatisfaction among some staff. Of the 3 who had only worked at Glebe House under the newer order, one did not offer a comment, but the other two both referred to the instability for both staff and residents associated with a high staff turnover, referred to at the beginning of this Section. One of them was, nonetheless disposed to retain a measure of optimism:

We are currently in a transitional phase with a turnover of staff. I am looking forward to seeing more stability in this area, and to see new employees develop within our team. Staff are very committed to the Community. The boys remain their focus and have done throughout the changes. I feel proud to be part of the team.

Additional comments

The final question invited staff to make any other comment, and all but 6 respondents chose to make observations. These fell into the four broad categories set out below, with accompanying illustrative quotations.

The challenge of change

I still have a lot to learn and every day brings a different challenge. The client group has changed a lot in just 2 years of working here and working dynamically, thoughtfully and safely is constantly challenging. Lot of changes - sometimes hard to keep up.

A lot of positive changes at Glebe House and McGregor Lodge [the 'step- down', residential satellite facility] which will help in future.

Service in a period of transition but feels more like a TC (therapeutic community) than it ever has been.

Glebe House continues to offer a high level of service in the context of much change. We need to be hyper-alert to the impact of these staff changes on our young people, as most arrive here with histories including poor attachments in their early years.

Working with a complex client group

The client group has become more complex during my time here with broader anti-social behaviour and mental health issues.

Glebe House does good work but there is always much more that can be done. Limitations: working with trauma and sexually harmful behaviour is difficult and emotionally draining - lack of appropriate staff support. Difficult to prepare young people for leavings - there is so little support beyond Glebe House. We need to get

tougher and more dynamic to meet young peoples' needs appropriately. Reality of climate [jobs etc.]

The nature of Glebe House

Glebe House is a positive place helping damaged youths turn their lives around

Very supportive community for the young men and the staff

I believe residents who are able to access this service are fortunate to have the opportunities provided during their 2-3 yr. programme

Glebe House is a diverse and complex workplace. Challenging for all involved. Equally an amazing place and wonderful opportunity for these young people

I enjoy my job working with the young men, bringing challenges and overall respect within the group

We are in the foothills of the Himalayas, about to climb Everest. We are very good but know we need to get better, in spite of us being without a peer in our sector. We do what appear to be bonkers things which have magical results: performing a pantomime, taking the whole community on boating holidays; playing football in the community; doing bonfire night for surrounding villages. We also love our young people

Moving on from Glebe House

Proud to work here and contribute to the work we do turning young men's lives around. Addition of Outreach work is vital to support lads who have gained so much from their time here but are still relatively young and vulnerable. McGregor Lodge offers wonderful support in moving to independence and maturity

Due to the level of change over the past 4 years, we are still developing our staff team. Preparing residents for life after Glebe House is an area I feel we need to work on

It was also gratifying for the research team that one person referred to the usefulness of the action research element of the study in the shape of the annual reports and recommendations, which had often led to action in the form of new developments on the part of Trustees and staff.

Thank-you for all this study has achieved thus far - the information has enabled change for the better and indicated areas of future work

These additional observations by staff are broadly similar to those expressed in the pilot study 12 years previously, though without the comments relating to managerial changes and staff turnover, factors which did not apply in the earlier study.

7.4 In summary

Overall, the directors' interviews and the staff survey show that those charged with leading and running Glebe House and its therapeutic programme are involved in this Community at a very profound level. In common with groups of staff anywhere, they like to work to clear aims, want good support and communication systems, want to continue learning to gain more understanding of their client group and to increase the knowledge base underpinning their work. In parallel, however, they display a high level of awareness of the needs, progress and changes seen in residents during their stay, and it is undoubtedly the rewards of witnessing much positive development which generate their exceptionally high levels of job satisfaction. Despite the unsettling effects of management and staff changes in recent years, these very important ingredients appear to have remained essentially constant over time, and to the benefit of the young residents, as many of the latter recounted in the checklist findings presented in this Section.

8. Life After Glebe House

The previous two Sections have provided a picture of the backgrounds, characteristics and Community experiences of the young men who entered this study between 2002 and 2012. Through annual interviews, and data obtained from the Ministry of Justice, this Section presents both qualitative and quantitative data highlighting what has happened to them in the years since they left Glebe House. Both types of data are employed in the attempt to draw up a holistic portrayal of this progression. As other researchers of violent/sexual offending in young people have noted, information about re/conviction rates, while crucial, does not aid understanding of such behaviour and:

.....results focusing on other psychosocial outcomes for young people are often missing. We are rarely given a sense, for example, of how personal and broader social elements in their lives may have changed post-intervention, such as their self-esteem, friendships and intimate relationships, family function, education, training or employment prospects. It is their ability to get along with other people day-to-day, in their immediate social environment that is crucial (Hagell & Moran, 2006).

8.1 Conviction and reconviction data

The three groups of 43 ongoing ex-residents, their comparison group of 43, and the early leaver group of 15 were scrutinised for offences, using data obtained from the Police National Computer (PNC). Two caveats have to be acknowledged here. Firstly, due to stricter statistical disclosure procedures than obtained at the time of the pilot study, the research team could not be given access to the re/conviction rates of named individuals. The information was therefore provided in the form of a number of sub-groupings of the three main groups, as set out in the following paragraphs. The second caveat is that the PNC data are sometimes found to contain inaccuracies. However, based upon the researchers' longstanding knowledge of their respondents, it is their view that the proportions of re/conviction cited are broadly accurate. The groupings represented are as follows:

- The Ongoing Cohort of ex-residents who were also interviewed annually (n=43)
- The Comparison Group of young men accepted for Glebe House but who did not become resident (n = 43)
- The Early Leaver Group of ex-residents who left Glebe House in an unplanned way (n = 15)

The characteristics of these young men, in terms of their research groupings, cautions and convictions before and after admission/referral to Glebe House, and the most serious sentence post-departure/referral are presented in **Tables 21-26** below.

Table 21: Cautions & convictions for nine leaving-year groups of Ongoing Cohort and Comparison Group members

[Source: Ministry of Justice Analytical Services, May 2014]

LEAV-ING YEAR GRP ***		*OFFENCE TYPE					TOTAL OFFEN-DERS	TOTAL GRP MEM-BERS	
		SEX		VIOLENT (NON-SEX)**		OTHER			
		OFF-ENCE NOS.	OFFEN-DER NOS.	OFF-ENCE NOS.	OFFEN-DER NOS.	OFF-ENCE NOS.			OFFEN-DER NOS.
2004 ****	Ø	-	-	-	-	3	1	1	3
	C	1	1	1	1	1	1	1	3
2005	Ø	1	1	-	-	5	2	3	6
	C	1	1	-	-	-	-	1	6
2006	Ø	-	-	1	1	4	1	1	8
	C	1	1	3	2	46	5	5	8
2007	Ø	-	-	-	-	-	-	-	4
	C	5	1	-	-	11	3	3	4
2008	Ø	-	-	-	-	6	1	1	2
	C	-	-	2	1	3	1	1	2
2009	Ø	-	-	-	-	1	1	1	5
	C	-	-	1	1	6	4	4	5
2010	Ø	-	-	-	-	-	-	-	7
	C	-	-	-	-	5	1	1	7
2011	Ø	-	-	-	-	-	-	-	5
	C	1	1	-	-	6	1	2	5
2012	Ø	-	-	-	-	-	-	-	3
	C	-	-	-	-	1	1	1	3
TOT-ALS ****	Ø	1	1	1	1	19	6	7	43
	C	9	5	7	5	79	17	19	43

* Offence = Cautions & Convictions for Ongoing Cohort from year after leaving to May 2014; and for Comparison Group from year after failed referral to May 2014

** Violent (non-sex) offences = Cautions and Convictions for Robbery, and Violence against the Person only

*** GRP = Group **** Ø = Ongoing Cohort; C = Comparison Group

***** TOTALS = Offence totals for 2004-14: Ø = 21; C = 95
Offender totals for 2004-14: Ø = 7; C = 19

Table 21 above highlights that, overall, there was considerably greater criminal activity recorded among the Comparison Group compared with the Ongoing Cohort. The penultimate column shows that, in total, 7 of the 43 Ongoing Cohort members (16%) had offended, as against 19 of the 43 in the

Comparison Group (44%). The 7 Ongoing Cohort members had committed 21 offences while the 19 Comparison Group members had committed 95 offences leading up to May 2014.

Within the sex offence category, only one Ongoing Cohort member (from the 2005 leaver cohort) had a conviction, compared with five of the Comparators from four different year groups. Likewise, within the violent (non-sex) offence category, only one Ongoing Cohort member (from the 2006 leaver cohort) had a conviction, as against five Comparators also from four different year groups. Looking at the figures for individual year groups, in only one instance (2005) did the number of re/offenders among the Ongoing Cohort exceed those in the Comparison Group; conversely, in six of the year groups, re/offender numbers among the Comparison Group exceeded those of the Ongoing Cohort. In four of the year groups (2007, 2010, 2011 and 2012), no cautions or convictions were recorded for any members of the Ongoing Cohort, whereas there was a level of offending in each of the nine year groups for the Comparison Group.

Of related interest was the fact that the therapists of the 43 departing Ongoing Cohort members were asked during their interviews to rate their view of the likelihood of the relevant leaver re/offending either sexually or non-sexually, on a scale of 1 - 10. For the purposes of PNC matching, ratings of 1 - 4 were classed as low to medium-risk and 5 - 10 as medium to high-risk. In terms of the actual re/conviction rates as depicted in **Table 21** above, staff's predictions tended to be accurate in relation to low to medium-risk sexual and non-sexual re/offending, and over-cautious in relation to medium to high-risk offending of both kinds. Thus, only one young man out of 13 whom they had predicted were at medium to high risk of sexual re/offending, had been re/convicted sexually. Only two out of 15 whom they had predicted were at medium to high risk were convicted of non-sexual re/offending. However, risk-prediction is an inexact science, with many of the dynamics of risk open to regular change according to developing circumstances. Staff often emphasised that future risk levels would depend on sufficient elements of stability being in place for the young man concerned to resist further offending, and the extent to which these elements were found in post-leavers are discussed at length in **subsection 8.2** below. In the meantime, the relative accuracy of their predictions in relation to young men with a low to medium-risk of re-offending is testament to their belief in the efficacy of the therapeutic programme (recounted in **subsection 7.3** above), and their cautious tendency to over-predict medium to high levels of risk can arguably never be misplaced.

Table 22 below shows the most serious type of penalty or sentence received by the re/offenders in each of the Ongoing and Comparison groups over the 2004-14 study period. (The offence and penalty/sentence type for each offender for each year, where some have received several sentence types on

one occasion for a range of offences, is too complex to set out here and would add little to the evaluation purpose).

Table 22: Most serious penalty or sentence received by Ongoing Cohort and Comparison Group Re/offenders for offences committed between 2004-14

[Source: Ministry of Justice Analytical Services, May 2014]

PENALTY/SENTENCE TYPE	Ongoing Cohort Re/offenders (n= 7 of 43)	Comparison Group Re/offenders (n=19 of 43)
Caution	1	2
Community sentence	3	9
Custodial sentence	3	8
TOTALS	7	19

It can be seen from the above **Table** that similar proportions of re/offenders - i.e. 3 of the 7 Ongoing Cohort (43%) and 8 of the 19 Comparison Group (42%) - had received custodial sentences, invariably for their sexual and/or violent crimes, reflecting the seriousness of their offences. This applied similarly to those receiving community sentences or cautions for lesser crimes.

Table 23: Cautions/convictions received by Ongoing Cohort and Comparison Group Re/offenders for offences prior to those for which they were referred to Glebe House

[Source: Ministry of Justice Analytical Services, May 2014]

CAUTIONS/CONVICTIONS BEFORE REFERRAL TO GLEBE HOUSE	Ongoing Cohort Re/offenders (n= 7 of 43)	Comparison Group Re/ offenders (n=19 of 43)
Non-sexual/non-violent receiving caution or community sentence	4	18
Sexual receiving caution or community sentence	3**	6*
Sexual receiving custodial sentence	-	1
Violent receiving caution or community sentence	-	1

NB: with the exceptions of those asterisked, all the re/offenders referred to above had more than one previous caution/conviction in this category

*** One of this group had no other previous convictions**

**** Two of this group had no other previous convictions**

Table 23 above shows that, of the 7 members of the Ongoing Cohort who re/offended, and excluding their convictions for sexual offences for which they had been sent to Glebe House, 4 had previous convictions for non-sexual offences, mainly summary offences, for which they had received cautions or community sentences; 3 had previous convictions for sexual offences for which they had also received cautions or community sentences. Of the 19 members of the Comparison Group who re/offended, and excluding any sexual offences for which they had been referred to Glebe House, 18 had previous convictions. All 18 had non-sexual/non-violent convictions for which they had received community sentences. Seven of the 18 also had sexual convictions for which 6 had received community sentences and one a youth custody sentence, probably indicating greater offence seriousness than the other six. One of the 18 also had a violent conviction for which he had received a community sentence. While there is more previous offending of all types by the Comparison Group, it is difficult to adduce further significance to the differences between the two groups, given the small numbers involved. However, since one of the predictors for generalised reoffending in young people is that of age onset of previous offending (Trulson *et al.*, 2005; Barrett, Katsiyannis & Zhang, 2010), it is perhaps not surprising that evidence of previous offending was found in a majority of both these groups.

Table 24 below depicts the post-leaving caution/conviction rates of the Early Leaver Cohort of 15 as compared with those of the Ongoing Cohort of 43. It shows a total of nine Early Leavers with a conviction compared with seven Programme Completers. Among the Early Leavers there were four sex offenders, as against one among the Completers; one 'violent' offender in each group; and - again indicating the seriousness of their offending - the records showed that five Early Leavers were sentenced to custody, compared with one among the Programme Completers.

Table 24: Total Cautions/Convictions received by Early Leaver Cohort and Ongoing Cohort members after leaving Glebe House

[Source: Ministry of Justice Analytical Services, May 2014]

CAUTIONS/ CONVICTIONS AFTER GLEBE HOUSE	Early Leaver Cohort (n= 15)	Ongoing Cohort members (Programme Completers) (n=43)
Sexual	4	1
Violent	1	1
Other	4	5
TOTALS	9	7

It is notable from **Table 24** that there is a consistency in the indicative results, with those who left the Glebe House programme early acquiring a worse criminal record, particularly in relation to sexual crimes, than Ongoing Cohort members who completed the therapeutic programme and left in a planned way. Although the numbers involved are small, they do bear out other findings suggesting that adolescents who sexually abuse, and have dropped out of a specialised treatment programme, present a greater risk of sexual recidivism than those who have completed such programmes (Edwards, Beech, Bishopp *et al.*, 2005; Worling, Littlejohn & Bookalam, 2010).

As **Table 25** below shows, five members of the Early Leaver Cohort had left because they had committed an offence while they were resident in the Community; seven left because of unacceptable behaviour while in the Community; and three left for other reasons (such as withdrawal of Local Authority funding). As can be seen, the post-leaving convictions for the two sets of non-offending leavers are in very similar proportions while, as might be expected, the majority of those leaving early because they had committed offences (4 out of 5) did also offend on further occasions, and sexually in all cases.

Table 25: Total post-leaving Cautions/Convictions received by Early Leaver Cohort according to reason for leaving Glebe House

[Source: Ministry of Justice Analytical Services, May 2014]

CAUTIONS/ CONVICTIONS AFTER GLEBE HOUSE	REASONS FOR LEAVING GLEBE HOUSE		
	Offending behaviour (n = 5)	Other unacceptable behaviour (n = 7)	Other (n = 3)
Sexual	4	-	-
Violent	-	1	-
Other	-	3	1
TOTALS	4	4	1

Table 26 below provides further analysis between those Early Leavers with a learning disability (5) and those without (10); and between those having arrived from a Secure establishment (6) and those who had not (9). (A comparative analysis of re/conviction rates between the Early Leavers and the Ongoing Cohort in respect of both learning disability and Secure establishment origins had revealed no notable proportional differences between these two groups of ex-residents).

Table 26: Total post-leaving Cautions/Convictions received by Early Leaver Group having (a) a learning disability or (b) arrived from a Secure establishment

[Source: Ministry of Justice Analytical Services, May 2014]

EARLY LEAVER TYPE (n = 15)	Post-leaving Cautions/Convictions	No post-leaving Cautions/Convictions	Totals
(a)			
With learning disability	2	3	5
Without learning disability	7	3	10
(b)			
From Secure establishment	5	1	6
Not from Secure establishment	4	5	9

Table 26(a) above shows, perhaps surprisingly, that 7 of those without learning disabilities were re/convicted as against 2 with, though this may have related to some of the latter group going on to other residential accommodation where, presumably, they would have less opportunity to offend. **Table 26(b)** above shows that all but one of the early leavers who had arrived at Glebe House from a Secure establishment had post-leaving convictions, compared with just under half of those arriving from other settings. All four sub-groups contained one of the sexual re/offenders shown in **Table 25** above; the violent re/offender had come from a Secure establishment and did not have a learning disability. Again, based on their small numbers, these findings can only be suggestive, but those in **Table 26(b)** above do appear to complement the qualitative data within **subsection 6.2**, which showed a tendency for those arriving direct from Secure Care having had multiple placements and, thus, a poorer prognosis for settling in the therapeutic community than those not coming from Secure Care.

As observed at the start of this Section, it is necessary not only to learn whether the young men who undertook this programme were re/convicted, but also about the extent to which they succeeded in fulfilling Glebe House's and their funders' aims that they should lead stable, independent lives in the wider community. The remainder of this Section focuses on these matters. However, as explained earlier in this subsection, the researchers' undertaking to the Ministry of Justice prohibits the linking of the quantitative and qualitative data in a way which may identify individuals, and thus any comment made about re/offending in the rest of this Section is derived purely from the qualitative data.

8.2 Independent living after Glebe House

As explained in **Section 3**, the process of preparation for independent living after Glebe House is an integral part of the therapeutic programme, and has become increasingly so over the 12-year period of the present study (at least partly as a consequence of annual researcher feedback to the Trustees and staff). The present subsection briefly describes this preparation process, and presents the Ongoing Cohort's independence-related characteristics at each of their post-leaving interview stages. It also contains their views and reflections as to how well Glebe House had prepared them for independence, and sets out the advice they would give to current residents contemplating a placement at Glebe House. Finally, the telephone survey of external professionals who had had post-leaving involvement with these young men is presented.

Apart from general guidance within the programme, there are two main sources of preparation for independent living at Glebe House. The first is the Independence Week, where a small group of residents and staff go to live in a semi-urban setting and the residents learn to fend for themselves under a measure of staff supervision. The second is the opportunity, in the last few months of their stay, to go and live in one of the two bungalows in the grounds of the main house. As a result, they gain experience of managing their own lives day-to-day, of shopping, cooking, budgeting, and learning to co-exist with their house-mates, while again remaining under a measure of protection and supervision from staff based in the main house. For a range of reasons, not everyone chooses to, or has the opportunity to do this. In recent years, OFSTED rulings have meant that those who have not reached the age of 18 (i.e. adulthood) have not been allowed to live in the bungalow, though some have had the opportunity to live in a main house room converted to a bedsitting room (hereinafter known as 'the bedsit').

When asked about these experiences on departure, all who had been in the bungalow or bedsit regarded this as helpful preparation for the future, though one young man who had been in the bungalow had very much missed the experience of Community living. The Independence Weeks were similarly appreciated. As **Table 16** in the previous Section has shown, other central constituents of the programme which would clearly provide integral preparation for independence (i.e. community meetings, staff, groupwork, one-to-one therapy, education, work experience, sport, friends, family contact and - to a somewhat lesser extent - professional visits) were all rated as helpful by the majority of young men from beginning to end of their stay in the Community. However, it was important to find out from the follow-up interviews what impact the independence work had actually made on the reality of post-Glebe House life. **Tables 28** to **37** below set out the main independence-related characteristics of the young men's lives, as described by them, at each of their post-leaving interview stages. These are characteristics which, as this Section's opening quotation suggests, and other researchers

have found, constitute important protective/resilience factors in terms of future lifestyle stability (Lösel & Bender, 2003; Hagell & Moran, 2006; Hackett & Masson, 2011). It is necessary to remember that the total interview numbers at each stage depended on the successive years in which the cohort members left Glebe House and on a range of other factors, such as contactability. Thus, the numbers of cohort members interviewed at each post-leaving stage are as shown in **Table 27** below, and it should be borne in mind throughout that the percentages given in the subsequent **Tables 28 - 37** represent only small numbers at the 5.5 and 6.5 year stages.

Table 27: Number of cohort members at each post-leaving interview stage

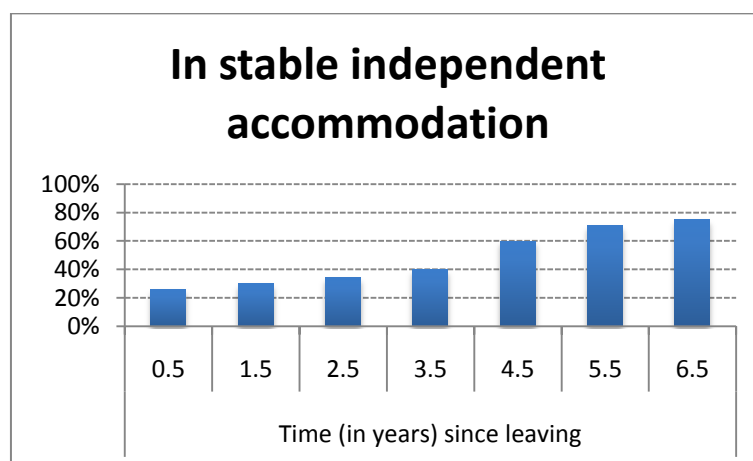
Stage of interview	0.5 yrs	1.5 yrs	2.5 yrs	3.5 yrs	4.5 yrs	5.5 yrs	6.5 yrs
Cohort nos.	43	41	35	20	15	7	4

Each table is followed by illustrative comments from cohort members and (where relevant) from involved external professionals.

In stable independent accommodation

This category refers to those Ongoing Cohort members who were living either alone or sharing unsupported accommodation with a partner or peers, and had not moved house more than once in the previous 12 months. As **Table 28** below shows, the proportions in this type of accommodation increased year-on-year after they left Glebe House.

Table 28: Proportions of Ongoing Cohort in stable accommodation at post-leaving interview stages (n = 43)



While the low proportions early on in **Table 28** above may at first glance seem disappointing, it is also the case that in their earlier post-leaving years, the majority of ex-residents entered the auspices of Social Services' Leaving Care teams and, as result, were housed in accommodation where there was some

level of staff support. Small numbers also moved on to the McGregor Lodge 'step-down' house before transferring to lower-support or independent accommodation. Five, at different times, moved in with members of their family. As time went on, some of those with learning disabilities moved under the purview of Social Services Adult Disability Teams, and were housed, sometimes long-term, in specialised residential facilities. Less fortunately, two were in prison, one in a probation hostel, one in a psychiatric hospital, and one was homeless (and 'sofa-surfing') at the time of some individual interviews.

When asked about the quality of their accommodation, the majority of young men rated it at between 3 and 5 (moderate to very high quality) at all interview stages. Some had had help, often through a Leaving Care grant, with furnishing their flats, but others had not and had turned to family for help. While those who had been in the bungalow or bedsit at Glebe House (GH in the quotations below) had been positive about the experience, they mostly thought they should have had more practical experience of actually finding accommodation and paying bills such as rent and utility:

Ray, 6 mths after GH: *I'd be able to find a flat now. I couldn't when I left*

Laurie, 1.5 yrs after GH: *I think they did the best they could given the restrictions there [on individual freedom given the nature of their offences/behaviour]. But I think the people in the bungalow should have set money - e.g. the Jobseeker's Allowance - and have to pay a reasonable amount of rent and buy food, clothes and heating within their budget*

External professionals described the kinds of housing moves they had helped or overseen their young clients make since leaving Glebe House:

Initially he was in supported lodgings, then in a flat in housing with medium to low support. Then he moved in with his girlfriend and effectively disengaged with us

He moved in with his family but then got a tenancy of a flat near them; then they moved to another town and he moved with them and later got another tenancy

He's in a small house in a nearby town. It needs a new bathroom, but we had to move him there quickly given the restrictions on where he could live. He loves it there and is on first-name terms with his (older) neighbours

Clearly, the situation was less happy for the five who were in institutions or homeless at the time of interview, but most reported ongoing constructive activity within the limitations of their settings, and three had moved on to independent living by the time of their final interview.

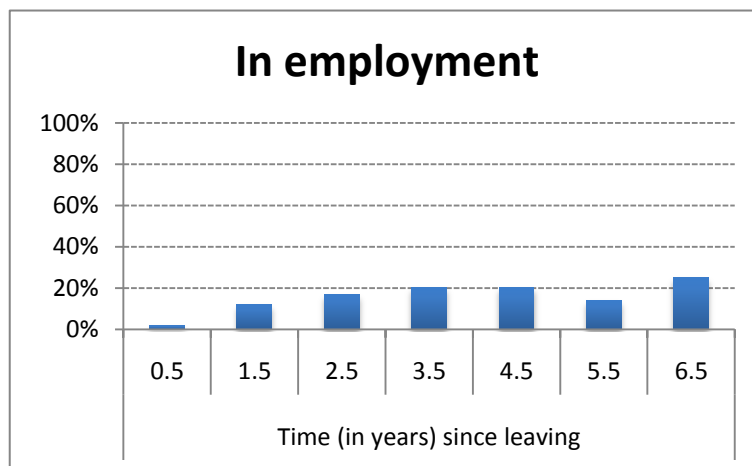
With this small number of exceptions, however, it appeared that most of these young men had acquired post-Glebe House housing which was suitable for

their particular needs and which, in general, they liked. Most had had support from Glebe House and/or Social Services in obtaining and retaining their accommodation and most felt that they had been well-prepared for the actual process of living in the outside world, but had needed further experience of flat-hunting and bill-paying, further discussed later in this subsection in respect of managing money. As time went on, there appeared to have been an increasing likelihood of their progressing to stable independent accommodation.

In employment

This category refers to those Ongoing Cohort members who were in paid full or part-time employment. As **Table 29** below shows, the proportions to whom this applied were negligible at 6 months after departure, rose gradually thereafter to 20% at 3.5 and 4.5 years, fell slightly at 5.5 years, and only exceeded 20% at 6.5 years.

Table 29: Proportions of Ongoing Cohort in employment at post-leaving interview stages (n = 43)



These low employment figures reflect a real difficulty for these young men, of whom just under half came to Glebe House with criminal records, over two thirds with a learning disability and/or other diagnosed learning capacity impediments, and one third leaving under the restrictions of one or more combinations of MAPPA, the Sex Offender Register and a SOPO (Sexual Offences Prevention Order). As **Table 30** below shows, however, other members of the cohort were in training or education between 6 months and 3.5 years after leaving, but the combination of these and the employment figures did not amount to more than 48% in total at any one time. Two cohort members had long-term medical conditions which rendered them unfit for work at the time of their final interviews. Small numbers (not more than 5 in each of 4 leaving years) were in voluntary work, which they enjoyed, but with

little hope of this evolving into paid employment. One young man with a learning disability, described a fairly typical progression below:

Zak, at 4 post-leaving stages. 1.5 yrs: *I've been looking around on building sites but got nothing. There are loads of college courses, but I can't be bothered to go as I just want a job. Jobcentre Plus has nothing if you don't have experience and qualifications. 2.5 yrs:* *I failed the test to get a card for doing labouring. Going to do it again. 3.5 yrs:* *I've just given up on getting a job. I went to a project for people with severe disabilities, but they couldn't help me. 4.5 yrs:* *I do 3 hours a week at a charity shop. Other than that, I just watch my mates play football*

This long-term joblessness was clearly disheartening for Zak and young men like him, but most were surprisingly cheerful in interview and trying to make the best of their limited situations. Unlike Zak, many had still not given up on the search for paid work. Those who did have employment were mostly doing manual work or were self-employed, often with members of their family, some just getting by, but one or two flourishing after some years, like Duncan, below:

Duncan, 6 mths after GH: *I'm doing house-cleaning - it's a family business. My Dad says when he retires in 2 years' time, he'll hand it over to me*

Duncan, 6.5 yrs after GH: *I'm self-employed and own my own contract industrial cleaning company. It's me and my Dad together. It's developed massively from the house-cleaning business. We have Government contracts now*

Other notable successes included two young men who had been strongly encouraged to work towards university entrance while at Glebe House, had succeeded in this, and were in well-paid professional jobs at the time of their final interview. However, even where they didn't have a job, most cohort members felt mainly positive about the preparation for work they had been given at Glebe House, over 90% rating it at between 3 and 5 (moderately to very helpful) at both the 6 month and 1.5 year interview stages. Two young men who remained unemployed were still putting that learning to good use in the face of ongoing challenges:

Ron, 6 months after leaving GH: *I'm using everything GH gave me but I still haven't a job*

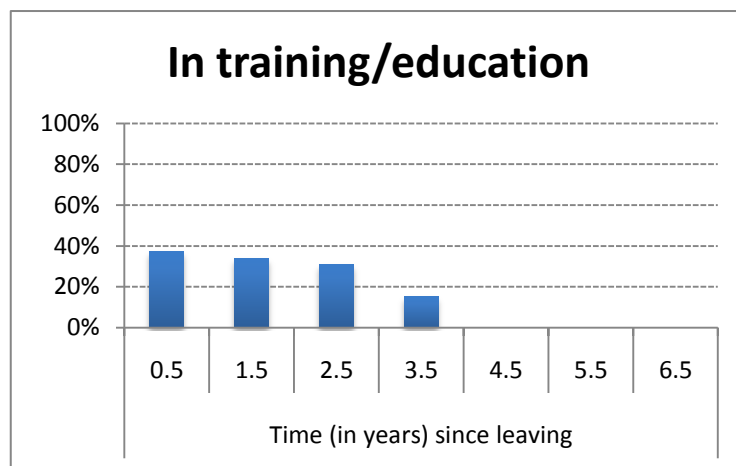
Sevvy, 1.5 years after leaving GH: *The Independence Week away was helpful, showing you how to get out there and look for work. I did a mock interview. The work experience on site and in the bike shop and learning the routine was helpful. I got First Aid, Food Hygiene and Construction Skills certificates for working on building sites. These were really helpful. But they (GH) could maybe do more work on whether to declare your criminal record when applying for jobs. It's a very daunting task*

Involved professionals tended to report that the young men they worked with were motivated to find work but were at a disadvantage because of their offences and/or their learning disabilities/difficulties. While it is undoubtedly a huge challenge for them, not least in a straitened financial climate, employment is a major protective factor in that it can provide not only financial stability but also a sense of identity, status and self-worth. Thus, any further efforts which Glebe House might make in terms of more direct linkage with employers and employment, and with advice about criminal record disclosure, could potentially make a big difference to their ex-residents.

In training/education

Clearly, training and education are closely linked to the prospects of future employment. **Table 30** below shows that 37% of the cohort were undertaking one of these options 6 months after leaving Glebe House, 34% after 1.5 years, 31% after 2.5 years, and 15% after 3.5 years, after which there were no numbers in this category. Given that training programmes and educational courses are of a finite length, it is not surprising to find the numbers involved in them dropping off after two to three years but, as **Table 29** above has shown, the proportions in work did not increase in the years following.

Table 30: Proportions of Ongoing Cohort in training/education at post-leaving interview stages (n = 43)



It was reported in the previous Section that, despite demonstrated improvements in literacy and numeracy across the board at Glebe House, 41% of the cohort still regarded themselves as having problems in these areas at departure, and this was likely to be related to their learning disabilities and specific learning difficulties. Thus, the motivation to continue education or training would be important for them, and the two comments below illustrate the great value expressed by many young men of their educational experience at the Community:

Byron, 6 mths after leaving GH: *They helped me to get on with my reading and writing. I'm quite a lot better now. They encouraged me and I wanted to get better*

Colin, 6 mths after leaving GH: *They really did help me with spellings and things. Everyone was brilliant but it was hard work. They helped me with maths and reading. It gave me confidence to carry on afterwards*

However, as noted in the previous subsection, progression after Glebe House was not always straightforward because of legal restrictions:

External professional: *He had a developmental delay but education at Glebe House really helped him - he progressed from reading age 8 to 16. He gained college literacy skills and then he wanted to do mechanics, but he couldn't attend the local college as there were young people there and he has a SOPO.*

Whilst of course public protection is necessary, it is a dilemma that at their optimum point for moving back into the wider community, some of these young people are simultaneously prevented from embarking on a path towards greater lifestyle stability and thus the potential to reduce their risk to others. Longer-term, however, the anxiety about lack of qualifications, expressed by just under half of the cohort when they arrived at Glebe House had considerably reduced for nearly all of them by the time they left. Hence, many came away with awards and qualifications such as ASDAN, NVQs and GCSEs which would enable them subsequently, even if not immediately, to carry on with their training or education. This was a tribute to the quality of educational assessment and teaching across a wide range of abilities at Glebe House.

Managing money satisfactorily

Table 31 below depicts the extent to which Ongoing Cohort members rated their ability to manage money satisfactorily at successive interview stages.

Table 31: Proportions of Ongoing Cohort reporting their ability to manage money satisfactorily at post-leaving interview stages (n = 43)



As **Table 31** above shows, consistently high proportions of the Ongoing Cohort rated their ability to manage money satisfactorily, based on ratings between 3 (moderately well) and 5 (very well) at successive interview stages. There appeared to be something of a disconnect here, however, since when they were also asked how helpful Glebe House had been in teaching them about claiming and living on benefits, a significant minority of 35% rated this at 1 (not at all helpful) or 2 (not helpful); those returning to the Irish Republic said that their benefits system operated differently to the UK one, so their learning at Glebe House had not really been relevant; and a further 10% stated that they had not been taught anything about benefits.

However, it seemed clear that, even though the majority of Ongoing Cohort members were not in paid work during the years they were interviewed, and even though some did not feel they had been well-furnished with knowledge about the benefits system, they were for the most part managing to survive on the income they received. This did not necessarily mean they had no debt, but that they found ways to manage it, sometimes with help from family:

Finn, 1.5 yrs after leaving GH: *It's difficult. I've been refused Disability Living Allowance. If I attend 70% of the course I'm on I get £100 from the government, which is a massive help as travel is ridiculously expensive. 2.5 yrs: Some weeks are difficult, but I manage well*

Garth, 1.5 yrs after leaving GH: *I have to cut back and concentrate on essentials. I go to family if I need help. 2.5 yrs: I do have a few outstanding bills but I have a plan to pay them off gradually*

Some young men, however, explicitly made positive links between their learning at Glebe House and their coping techniques since. Here is one example, confirmed by an involved professional:

Todd, 1.5 yrs after leaving GH: *I manage money by writing down what I need and not spending more. 2.5 yrs: I've managed really well, paying for water, gas, electric, council tax and still have enough for food and other things. I learnt how to do it at GH. The two Independence Weeks were really good and being in the bungalow did help*

External professional: *He struggled initially but he did manage to budget. He was cautious as he didn't have much money at GH. He moved into an independence bungalow and did money management courses*

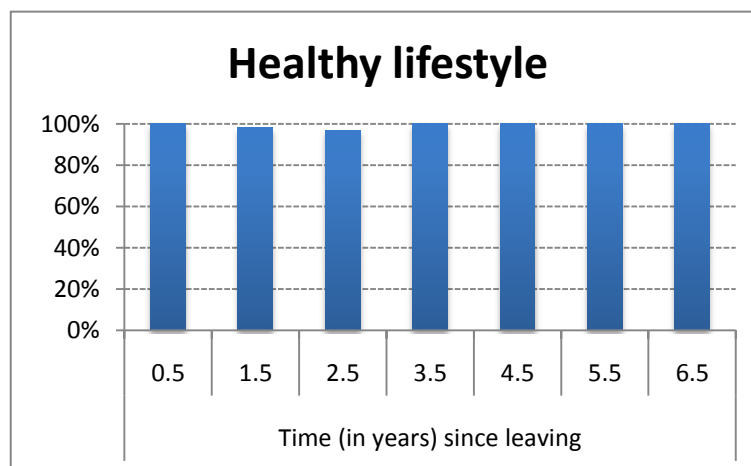
More recently, those who had moved on to McGregor Lodge participated in a 'Fake Bills' scheme in which staff produced fortnightly bills for costs such as TV Licence, gas and so on, with the amounts varying each time, as is the case with real bills. The money concerned is collected from residents and then returned as a lump sum, which provides a cushion of savings when they leave.

Overall, the financial picture for young men leaving Glebe House is extremely challenging, but firstly the Community's efforts to help them with money management has improved over the years, and secondly these ex-residents appear to have been imbued with a 'can-do' attitude towards this challenge. However, there is always more that can be done.

Healthy lifestyle

On leaving Glebe House, Ongoing Cohort members were asked how well they had been prepared for leading a healthy lifestyle, notably by cooking and eating healthily, taking exercise, and practising safe sex. All of them rated the helpfulness of this aspect of their independence work at between 3 (moderately helpful) and 5 (very helpful), the majority of ratings falling in the 4 or 5 brackets. At post-leaving interviews, they were asked how they felt about the current quality of their health and to comment about the extent to which they felt they led healthy lifestyles. **Table 32** below depicts the proportions rating this at between 3 (moderately good) and 5 (very good), again with the majority falling in the 4 or 5 brackets. Exceptions at 1.5 and 2.5 years after leaving were one ex-resident with a physical disability and one who said he was very overweight.

Table 32: Proportions of Ongoing Cohort leading a healthy lifestyle at post-leaving interview stages (n = 43)



Most of their accompanying comments did appear to support their positive ratings, though a few of these suggested that perhaps their ratings had been a little over-optimistic. A flavour of this range appears below:

Dale, 6 mths after leaving GH: *I eat some takeaway food and sometimes I cook. I walk. 1.5 yrs: I eat healthy food, practise safe sex and do a lot of exercise. 2.5 yrs: Despite everything [mental health problems requiring medication], I eat healthily and cook my own food. My girlfriend now has a contraceptive implant. I go to the gym 3 times a week and I swim*

External professional: *His health is good and he manages his medication well*

Hudson, 1.5 yrs after leaving GH: *I do eat the right things, but sometimes I don't eat at all. 2.5 yrs: I've cut down on really fatty foods like pizza and chips. I've been eating pasta. We've been swimming a couple of times*

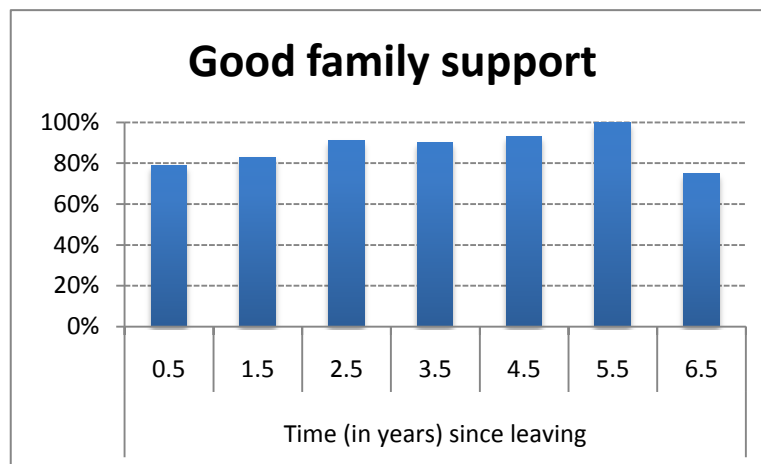
External professional: *He smokes but there's no substance or alcohol abuse. He buys readymade meals. He told me he understands condom use. His mood can go up and down and this can be reflected in his personal hygiene. He's very private - doesn't move when problems arise until it's too late*

Respondents often mentioned cycling, walking and playing football, all of which they had usually participated in while at Glebe House. A number, particularly those who had experienced it while at McGregor Lodge, also referred to going to the gym, but for some of these the cost of membership had become prohibitive. Those with specific health conditions, such as diabetes, had been helped to develop and manage self-caring routines. Overall, it appeared that their independence preparation at Glebe House meant that they knew about the constituents of healthy living and tried to adhere to them, even if at times, their attempts fell a little short. Given the high proportion who had reported health problems on arrival at Glebe House, this was an encouraging finding.

Good family support

As noted in the previous Section, other research on young people leaving residential placements has suggested that, even where family relationships have been the main source of their problems, they seek to make contact with members of that family afterwards (Broad, 1999; Stein, 2005) and this group of young men were no different. In this knowledge, Glebe House had always encouraged family contact where appropriate, and had gradually increased its focus on family therapy over the years of the study. This may help to account for the high proportion of young men in **Table 33** below, who said they had had good support from their families in the period since the previous interview.

Table 33: Proportions of Ongoing Cohort receiving good family support at post-leaving interview stages (n = 43)



Clearly, family support consistently exceeded 75% (and though the levels look especially high in the later years, it must be remembered that they refer to very small numbers at this stage, and that also by this point, some young men had acquired new families in the shape of their own partners and in some cases children - see **Table 36** below). We have seen in earlier subsections that families have sometimes helped out cohort members with accommodation, employment and money. Often, this support, even from distant extended family, was the only potential source of assistance they had to fall back on in a crisis. The comments of the young men below describe some other forms of support, as well as the importance of a sense of belonging, and a growing ability to manage their own levels of family contact where relations have previously been problematic.

Brian, 6 mths after leaving GH: *They've shown me how to live and look after the house I'm in. Everyone has been very helpful, but it's mostly been my uncles and aunts*

Aidan, 1.5 yrs after leaving GH: *My Auntie said 'You've made a mistake but you're back with us now. Let's look to the future'. It was lovely over Christmas with her and there were lots of presents. It's good that I've got a family that care about me. I go to see my Mum when her partner is out as I don't like him. She's not drinking so much now and is more presentable*

Bruce, 2.5 yrs after leaving GH: *Me and my Dad had a falling-out this Christmas. He likes to have control and I was changing. I was wanting his approval but saw I couldn't be the son he wanted. He's a lovely man and I think his heart's in the right place. He tries to be supportive but it comes out as controlling. He just needs to accept I'm alright. My Grandma (his Mum) lives half an hour away. She's very active and I try to see her once a week. My Mum got sent to prison for child abuse of my brother. What goes around comes around. I haven't seen my sister for a few years. But I know she's alright*

Ken, 6.5 yrs after leaving GH: *I have a hell of a lot of support from my wife, my parents and my in-laws*

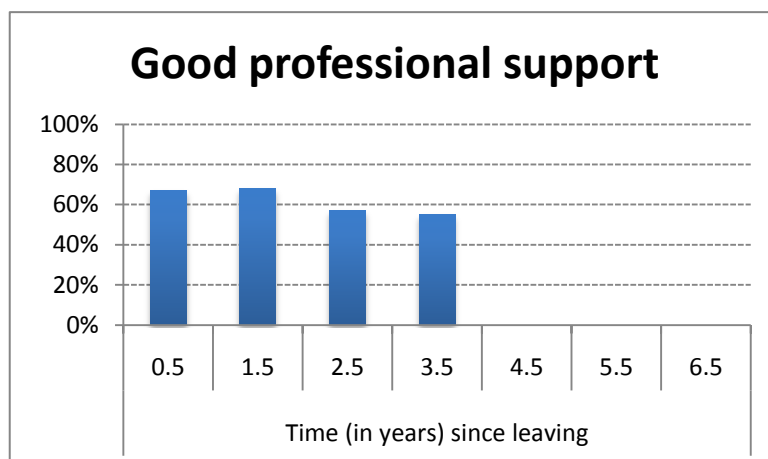
The minority who did not have family support of any kind had mostly spent their lives in the Care system. Among a proliferation of sad cases, theirs were the saddest to read, one reporting that 'when other lads had contact with their families, I went to my room and cried'. Indeed one ended up in prison and one later died. Others who had been in Care or otherwise estranged from their immediate families because of abuse to them or by them, had often been helped at Glebe House to strengthen, repair, or change the basis for their relationships. In several cases, mothers who had been reported as negligent in their sons' childhoods were able to start compensating for this in their young adulthood, and in other cases, sons like Bruce above, were able to accept parental failings and deal with them in an adult way. As summed up by one professional:

External Professional: *He's realised that he's always going to be supporting his mother. Going to GH has given him the understanding that his mother's needs are greater than his*

Good professional support

As recounted in the previous Section, while the majority of cohort members found their contact with external professionals helpful while they were at Glebe House, a quarter had rated them as 'Unhelpful' or 'Very Unhelpful' by the time they left. This was invariably because of lack of contact or lack of preparation for their return to the wider community. This pattern continued in similar vein thereafter, as depicted in **Table 34** below. It can also be seen that no-one interviewed from 4.5 post-leaving years onwards reported having contact with an external professional. This was generally because they had reached the age of 21, and would only be offered continuing support if they remained in at least 70%-time education, or by the Probation Service if they had re/offended. (Any who reached the threshold for ongoing support from an Adult Social Care Learning Disabilities team would remain under its aegis, but of this small number, either they did not perceive that they had a social worker, or did not reach the 4.5+ year stage of post-leaving interview).

Table 34: Proportions of Ongoing Cohort receiving good professional support at post-leaving interview stages (n = 43)



Three contrasting experiences of ongoing professional support appear below:

Nolan, 6 mths after leaving GH: *They dumped me and didn't give a shit. If I hadn't put my foot down and just come home, I'd still be at GH now*

Heston, 1.5 yrs after leaving GH: *I see my Leaving Care Worker every week and she leads Pathway Plan meetings about how I'm getting on, and my Mum comes. The Police from Public Protection do unannounced visits. I'm very grateful for the work everyone's done for me - they couldn't have been more helpful*

Bob, 2.5 yrs after leaving GH: *They should have helped me look for a flat instead of just telling my Mum (not me) that they can't help me any more as I'm out of Care*

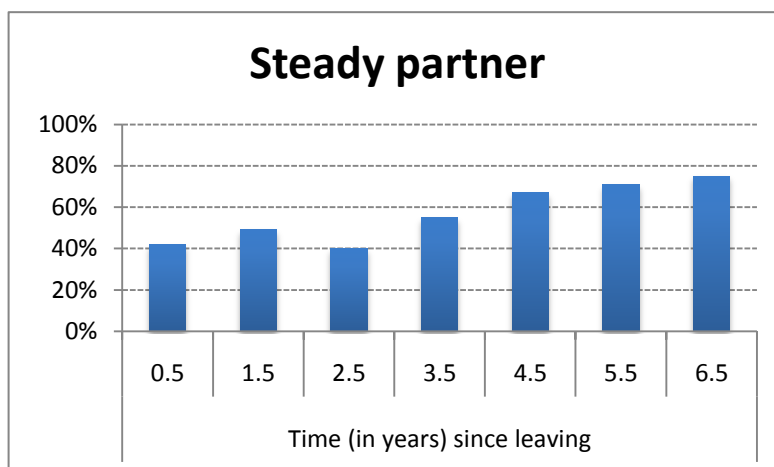
It is important to stress that the majority of involved professionals do appear to offer good support, but for the significant minority of young men from Glebe House who do not receive it, and whose ability to cope independently may be fragile, this may make the difference between survival and regression.

Steady partner

When asked at their departure from Glebe House, and at post-leaving intervals thereafter what they saw themselves doing in 5 year's time, the most frequent and consistent responses from these young men surrounded having a job, a nice place to live, a steady partner and, in some cases, children. These were also the things they worried most about if they didn't have them. (These findings confirm other research showing that young adult offenders have surprisingly conventional aspirations [Shapland & Bottoms, 2011]). Again, research shows that all these elements of life constitute protective factors and indeed assist significantly in the process of desistance from crime by the time young people reach their mid-20s (Farrington, 2003). **Table 35** below

illustrates the proportions of this cohort who reported having a steady partner.

Table 35: Proportions of Ongoing Cohort with a steady partner at post-leaving interview stages (n = 43)



As **Table 35** above shows, just over 40% of the cohort reported that they had a steady partner 6 months after leaving Glebe House. At the 1.5 year stage, this had increased to just under 50%, though it fell again to 40% at the 2.5 year stage, suggesting (as indeed some of the young men reported), that some of these relationships had not survived. Nevertheless, the proportions, though small in number, gradually increased again between the 3.5 and 6.5 year stages. In some cases, the partners changed over the years, sometimes reflecting the relative immaturity and vulnerability of both parties; in other cases partnerships had remained constant. On the whole, young men appeared to have learned from the advice and modelling by Glebe House staff of appropriate adult behaviour, about how to make relationships of all kinds, and whether, how, and when to tell people about their past sexually harmful behaviour. The quotations below illustrate this range of issues:

Charlie, 1.5 yrs after leaving GH: *At GH, they said instead of getting into a sexual relationship with someone, to take it in stages like building blocks. And we had a 'roundabout' plan. You have to come off the roundabout the right way. It's been easier to get girlfriends than I thought. I've got good people skills because GH encouraged us. I've had 3 girlfriends, the last one for a year, but I haven't told her yet, though she knows I've lived in a residential home. It's not an easy thing to tell*

Ricky, at 5 post-leaving stages. 6 mths: *The girls in my class all have boyfriends so I'm out of luck. 1.5 yrs: I got back with an ex-girlfriend recently but she's gone off the rails now. Then I met M., but she just wanted my money, so I don't see her now. 2.5 yrs: No girlfriends - they always like to take your money! 3.5 yrs: One, some months ago, but she had a boyfriend and was with people who tried to get her into drugs. I tried to help her - she came on to me - but she was only 17 and could be vulnerable.*

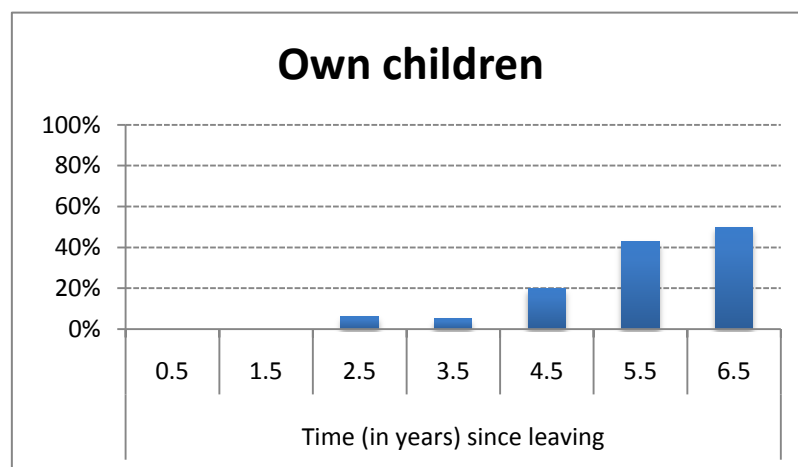
4.5 yrs: *I had a couple but they didn't work out. It's difficult to choose the right person. They were drinking and having arguments but I think it was my fault as well.*

Dermott, at all post-leaving stages. **6 mths:** *I have a girlfriend, D. - it's been good.*

1.5 & 2.5 yrs: *I'm with the same girlfriend and I have 2 step-children.* **3.5 yrs:** *Still together. She knows everything about me. She trusted and believed me. I knew who I was by then and felt safe and comfortable to tell her.* **4.5yrs:** *I'm still with D. and we have a new baby. We both had bad childhoods, so we know what not to do.* **5.5 yrs:** *I started seeing D. 5 years ago yesterday!* **6.5 yrs:** *Yes, I'm still with D.* [Informal update at **9.5 yrs.** confirmed their ongoing partnership].

These quotations show how challenging it can be for young men with damaged and damaging backgrounds to make stable relationships, Nonetheless, they also give some sense of Glebe House's influence on their thinking, and Dermott's situation demonstrates that one of the main potentially stabilising factors in their lives is achievable. However, a further challenge is to provide that stability for any children of their own, and in this regard, Dermott has managed better than most. **Table 36** below shows the proportion of cohort members who reported having their own children at post-leaving interviews.

Table 36: Proportions of Ongoing Cohort with own children at post-leaving interview stages (n = 43)



As **Table 36** above shows, no cohort member reported having children at 6 month or 1.5 year post-leaving intervals. From this point on, as might be expected, the proportions crept up incrementally from around 5% to 50% but in fact only apply to 7 individuals. Of the seven people concerned, only two (including Dermott) were actually living with their child/ren at the time of their final interview. However, four of the other five, who had either split up with the children's mothers, or whose children were in Care, still had access to their children, and demonstrated quite responsible attitudes towards fatherhood:

Stefan, 2.5 yrs after leaving GH: *My daughter is a year old. I see her every 2 weeks. She's a good little girl and we've got a strong bond. But neither her Mum nor me are stable enough to look after her. I still want to get access to my son. I love him. But I can't just walk into his life [later on] when he's 12 or so. I've got to think of his best interests. I don't want to de-stabilise him*

Freddie, 2.5 yrs after leaving GH: *I went with one girl for a year, then I went with another one and got her pregnant. Then I went back with the first one and got her pregnant. I see one of my sons each fortnight and I'm still friends with his Mum. I have Monday to Friday access to my other son, and I'm still going out with his Mum. Both of the girlfriends know about my sexual offences - there's no point in hiding it. I know I shouldn't have done it. They're alright with it and both have supported me. Now and then I get upset about what I've done and my girlfriend will talk to me. Being at GH helped me to talk about my feelings with the staff and lads*

Another ex-resident described going to the home of his ex-girlfriend, now on drink and drugs, and finding his child there alone. He took the child to his own home, rang Children's Services immediately and told them of his own offences. This was responsible behaviour, about which he commented 'I think that whoever you're with, the kids' safety is the most important thing'.

While the comments above would suggest the positive general influence of their time at Glebe House, it is possible that more specific advice about parenting is needed:

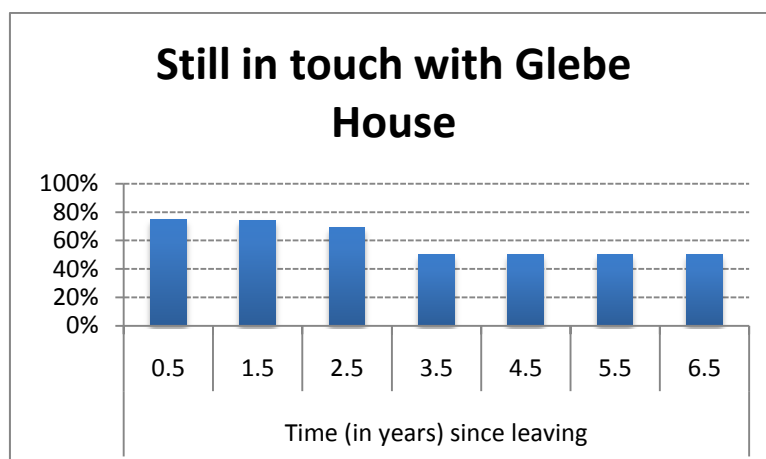
Dermott, 6.5 yrs after leaving GH: *They don't do much at GH to advise people about having children. It might be helpful if someone like me went to talk to residents about what it's like to be a Dad*

Dermott provides food for thought here, and perhaps also Glebe House could consider bringing in a parenting programme for these young men, who have not only a need for general advice about parenting, but also very specific guidance about how they can expect their previous sexually harmful behaviour to impinge on their freedom to be alone with any children they may father.

Still in contact with Glebe House

The 3-month Outreach service and the availability of ongoing telephone contact meant that ex-residents could choose to stay in touch with Glebe House indefinitely. **Table 37** below shows the proportions of the Ongoing Cohort who did so at post-leaving stages.

Table 37: Proportions of Ongoing Cohort still in touch with Glebe House at post-leaving interview stages (n = 43)



Not everyone chose to accept the Outreach service, preferring to become wholly independent of Glebe House. It was also occasionally the case that if staff were not in agreement with the transition arrangements made by external professionals (for example if young men were returning to a situation staff regarded as unsafe), then Outreach would not be offered. However, for those remaining in touch, the proportions were high (75%) at the 6-month leaving stage (3 months after Outreach would have ended). The proportions gradually declined from that point to 50% at the 3.5 year stage, and then remained constant up to the 6.5 year stage (remembering that only small numbers are represented at this point). The comments below provide an illustration of the importance of ongoing support to these ex-residents:

Eddie, 6 mths after leaving GH: *For the 1st 3 months after I left, I had a lot of contact with C. (Outreach Worker). He came over once a month, took me out for a meal and helped me with forms. Sometimes now I ring them. I found it very hard to leave. I used to say I wanted to leave when I was there, but now I just think I was very happy. GH is the best thing that happened to me in all my life. My family all say that - they see a big difference. I think it's the best place out there right now. I wish I'd stayed on for the 3rd year - I could have, but McGregor Lodge was full and I just wanted to get my own place. The first few days after I left, I was really down and C. rang every day and helped me get through. And they invite ex-residents to the Panto. You're not forgotten!*

Dennis, 4.5 yrs after leaving GH: *I always keep in contact with X and Y. We ring each other. They really did help me a lot [Dennis repeated this at 5.5 & 6.5 yrs]*

When asked if they thought Glebe House staff should have given them more post-leaving support, the young men's answers at all post-leaving stages constituted an overwhelming 'No'. In the words of one cohort member, 'I didn't need it. They'd prepared me with independence training'.

8.3 Final Observations from the Ongoing Cohort about Glebe House

In a final set of interview questions, cohort members were asked for their best and worst memories of Glebe House, their biggest achievements, one thing they would change since leaving, and what advice they would give to other young men contemplating a placement at Glebe House. A flavour of their responses is given below.

Best memories and achievements

Cohort members' best memories ranged from specific events - the narrowboat holidays, the long-distance walking challenges (which had spurred on one young man to take on and complete a major trek for charity 6 months after he left), the annual pantomime and bonfire night - to more specific opportunities to develop skills and confidence such as becoming Chair of the Community meetings and speaking about this at a major conference (Hockley, 2008). The generalised atmosphere of friendship and support and the chance for change it provided was also a frequent response. The word 'love' was mentioned a lot and many spoke of the emotion of their leaving ceremonies and the helpfulness of the 'toolkits' consisting of photographs, written materials and other artefacts which would remind them of what they had experienced and learned in the Community. One young man said, 'I left part of my soul at Glebe House'.

Achievements were described in surprisingly modest terms, tending to surround the completion of courses, gaining paid or voluntary work, finding somewhere to live, getting a girlfriend or life partner ('My marriage - I love it!') establishing good contact with their families, making new friends and perhaps most of all, just maintaining a level of stability they had not known before Glebe House, as highlighted in the two quotations below:

Morris, 1.5 yrs after leaving GH: *I'm a much better person now - I'm happier. I don't think I'll ever be able to repay everyone at GH. The only way I can repay them is to lead a good life. It's been a great opportunity to go to GH. I feel privileged to have had that opportunity with taxpayers' money'*

Kal, 1.5 yrs after leaving GH: *I've kept safe. I haven't victimised anyone. I think that's my biggest achievement*

Worst memories and things they would change since leaving

Few people could think of a 'worst thing' about Glebe House, but when they did, these related to things they found hard at the time, such as restrictions on freedom, arguments within group meetings and painful therapy - most of which they now recognised had helped them grow. When asked what one thing they would change about their lives now, around one third, despite

their often reduced circumstances, said they were happy enough and wouldn't want to change anything. Others spoke variously of wanting employment, partners, better accommodation or, in two cases, having the restrictions of their SOPOs removed. Most tellingly, over a third said simply, 'My past', elaborated on by one who said, 'Not to have committed the offences because of the pain and suffering I've caused to the people I care about'.

Advice to those contemplating a placement at Glebe House

Take this offer while you can - now's the chance to start changing things. If you don't, you're stuck for life - you'll mess the rest of your life up and regret it

Go there and open up because it will benefit you tremendously. If you realise you have problems and want to sort them out, this is the number one place

You're missing out on the opportunity of a lifetime if you don't go. If you're referred there it's your only chance - you won't get a better one. The place is like triple chocolate ice cream with syrup on top!

The majority of people are friendly but they can help you only if you want to be helped. There will be ups and downs - and steady yourself for the drop when you come to leave

It's a good place. It will help you understand why you did what you did

Get prepared for it because it's going to change your life. It's given me a second chance in life

The above set of quotations, advising similar young men to go to Glebe House but to be prepared for hard work, completes the reflections of the Ongoing Cohort about how this placement had affected their lives. The final part of this Section presents the views and experiences of the professionals who remained involved with them after they left the Community.

8.4 A View from External Professionals

Twenty three professionals whose services were last known to be involved with the relevant ex-resident responded to telephone calls to ask if they would agree to be interviewed for the research. The average length of time since the young men known to them had left Glebe House was 2.8 years previously. These interviews lasted around 35 minutes on average. Although efforts were made to contact this group in respect of all 43 ex-residents, it was not always possible (a) to secure such contact (b) to secure their agreement to the interview (c) to locate anyone who had been or currently was involved with the ex-residents or (d) to locate a member of their staff willing and able to consult previous agency records on the young man concerned. However, the data obtained from interviews with just over half of this group across the

total range of the ex-residents' leaving years (2004-2014) seemed likely to constitute a reasonable spread of responses.

Characteristics of the External Professionals

The professionals interviewed comprised the following personnel, largely from Local Authority Children's or Adult Services, and the Probation Service: 3 Team Managers (2 from the 16+Team and 1 from the Child Protection Team); 3 Care Managers (in residential or supported housing); 4 Social Workers; 5 Leaving Care Workers (two being Senior Practitioners); 3 Young Persons Advisors; 2 Probation Officers; and 1 Person-Centred Planning Worker. In 18 cases, the ex-resident was known personally to the respondent; in 4 cases the respondent had supervised the involved professional so knew the case; and in 1 case, the information was obtained solely by the respondent referring to past agency records. In 15 cases, the ex-resident was still known to the agency though with one exception (a young man sadly in prison at the time), these were cohort members who had left Glebe House only in the preceding 3 years, and so were still receiving support from Leaving Care and Adult Disability Teams.

Professionals' Views of Glebe House's 'Outreach' Service

Asked whether the ex-resident known to their agency had had the 3-month post-leaving 'Outreach' support from Glebe House, 18 said 'Yes', 2 said 'No', and 3 did not know. Of the 2 who said 'No', in one case there had been unresolved differences between Glebe House staff and the relevant agency as to how this case should be handled after the ex-resident left Glebe House, and this was the reason that 'Outreach' was not offered. In the other case, the differences were between Glebe House and the ex-resident's family - though in fact the young person concerned had said that he had made several telephone calls to Glebe House after he left, and received helpful responses from staff he knew. The 3 who did not know whether 'Outreach' was offered were people who did not actually know the ex-resident personally. In respect of the 18 professionals who knew of the 'Outreach' service received by their agency's clients, **Table 38** below depicts their ratings of the quality of that service, on a scale of 1 - 5, where 1 = Very Poor and 5 = Excellent.

Table 38: Professionals' ratings of the quality of Glebe House's 'Outreach' service (n = 18)

	Very Poor	Poor	Satisfactory	Good	Excellent
Rating Scale	1	2	3	4	5
No. of professionals	-	2	3	8	5

From **Table 38** above, it can be seen that Glebe House's 'Outreach' service was rated as 'Good' or 'Excellent' by 13 professionals, 'Satisfactory' by 3, and 'Poor' by 2. Of this last group, one felt concerned that the ex-resident had not been

given enough help to manage either money or sexual boundaries. The other felt that Glebe House had expected the agency to take responsibility for after-care - and of course there would be truth in that, since certainly it would have been an expectation during and particularly after the 3 months of the 'Outreach' service's normal life.

Positive comments about the 'Outreach' service and its contact with both ex-residents and their professionals are represented in the following quotations:

- *Planning and visiting from staff at Glebe House. He [the ex-resident] could ring them 24/7 if necessary. They worked really hard with him.*
- *Regular contact and planning meetings*
- *Helpful and forthcoming. A very good partnership*

Professionals' Views of the Overall Impact of Glebe House on their clients

Asked to comment on the overall impact of the Glebe House programme on their clients, only one of the 18 respondents who knew the young man personally made a negative response. As reported in relation to **Table 38** above, this professional was concerned about the lack of help to manage either money or sexual boundaries (this latter relating to a specific incident, disputed in some aspects by Glebe House staff):

- *Whilst I recognise the work Glebe House did....., I think they should have been far more clear about the abuse of boundaries. I think they responded like this because his funding was drawing to a close and he was assessed there as low to medium risk. I assessed him as high risk. The young man's behaviour was so chaotic that I hadn't the time to determine his control over thoughts, feelings and behaviour. One of the most complicated cases of my experience. [NB: In view of these sentiments, it is perhaps surprising that this young man is a member of a year group with no recorded convictions since leaving Glebe House.]*

Three other professionals had mixed responses to this question:

- *Difficult to say. Glebe House improved his self-esteem and helped him to come to terms with his offences. It's probably done a great deal for his mental health too*
- *Hopefully it gave him insight into what he did and the tools to avoid abusing children. I don't think it was a waste of time, but I don't know what it's done for him or what anybody could have done. He'd had a lot of therapy before Glebe House. [This was a young man described in a psychiatric assessment report*

6 months before his placement at Glebe House as 'extremely traumatised by his history of neglect and abuse']

- *It was very good and he improved enormously. Unfortunately [since this young man was subsequently reconvicted and imprisoned for some non-sexual offences] he seemed to be so engaged with the therapy that people thought it was working.*

The above 3 responses suggest some understandable uncertainty about cause and effect. The young men concerned had shown behaviour improvements, but there appeared to be lingering doubt as to whether these had been sufficient to inhibit re-offending, and in one case it clearly had not. The remaining 14 professionals were, however, unequivocally positive about the impact of Glebe House on their clients, underlined by the following quotations:

- *Almost unquantifiable. He was given the opportunity to explore all sorts of very difficult issues. Glebe House provided boundaries, role models and positive reinforcement. It was an excellent move - true asylum, a very positive, nurturing environment, but confronting too*
- *It gave him structure and support. He found it difficult not being there [post-departure]. It gave him clear boundaries, opportunities and a range of social activities. Fairness, and consistency of structure and relationships was very important for this young man*
- *The impact was significant, and the extra months at McGregor Lodge [the 'step-down', residential satellite facility] made all the difference. He was finally able to accept responsibility for his feelings. He always talks very positively about Glebe House and McGregor Lodge*
- *He thinks going to Glebe House is the best decision he ever made, and I agree. We got the Psychologist's Risk Assessment report, which provides evidence of his reduction in risk. He gained a lot from Glebe House, and came to terms with some of his demons. He engaged well, worked well and didn't hide anything*
- *He still uses the 'toolkit' that Glebe House gave him when he left. That seems very positive*
- *Glebe House really gave him an opportunity to explore childhood events in a place of safety - and a chance to grow as a man. He was very involved in all the activities, trips and life at Glebe House*

Professionals' Views as to what Glebe House did well

When asked to comment on what Glebe House did well, all 18 respondents who knew the ex-residents were able to provide positive answers. Some commented on the high quality of liaison with themselves as the responsible external professional in relation to co-ordination, family work, risk management, and planning for the young man's future:

- *I was always made to feel welcome and he [ex-resident] felt the same. We all ate together and discussed things. Everything had a purpose and he [ex-resident] understood this.*
- *[In looking for a flat for and with a departing resident] We all worked together. It really went well. Then I got the Risk Assessment report and the update on risk from them. These were my **Bible!***

Others commented variously on the helpfulness to their clients of clear structures, routines, expectations and the provision of social and practical skills (e.g. cooking and computing) which many of these young men had never experienced in their previous lives. Through these processes, it was suggested, damaged young men felt safe enough to voice their fears, to grow up and develop in confidence, articulacy and age-appropriate behaviour. Glebe House and its staff were seen by several respondents as having unique qualities when it came to values, commitment, experience, trustworthiness and 'warmth of feeling'. One person invoked the ethos of the Society of Friends who are its Trustees:

- *It's linked with the Quaker philosophy and its strong values. They are committed and very experienced.*

Another respondent expanded on this view:

- *They nurtured and protected him, gave him a chance, saw his potential and worked with that. Their assessment process identifies young men who can benefit from the programme. Glebe House is quite unique. It's the therapy as well and the high commitment of staff, looking at the behaviours and why he did what he did in the first place. He grew up!*

A third respondent praised the values of the staff who:

- *Didn't judge the young people, so that they could let down their guard, and be honest about what they did and why. Glebe House also had many better facilities than he had at the other Care homes. [This referred to a young man who arrived with previously unaddressed childhood trauma, having experienced in excess of 30 Care placements]*

Professionals' Views as to how Glebe House could improve its services

When asked, conversely, how Glebe House could improve its services, a small number of respondents commented that they would have liked earlier/or later risk assessments on their clients, containing more/or less detail. There are, of course, arguments for all these stances in relation to thorough grounding for the young men's safe return to the community. The main focus of responses to this question was, however, upon the degree, quality and timing of preparation for independent living. Some professionals, who did not identify ideas for improvement, as such, rather referred to the positive experience of their clients, as outlined by one respondent below:

- *Glebe House is very different from other providers. They provide education, independence skills, going out and about (e.g. to the bike workshop in the town, and visiting family). They work hard at independence and safety*

However, as has been documented earlier in this Section, it did seem that, despite their frequent optimism, some cohort members had found processes such as budgeting, managing tenancies, and paying bills a challenge, and some professionals confirmed the need for earlier preparation for these and other elements of independent living.

- *He [ex-resident] needed better preparation for moving out: less uncertainty about leaving dates; and earlier risk assessment to improve planning for independence in his second year*
- *Earlier preparation for transition back to the community is needed - e.g. how to manage a tenancy. Role-playing would help them to deal with conflict, arguments and sexual exploitation in pubs - learning which places are safe*

Glebe House staff have their own observations about the extent to which professionals themselves contribute to certainty about leaving dates; they do also employ role-play to help young men think themselves into various post-leaving situations. However, there is always more that could be done, and a number of staff themselves had expressed such views, as shown in their questionnaire comments in the previous Section.

It would be unfair to suggest that Glebe House has never sought to address the transition problem. The researchers' annual feedback to the Trustees from their previous 12 months of interviews with the young men has consistently stressed it. As with most points from this feedback, the Trustees' and both Directors' responses have always been to strengthen this aspect of their work, first putting in place the 'Outreach' service, then incrementally introducing new facets to the independence work. However, Glebe House has a very full programme of community meetings, group work and one-to-one work, which constitute the core of its mission to provide therapy and relapse prevention for a very damaged group of young men, without which preparation for their

later independence can hardly be contemplated. From an external professional stance, therefore, the potential nature and timing of independence work may appear to contain more flexibility than is actually realistic. Nonetheless, it continues to be a focus for Trustees and staff, who are currently evolving plans to put in place a Circle of Support and Accountability (CO-SA) service for each young man, commencing 6 months before he leaves the Community, and for at least 18 months afterwards.

Likelihood of Professionals Recommending Glebe House to Colleagues

This group of professionals was invited to say whether they would recommend Glebe House to their colleagues who were seeking to place young men who had displayed sexually harmful behaviour towards children. Three said that they did not know, while the remaining twenty said 'Yes' with accompanying reasons, examples of which are listed below:

- *It provides the therapeutic service they need*
- *It has the status of approved premises [i.e. for Probation supervisees] - and there are not enough of such places*
- *It's cost-effective and gives a better service than Children's Homes*
- *Their team is very knowledgeable and committed; they are good with families and external agencies*
- *Their whole philosophy and the way they spoke about the boys. They always made me welcome. If they are this thoughtful to external workers, it shows how they regard the boys*
- *Definitely. They do rigorous risk assessments and engage the boys in positive confrontation*
- *Because of their success with my client*
- *They did well with my young man who has serious learning disability. Their educational assessment work is really important*
- *I've worked with other establishments for these kinds of young men, and Glebe House's approach works best*

Funding Constraints

These professionals were further asked whether they thought funding was a barrier to referring more young men who had displayed sexually harmful behaviour. Eleven said 'Yes', ten said 'No' and two did not know. Those who did not, on the whole, consider that funding was a barrier included the following:

- *No - these are reasonable fees for Social Services to pay. They are competitively priced*
- *It's less of a barrier now because of the good reputation they have built up*

- *It's good value - much better than other providers*
- *It can be, but luckily we had joint funding*
- *Not a barrier if we make a strong case - but we try to use more community-based services before considering a more intensive programme*
- *Foster care is a preferred option, but 2 years at Glebe House meets special needs*
- *There is no comparable resource in this area*
- *Funding is not a barrier. It's about individual needs*

Those who did consider that funding was a barrier gave the kinds of reasons listed below:

- *Yes - we are expecting 25% cutbacks and Glebe House is expensive*
- *It's increasingly an issue getting funding agreements*
- *Particularly now. The Welsh government want people to stay in-country and in-county*
- *There are big budget problems in the Council*
- *It's far more of an issue now*
- *There is lots of pressure on Social Services budgets*

Clearly, then, these responses were reflecting local policy and availability of alternatives for this client group. In some cases, the specific needs of the young men concerned, together with the professionals' knowledge and positive view of Glebe House's programme and track record, appeared to prevail in financial decision-making. In others, however, it was apparent that cutbacks in straitened times would dictate that decision-making process.

Summary of External Professionals' Views and Experiences of Glebe House

The external professionals, whose views are set out above constituted just over half of those with ongoing responsibility for the cohort of 43 ex-residents followed in this study. On the whole, they expressed positive views of the Glebe House programme, noting particularly its strong values, Quaker philosophy, warmth, commitment, nurturing, role-modelling, experience, and (with one specific exception each) good risk assessments and firm boundary-setting. Mostly they felt that liaison with themselves had been positive, though there was some suggestion that the 'Outreach' service could have been improved, perhaps by clearer role delineation, and there was general agreement that independence preparation needed ongoing attention. Half of the respondents gave reasons why Glebe House was good value for money, which therefore should not be a barrier to future funding of these challenging young men, while the other half expressed their fears that financial constraints would win the day over client need. These respondents recognised the importance of their own agency's role in supporting these young men after they left Glebe House though, as noted in the earlier part of this Section, their agencies' policies did not always allow this support to continue for as long as it was needed.

8.5 Overall Summary of Life After Glebe House

Overall, the findings from the re/conviction data and from the post-leaving interviews with ex-residents and their involved professionals set out in this Section, demonstrate that Glebe House and its staff have played a key role in these young men's lives, containing them, educating them, and preparing them for independent living to the extent that 84% (as against 56% of the comparison group) have not been re/convicted of any crime, only one has reoffended sexually and one violently, five have committed other offences, while the majority have managed to re-establish themselves in the outside world, not without problems, but with the equipment to face them.

Despite this overall sense of relative post-leaving stability, however, it is important to consider the development implications posed by some of the less positive findings. These notably include the higher risk of placement breakdown by those coming from Secure establishments; the need for greater attention by Glebe House to specific elements of budgeting and money management; more proactivity in making links with potential employers; more specific input on parenting; and further consideration as to how best to shore up post-placement support, especially where there is a deficit of external professional involvement.

Finally, in terms of post-placement offending, it should be emphasised firstly that any undetected re/offending is not accounted for in the recorded PNC re/conviction figures, and secondly that the notion of cause is too elusive for reduced re/conviction to be directly and solely attributed to 2 years of residence at Glebe House. However, the qualitative data obtained from the young men, the Community staff and the external professionals, as presented in this Section, are sufficiently triangulated to be strongly indicative of the therapeutic programme's positive impact on the post-leaving lifestyles of the majority of ex-residents who completed it.

9. Evaluation Summary

- ❖ Glebe House is an independent children's home, run by a Quaker charitable trust. Founded in 1965, it operates as a therapeutic community for particularly damaged and challenging young men, typically aged 16-19 years, who are also perpetrators of sexually harmful behaviour.
- ❖ Following a successful pilot study in 1999-2000, the Trustees commissioned a substantive longitudinal study to run over the period 2002-14. The specific advantage of this rarely-employed method was its ability to evaluate over a long period Glebe House's effectiveness in terms of: any reduction in the type and extent of problems identified on the young men's arrival; any key lifestyle changes after leaving; and any reduction/cessation of their sexually harmful behaviour thereafter.
- ❖ The research drew on semi-structured interviews with 43 young men (known as the Ongoing Cohort, or OC) at intervals during and after their residency, with a further 15 who left the Community prematurely (the Early Leaver Group, or ELG) and with staff and external professionals. It also drew on case records, and Ministry of Justice re/conviction data for the OC and a comparison group (CG). Its key findings are summarised in the following paragraphs.
- ❖ Almost all of these young men came from damaged and debilitating family backgrounds, where neglect and the range of abuse types were prevalent. Case records reported physical health problems at arrival in 72% of the 43 OC and 80% of the ELG; mental health symptoms such as post-traumatic and dissociative states were also reported but had often not been formally diagnosed. Arguably, Glebe House needs greater access to diagnostic expertise in these latter areas.
- ❖ 54% of the OC and 73% of the ELG had spent the greater proportion of their lives in the Care system with frequent placement and educational disruption. 49% of the OC and 87% of the ELG had diagnosed conditions, notably learning disabilities. Educational/psychological assessment and the educational programme at Glebe House had done much to mitigate these problems and enable residents to gain qualifications before leaving.
- ❖ Just under half of both the OC and the ELG had been criminalised for the sexual offences towards children, mainly within their own families, placements or schools, which had led to their referral to Glebe House. In all but 3 of the OC cases, these were contact offences; all the ELG's offences had been at the more serious end of the contact spectrum. Although similarly harmful sexual behaviour had been perpetrated by their fellow residents arriving via the Care system, it often seemed to be a matter of chance or geography as to who was criminalised.

- ❖ Twelve of the 15 members of the ELG left early because of offending or other unacceptable behaviour within the Community. Of note was that a higher proportion of the ELG had arrived at a slightly older age, from multiple Care placements, direct from Secure establishments, and with criminalised members having committed more serious offences than those in the OC, bearing implications for the likely programme completion of young men with these characteristics. Confirming other research findings, sexual recidivism among this group of programme 'drop-outs' was proportionately greater (eleven-fold in this case) than among the programme completers.
- ❖ Based on a checklist administered on arrival and departure, the majority of the OC reported a significant reduction or cessation of their highest-ranked problems by the end of the therapeutic programme. These notably included self-harm, suicidal thoughts, depression, reactions to bereavement and loss, and their own experiences of abuse and neglect, which they felt the programme had helped to heal. Additionally none of them was in denial about their own previous sexually harmful behaviour.
- ❖ Based on a further checklist, there was a very high set of scores in respect of all aspects of life at Glebe House. Staff, one-to-one therapy, groupwork, education, sport and work experiences, and support with family contact were all highly praised. This was mostly true of community meetings, but some felt they could be boring and go on too long. Contact with Social and YOT Workers and Probation Officers was generally appreciated, though a minority had felt ill-served and let down at times.
- ❖ Responses within the young men's interviews, together with staff interviews and questionnaires, provided evidence of the ongoing commitment, professionalism and a high degree of job satisfaction of staff at all levels of the Community, despite an unsettling period of change over recent years. It is crucial that these qualities are nurtured and sustained.
- ❖ Ministry of Justice re/conviction rates showed considerably greater recorded criminal activity among the CG compared with the OC. In total, 7 of the 43 OC members (16%) had offended, committing 21 offences, as against 19 of the 43 in the CG (44%), committing 95 offences leading up to May 2014. Only one OC member had a re/conviction for a sex offence and one for a violent (non-sex) offence, as against five each from the CG.
- ❖ Annual post-leaving interviews with the OC, and telephone interviews with their involved professionals revealed a need for more preparation by Glebe House for specific elements of budgeting, employment and parenting. Overall, however, though only a minority were in employment at final interview, most young men and professionals alike felt that in other key areas, such as accommodation, family relationships and healthy lifestyles, Glebe House had given them the tools for future resilience.

10. Conclusion

This longitudinal study has reported on the effectiveness of a therapeutic community for young men in their late teens, who have been perpetrators of sexual harm, and have, for the most part, themselves been damaged and abused in a range of ways. It has found a notable reduction, at departure, of some very serious problems identified by these young men on arrival at the Community. It has also found that 84% were not subsequently re/convicted, as against 56% of the comparison group, and that only one person had re/offended sexually and one violently, compared with five each of the comparison group. Those coming to Glebe House at a slightly older than average age, from Secure establishments and with previous multiple care placements, were at higher risk of dropping out of the therapeutic programme than those without such characteristics; and those dropping out were considerably more likely to re/offend sexually.

After leaving Glebe House, the majority of young men who had completed the programme were not in stable employment, but were coping well in other key areas such as accommodation, family relationships and healthy lifestyles, and making the best of their limited circumstances. They had benefited from independence preparation, but would have appreciated more of this. They would also have benefited from ongoing external professional support where this had been absent, or ceased prematurely. For this reason, the Community's current plans to establish a Circle of Support and Accountability for each departing resident, to ease their transition into the wider community, appears to be a logical and coherent future development.

Sexually harmful behaviour, particularly when directed towards children, is a high-profile problem in contemporary society. It is also a complex problem, which incarceration is unlikely to solve, though it may afford temporary public protection. As noted in **Section 2**, research suggests that most young sex offenders do not re-offend, and adolescence is a developmental stage when the potential for long-term change is optimal. The longitudinal and complementary qualitative and quantitative data contained in this report have the advantage of demonstrating movement over several years, and can thus claim considerable robustness of method and reliability of findings. In particular, the study has been able to demonstrate that positive change has followed for the majority of those respondents who have completed the therapeutic programme. Not only were most of them not re/convicted, as against a considerably higher-convicted comparison group, the majority also felt their lives had been turned around by the two or more years they had spent at Glebe House and by the commitment of staff who always had time for them. Thus, it would appear that an investment in placements at Glebe House is well worth making. To give the last word to one young man who left the Community eight years ago and lives now a stable and law-abiding life:

The work can be hard, but it's worth doing because then you can have a future.

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