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ADJUSTING THE VOLUME: REFLECTING AUTISTIC YOUNG PEOPLE'S EXPERIENCES OF SECURE CARE

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A thesis presented in fulfilment of the requirements for the degree of Doctor of Philosophy

2026

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But mostly my thanks go to the young people who engaged with this research project. All nineteen of you. I know how difficult it was for some of you to talk to me, and for the five of you who weren't able to say anything at all your silence speaks volumes. I know that some of you moved on to less than ideal destinations following your time in secure care. At least two of you were resident in mental health hospitals, and two of you had taken your own life before I had even finished writing this. In exchange for the time you gave me, I pledge to make a difference, even a tiny incremental one, with this research project. Those of you who told me we need to do better, I heard you. I heard all of you.

Research question

What impact do secure care experiences have on the identity narratives of autistic young people?

- What role do relationships play in the impact of secure care experiences on identity narratives of autistic young people?
- What role does the environment play in the impact of secure care experiences on identity narratives of autistic young people?
- What role do the policies and procedures play in the impact of secure care experiences on identity narratives of autistic young people?

Abstract

This thesis explores the impact of secure care experiences on the identity narratives of autistic young people. Whilst not employing a particular narrative approach, the research made use of a flexible diary method and semi-structured interviews, analysed using Interpretative Phenomenological Analysis (IPA). It sought reflections on the experiences of autistic young people who were living, or had recently lived, in Scotland's secure care accommodation services. By listening directly to young people, this thesis offers a unique contribution to knowledge about life for a group of young people often described as 'hard to reach'. It considers the intersection of autism, secure care and youth through the lenses of relationships, residence, and rules. Due to the ambivalence, incongruence and dissonance experienced by young people, it proposes that there is the potential for secure care to create barriers or supports, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). In considering what is already known about autism in restricted settings such as secure care, it makes a number of recommendations for future practice, including in relation to congruent communication; ambivalent experiences; belonging; hyper-empathy; symbolism; masking; environmental adaptations; sensory connectivity;

dichotomous thinking; information sharing; the autistic experience; and individuality of risk management.

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Chapter 1: Introduction

Despite children being increasingly seen as actors in their own lives, autism is often applied as a lens through which others narrate people's experiences, resulting in individuals being removed as the authors of their own stories (Yergeau, 2017). Therefore, it felt important for me to adjust the volume in order that autistic people's voices be heard. This study explores the explores the experiential perspective of the impact of secure care on the identity narratives of autistic young people. In developing our knowledge and understanding of the ways in which autistic young people experience secure care, we are better placed to be able to meet their needs, and support good quality experiences and outcomes. As this thesis will show, the securing of autistic young people is of current concern to social policy and practice, however limited studies have examined these individuals' different lived experiences of secure care. This chapter will provide a brief empirical, theoretical and methodological context to the research, followed by a rationale for the study. It will set out the research aim and objective before finishing with an overview of the thesis.

Secure accommodation is a branch of residential child care that provides a safe, containing, highly controlled environment by restricting the freedom of children and young people, due to the high risk of significant harm they present to themselves or others (Scottish Government, 2023; Children and Young People's Centre for Justice (CYCJ), 2018). Emond et al. (2016) construct a containing environment as being made up of not only the physical environment, but also the relationships, expectations, rhythms, routines, and responses. This concept will be explored throughout this thesis.

At the start of this research project there were five dedicated secure care units in Scotland (Care Inspectorate, 2018) with a total of 84 places between them (plus 4 emergency beds). This had reduced to four secure units with 67 beds (SAN Scotland, 2025) at the time the study

ended, although was expected to increase (The Scottish Parliament, 2025). Due to the restrictions on liberty, young people can only be placed in secure care in very specific circumstances as defined in The Secure Accommodation (Scotland) Regulations 2013. It must be established both that the placement is in the young person's best interests, and that the secure unit is able to meet their needs as determined by their aims and objectives. Additionally, one or more of the following conditions must be met:

> '(a) that the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk,
> (b) that the child is likely to engage in self-harming conduct,
> (c) that the child is likely to cause injury to another person' (The Secure Accommodation (Scotland) Regulations 2013, regulation 8(1)(3)).

While readmission rates are not tracked, in 2022-23, 7% of young people admitted to secure care are shown as being in a secure care placement prior to admission (Scottish Government, 2024a). This reduces to 3% for 2023-24 (Scottish Government, 2025), and then increases to 6% for 2024-25 (Scottish Government, 2026). It is noted that 'children can be admitted more than once during the year'.

Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder which affects individuals in different ways, however all those diagnosed will experience 'persistent deficits in social communication and social interaction', and 'restricted, repetitive patterns of behaviour, interests or activities' (American Psychiatric Association (APA), 2013, p.50); these are known as the dyad of impairments. The terms autism and autistic will be used here to reflect the majority language preference of participants. Neurodiversity will be used as a broader term here to encompass all people with differences in neurological functioning (Singer,

2017), with predominant neurotype (PNT) (Beardon, 2017) being used as an alternative to the 'majority brain' (Baron-Cohen, 2017) and allistic/allism used as the converse term for autistic/autism (Monk et al., 2022). Acronyms frequently used in this thesis are detailed in the table I have designed below (table 1). Please note this table, and the document as a whole, are bookmarked for ease of reference.

Table 1: *Acronyms and associated terminology*

Acronym	Associated terminology
AAC	Augmentative or alternative forms of communication
ADHD	Attention deficit hyperactivity disorder
AS	Asperger syndrome
ASC	Autism spectrum condition
ASD	Autism spectrum disorder
LD	Learning disability
PNT	Predominant neurotype
SLCN	Speech, language, and communication needs
STARR	A group of secure care experienced young people

There is anecdotal evidence that increasing numbers of autistic young people and/or those with learning disabilities are being placed in secure care or 'juvenile correctional facilities' (Thompson, 2018; Jolivette & Swoszowski, 2020), however there is little research or data to support this (Allely, 2018). It can be surmised that this is due to ethical limitations, constrained research funds, small sample sizes based on prevalence rates, and the diversity of provision which makes the comparison of data difficult (Yacoub et al. 2008).

In Scotland, Myers' (2004) study is easily the most significant in this field. It was commissioned in response to recommendations in 'The same as you?' (Scottish Government, 2000) which identified a lack of information on the 'numbers, needs and vulnerabilities' of autistic people and/or those with learning disabilities in secure settings. Myers' study

was comprised of a literature review; a scoping exercise through the completion of questionnaires to gather data across all 57 settings (secure hospitals, secure accommodation and prisons in Scotland); and an in-depth investigation using interviews in two of the secure accommodation units (St Mary's Kenmure and Rossie Secure Accommodation Services), along with the State hospital and four prisons. Despite this in-depth study being carried out over 20 years ago, the figures on neurodiversity within secure care continue to vary widely, as illustrated in the table I have designed below (table 2).

Table 2: *Disability statistics in secure accommodation*

Year	Author	Diagnosis	Percentage	Setting
2003	Myers (2004)	Autism spectrum condition/Learning disability	3%	Secure care
2007	Barry & Moodie (2008)	Disability	93%	Secure care
2015	British Psychological Society (2015)	Learning disability	14%	Criminal justice system
	British Psychological Society (2015)	Borderline learning disability	32%	
2017	Scottish Government (2018)	Disability	34%	Secure care

2018	Scottish Government (2019a)	Disability	51%	Secure care
2019	Whitelaw & Gibson (2023)	Autism spectrum condition	24%	Secure care
2019	CYCJ (2019)	'Barriers to learning'	64%	Secure care
2022	SCRA (2022)	Autism spectrum disorder	2%	Children aged 12 to 15 years referred for offending to the Reporter
2022	SCRA (2022)	Learning disability	2%	Children aged 12 to 15 years referred for offending to the Reporter
2022	SCRA (2022)	Disability	19%	Children aged 12 to 15 years referred for offending to the Reporter

2023	Care Inspectorate (2023)	Additional support needs	50%	Secure care
2023	Scottish Government (2024a)	Disability	28%	Secure care
2024	Scottish Government (2025)	Disability	37%	Secure care
2025	Scottish Government (2026)	Disability	15%	Secure care

It can be surmised that this disparity in figures is due to the changing political and social policy landscape during this period. Social inequalities have increased because of the 2008 financial crisis, and the 2010 election of a (Conservative/Liberal Democrat) coalition government (Shah & Priestley, 2011), with public spending being cut by the UK government as a result (Croall & Mooney, 2016). It can be reasonably concluded that this has resulted in changes to the way disabilities are defined, assessed, and reported, particularly when considering thresholds for future services. These factors will impact on the way that disability is experienced. There has been further uncertainty about the future of Scotland following the devolution debate, and indeed the UK in the wake of Brexit discussions.

Moodie and Gough (2017) completed research with Chief Social Work Officers regarding perceptions of, and approaches to, the use of secure care in Scotland. This highlighted several issues relating to a lack of specialist resources for young people with very complex needs, including autistic children. Allely (2018) and Robertson and McGillivray (2015) note the lack of research around the experiences of autistic people in the prison system, and it appears that the same is true for the

secure sector. It could be argued that people who are accommodated in existing secure settings require access to specialist services (Myers, 2004), as they may not fit the 'remit' and fall between gaps in service provision (Mental Welfare Commission for Scotland, 2016; 2019):

> …people with learning disabilities in general and ASD in particular do not fit easily into what is perceived to be the core business of the different secure environments. There is a pervading sense that somehow people with learning disabilities and/or ASD would have their needs better addressed 'somewhere' else (Myers, 2004, p.83).

There is a gap in what is known about autistic young people in secure care (Myers, 2004), which is mirrored in the data on just how many children for whom this is relevant. Due to the developing human rights agenda (Scottish Government, 2019b; Children and Young People's Commissioner Scotland, 2019; Children's Commissioner for England, 2019), autism, youth, and placement in secure care are of current political importance. As will be seen from the following chapter several studies and initiatives have been undertaken to examine each of these areas individually (Wilson, 2022). However there is limited research and policy which has taken account of the intersection of the three in a way which voices young people's lived experiences, and that was the purpose of this study.

Critical autism studies challenge the deficit model of autism which will be discussed in the conceptual framework chapter. Instead, it promotes a model of neurodiversity which embraces lived experience and emphasises autistic voice (Broderick & Roscigno, 2025), advocating for 'Nothing about us without us'. Young people are empowered through the process of having their voices heard (Robinson & Highcock, 2024). A recent example of this was a yearlong emancipatory Autistic Activists research study, which utilised interviews and artwork. Robinson and

Highcock (2024) drew on this to show how it empowered autistic young people to influence social change as active agents. There are increasing examples of autistic people being involved in participatory models of research (Hill, 2024), with more autistic researchers now visible in academia (Sample, 2024) which increases the volume of their voice in the narrative.

The aim of this study was to explore the impact of secure care experiences on the identity narratives of autistic young people. Due to the concept of secure care as a containing environment being made up not only of the physical environment (the residence), but also the relationships, and the expectations, rhythms, routines, and responses (the rules) (Emond et al., 2016), the research questions were designed to explore this as the objective, as follows:

What impact do secure care experiences have on the identity narratives of autistic young people?

- What role do relationships play in the impact of secure care experiences on identity narratives of autistic young people?
- What role does the environment (residence) play in the impact of secure care experiences on identity narratives of autistic young people?
- What role do the policies and procedures (rules) play in the impact of secure care experiences on identity narratives of autistic young people?

Whilst not employing a particular narrative approach, the research made use of a flexible diary method and semi-structured interviews, analysed using Interpretative Phenomenological Analysis (IPA). It sought reflections on the experiences of autistic young people who were living, or had recently lived, in Scotland's secure care accommodation services. It engaged with 19 young people through a staged approach between

August 2022 and May 2024, however the data presented here was constructed with 7 young people.

The thesis will proceed with a literature review chapter which explores existing research through the lenses of relationships, residence, and rules. Moving onto the conceptual framework chapter, the thesis will consider theories of risk, agency, identity, and intersectionality. The methodology chapter which follows incorporates my reflections on learning and details the research design; methodological approach; rigour; engagement and methods; researcher identity and influence; ethical considerations; data storage; data analysis; the write up, and Group Experiential Themes (GETs). The thesis then moves into findings and analysis, which is structured over four chapters with the themes of care vs restriction; structure vs flexibility; nurtured vs scared; and belonging vs loss. The discussion chapter which follows offers a deeper dive into the key themes, linking these to existing literature and theories and considering learning.

The research makes an original contribution to knowledge in the following ways. It surfaces the convergence and divergence in secure practice which results in the potential for secure care to create barriers and facilitators, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). It shows that, due to the significance of dichotomous thinking for autistic people, their higher intolerance of ambiguity means it is likely autistic children's paradoxical experiences of secure care are more difficult to process than they would be for the allistic population. It evidences that autistic young people accommodated in secure care appear to experience difficulties in making sense of the secure environment as a result of the felt symbolic incongruence. It demonstrates that for autistic young people placed in secure care there are particular challenges in making sense of ambivalent experiences due to a reduced capacity for cognitive dissonance. It

indicates that maintaining young people's sensory connections to their identity during their time in secure care may reduce a sense of displacement, and enhanced access to sensory language more broadly may help to reduce any communication barriers. It proposes that for autistic young people who may experience hyper-empathy, the high levels of trauma present in secure care are likely to increase their own levels of dysregulation and distress.

The learning is rounded off in the recommendations and conclusion chapter which makes several recommendations for future practice, including in relation to congruent communication; ambivalent experiences; belonging; hyper-empathy; symbolism; masking; environmental adaptations; sensory connectivity; dichotomous thinking; information sharing; the autistic experience; and individuality of risk management. The chapter concludes with a consideration of limitations of the study and implications for future practice.

This chapter has provided a succinct empirical, theoretical and methodological context to the study, by outlining key definitions; data; and intersections around secure accommodation services, young people and autism. It has offered a brief introduction to the social policy landscape, and evidenced that this study is important now given several recent publications related to concerns about human rights in this realm. This has set the scene for the following chapter which will provide an analysis of the literature in this arena. Of particular focus will be the significance of attending to the different lived experiences of autistic individuals, and how, within the context of secure care, this impacts on the development of their identity.

Chapter 2: Literature review

This chapter aims to offer a comprehensive review of the literature in relation to autistic young people in secure accommodation services in Scotland. This is important to position the study within the wider context (Vicary & Ferguson, 2024) of what is known about autism, youth, and placement in secure care. Due to the limitations in size of the research field a decision was made at the early stages of the research not to follow a systematic literature review, but to review the literature more widely. As my research participants were autistic without a learning disability, the literature review was focused on autism rather than disability more broadly. It incorporates findings, however, from learning disability, neurodivergence and other minoritised groups where relevant. It looks more widely than Scottish secure care, to other carceral and residential settings, and includes geographical areas outwith Scotland. Historically there has been a lack of Scottish detail in much of the UK literature on social justice, however it is important to give Scotland distinct consideration due to key policy and societal differences (Croall et al. 2016), with a widely held view that there is a stronger focus on social justice and welfarism in Scotland (Scott & Mooney, 2016). Therefore, the relevant findings from this literature have been used to infer what is known about autistic young people's lived experiences of secure accommodation services in Scotland.

When narrow search criteria such as (secure care) AND autis* AND child* AND scot*; or (secure care) AND (autis* AND scot*) were used, the results were limited and not relevant to the research. When the search was broadened further by using secure AND care AND scot* AND autis*; or secure AND care AND autis* this was more successful. Following up on 'leads' in literature read felt a more naturalistic way of undertaking the review, which seemed in keeping with the research design as will be discussed in chapter 4. Pursuing any relevant references also gave a good sense of who the main researchers were in the field. Where relevant, literature authored by autistic individuals was included.

This was a conscious choice and seen as important to the focus of this study, as it was considered key that the voices and experiences of autistic people be a prominent feature.

The chapter makes use of the themes of relationships, residence, and rules introduced above, to structure the findings of the literature review. Based on the prevalence of relevant literature, it considers the significance of connection, staff expertise, and communication within the context of relationships, before examining restricted settings and sensory experiences through the lens of the residence. It concludes with a look at macro-level systems, labelling, and micro-level structures, in relation to the rules. The key learning for me in undertaking the literature review was firstly that the intersection of autism and secure care was increasing, and secondly that as a result, it had rightly received a lot of attention in restricted settings for adults such as mental health hospitals and prison settings. Surprisingly though this hadn't translated into the children and young people's arena, and the further I read, the more the gap in awareness and research became apparent.

Relationships

Relationships, in this context, are what Emond et al. (2016) describe as those which create a containing construct, by enabling others to feel safe, valued and accepted. I took this to include the ways in which young people are supported to make connections, the extent to which staff understand young people, and how communication differences are supported. All of these elements, as they present in the literature, are covered in this section.

Connection

Identity is shaped by relationships, as shown by Bagatell's (2007) ethnographic study of the identity construction of an autistic young person, and the research of McMurray et al. (2011), which used semi-structured interviews with looked after young people and their social workers to explore the impact of experiencing care on their identities.

Donati (2011) argues that society is relational, and not simply a projection of self, or constraints of societal constructions, instead describing the 'relatedness between'. There are parallels here with Garfat's (2012) 'in between', and the difference between being in relationship over having a relationship. That is, the experience of being in relationship shapes people's sense of self and has a resulting impact on identity. Similarly, Cooley (1902) notes that people do not exist in exclusivity from others, but permeate each other. However dominant rhetorics of autism include an inability to form and maintain attachments (Teague et al., 2017); differences in theory of mind (Baron-Cohen, 1989); a lack of social motivation (Fletcher-Watson & Crompton, 2019); and Milton's (2012) double empathy problem. Where relevant, these aspects not only influence relationships and therefore identity, but also affect the way autistic people are understood by others, compounding the impact on identity. The nature of this impact does not appear to be well understood.

Secure care placements also impact connections. They are time limited meaning that if young people's outcomes improve whilst in secure care they are moved on more quickly, which conflicts somewhat with notions of relational practice. Arguably, once a child is placed in secure care the previously presenting risks are by default removed, and so they instantaneously no longer meet the criteria for being placed in secure. This is being addressed through relevant provisions in the Children (Care and Justice) (Scotland) Act 2024, when enacted, to include the caveat 'unless the child is kept in secure accommodation' (CYCJ, 2024). Existing legislation (paragraph 105(1)(c) of the Public Services Reform (Scotland) Act 2010 and sections 75 and 93(2)(b) of the Children (Scotland) Act 1995) also determines that young people must leave secure care by their 18th birthday. However this is due to change when the relevant provisions in the Children (Care and Justice) (Scotland) Act 2024 are enacted, to include young people remaining in secure care until their 19th birthday in certain circumstances (CYCJ, 2024). These legislative changes

may accommodate more relational models of practice going forward, giving cognisance to the significance of relationships for young people experiencing secure care, as will be explored below.

This practice of moving young people swiftly on is in variance to that in Sweden, where secure care placements are not time limited and professionals make the decision about when a child is ready to move on (Enell & Wilińska, 2020). Of perhaps equal importance is how existing relationships (with family, peers, or other professionals) are maintained during the child's time in secure care, and what, if any, relational restrictions are in place. The very nature of secure care means that it ruptures relationships, both those that are existing prior to admission, and those that are created by admission to secure. These relationships have been categorised by Enell and Wilińska (2020) as being broken, interrupted, forbidden, and forced. They carried out semi-structured interviews with young people in Swedish secure care, and found that the nature of these relationships had a significant impact on young people's experiences of secure care and how they relate to and make sense of it as a result. While that research focused on relationships and meaning making of the secure experience, it didn't include the impacts of those on identity, nor was it specific to autism.

Turcotte and Fenchel's (2024) research in a Canadian secure unit which used qualitative interviews with adolescents experiencing secure care questions the effectiveness of secure care. They argue secure care should be based on an ethic of care, rather than an ethic of justice, and that this would support young people to feel both cared for and secure. Despite this, Gough and Lightowler (2018) advise that they found strong evidence of relational practice in the Scottish secure units during the Secure Care National Project, and cite examples as described by inspectorate bodies. These include the impact of strong, trusting, nurturing and respectful relationships between staff and young people. However, they recognise relationship limitations in secure care due to the

temporary nature of placements. Thompson (2018), in her international review of models of secure care, identifies the importance of acknowledging the impact of loss as children transition in and out of secure care. This is particularly relevant as the cumulative impact of repeated losses is likely to influence young people's relationships and sense of safety within these. Mann-Feder (2018), in her discussion of loss in the context of residential child care, draws parallels between attachment and loss. When the differences in autistic young people's attachment needs as outlined above, are accounted for, it is not difficult to see how these losses may impact on young people's connections, and in turn their sense of identity.

Harder et al.'s (2013) research in a secure unit in the Netherlands using interviews and questionnaires found that the relationship between staff and young people in a secure care setting is significant in influencing positive outcomes. Similarly Shirk and Karver's (2003) meta-analytic review of studies in therapy settings found a positive correlation between the strength of the relationship between staff and young people, and the quality of young people's outcomes. It has previously been recognised that the quality of staff working in secure settings is important (Smith, 2005a; Smith, 2005b), with the quality of attachments young people develop with staff even being described as the ultimate objective of secure accommodation in developing a sense of safety (Smith & Sloan, 2005). Despite concerns about the differences in attachment style of autistic individuals due to differences in joint attention and other social behaviours as introduced above (Schore, 2013), Teague et al. (2017) found in their systemic literature review that secure attachments act as a protective factor in autistic children's development. However none of this research considers the impact of these relationships on young people's identity.

The Talking Hope project (Miller & Baxter, 2019) set out to consider how the concept of hope could support brighter futures for

young people who were in receipt of secure care in Scotland due to their vulnerability and level of risk. Promoting relational practice through hopeful conversations was an early focus of the Talking Hope project. Miller and Baxter (2019) found that the significance of meaningful connections and relationships were repeatedly highlighted by young people as being an important source of hope (Garfat, 2003). 'For young people, the presence of at least one trusting relationship seemed foundational and necessary to enable other aspects of hope to emerge' (Miller & Baxter, 2019, p.5). Despite not giving consideration to the impact on identity, this shows the significance of important connections for young people experiencing secure care.

Relationships were a key theme in the systematic review of adolescents' experiences of secure care (Walker et al., 2025). This included relationships with staff, peers, family, and friends, with a particular focus on the significance of relationships with staff. Adolescence is a significant time in terms of identity formation, and yet (aside from a superficial acknowledgement) there is so little focus in research, theory, policy and practice guidance on identity in the residential child care and secure care sphere, and within the sphere of autism. Whilst the significance of relationships is often recognised, such as within the work of Walker et al (2025), little work has been carried out to consider the implications of this on adolescent identity formation.

The research of Ellis and Curtis (2020), in an English secure children's home, found a level of emotional warmth and investment from staff to young people, despite limitations on how much of their selves they were able to share. It explored the tension that occurs when secure care staff manage the difficult balance between both emotional closeness with, and maintaining distance from, young people. In their research, staff were described as presenting a manufactured version of their self, to protect themselves from becoming too close. From this research, they observed that staff enact emotion management, and a 'guarded side' of

themselves. Despite this, they reported staff becoming emotionally invested in young people. Although attempts were made to manage the emotional engagement of staff, they still reported being upset when young people moved on, particularly where they disagreed with the decision. This evidences the significance of connections for both staff and young people in secure settings, although again, does not consider autism or identity specifically.

There are broader tensions between what is deemed professional in residential child care, and simultaneously being close enough, but not too close (Steckley, 2020b). Steckley (2020b) gives examples of tensions around boundaries, stigma, fear, use of touch, love, and maintaining contact. An illustration of this is Andersson and Sallnäs' (2024) research which explored the family metaphor in Swedish secure care. They found that many staff located their relationships with young people within the concepts of a broader family network, viewing themselves as extra parents, or akin to siblings or grandparents. They proposed that this supported a relational connection to young people, through enhanced intimacy and compassion. However they did not consider how this in turn impacted on young people's identities.

McMurray et al. (2011), who explored the impact of experiencing care on the identity of young people, found that relationships, both past and current, played a key part in this. They observed that looked after children presented a false identity as a form of protection, which has parallels to the masking behaviour of autistic people. It could be seen as a form of dramaturgy (Goffman, 1959), with young people acting in 'front stage' behaviour and hiding their 'back stage' selves. Carl Rogers (1961) explored how in a therapeutic relationship, congruence was key to trust and communication, and that this was required to allow personal growth and self-actualisation. The same can be argued for parent child relationships, and therapeutic residential child care can be seen as providing elements of both (Emond et al., 2016). However McMurray et

al. (2011) and Goffman's (1959) examples above, show us ways in which young people may be acting incongruently.

Schinkel and Lives Sentenced Participants' (2021) research on a sense of belonging amongst the prison population in Scotland found that there was a cultural element to this such as shared characteristics and language, and that these similarities tended to increase the sense of belonging. This was increased further by repeated sentences where people became more disconnected from relationships outside. Similarly, Carey's (2019) research with autistic young people living in low secure wards highlighted the importance of maintaining relationships for autistic young people whilst living in secure care, finding that changing relationships were a key theme, and that shared experiences with peers were impactful despite no significant relationships with staff. However Murphy et al.'s (2017) research in which they compared risk management responses to autistic and allistic individuals in a high secure psychiatric hospital, recognised the increased incompatibility for autistic people living in high-secure psychiatric care, compared to the allistic population. These researchers highlight the significance of connection between restricted persons, including those who are autistic.

The power of the group in residential child care settings has long been recognised, as demonstrated by Emond's (2004) ethnographic research in Scottish residential child care. Belonging is one element of feeling connected to the group, however Ellis' (2018) research in an English secure children's home found that the young people placed on welfare grounds felt that they did not belong in secure care. The challenges of relationships and finding a 'tribe' was a key theme in the findings of Halsall et al.'s (2021) research which explored the masking behaviours of autistic girls in English education settings. And Moyse's (2021) research with autistic adolescent girls who stop attending school found that people were the thing that made the biggest difference to their school experience, which highlights the importance of nurturing,

compassionate and fun relationships, or alternately how destructive and damaging relationships can be. Social isolation and loneliness are common amongst autistic and other neurodivergent young people, as shown by Schiltz et al.'s (2024) research with autistic people in America. This heightens the importance of connectedness for autistic people, where these connections are available to them.

Staff expertise

There has been recent interest in awareness raising amongst professionals, as 'ASD remains poorly understood by non-specialists' (Dobbinson, 2016 p.444). Slokan and Ioannou's (2021) research in prison settings using surveys, interviews, and focus groups, had similar findings, in that despite a lack of previous autism training, most staff had a good basic awareness, but were unable to translate this theory into the impact on practice in a prison setting. They found that general training in the impact of neurodiversity would be of greater benefit than training focused on autism. Whilst not focused on children and young people, this is illustrative of the gap between knowledge and practice that is often encountered in residential child care settings (Steckley, 2020a) which will be discussed in more detail later.

Murphy (2020) reports on the impact of providing autism training to staff in a high security psychiatric care setting, based on the SPELL approach. SPELL (Structure, Positive approaches and expectations, Empathy, Low arousal, and Links) is a framework for understanding and responding to the needs of autistic people, based on these five principles (National Autistic Society, 2019). He describes how even though an impact analysis (in relation to a reduction in the number of incidents) had yet to be undertaken, feedback from staff who participated in the training had been largely positive. However, he cites concerns about the low number of staff undertaking the training (around 12%); and the high number of staff who subsequently moved roles after having completed the training. It can be surmised that the resulting impact is a low number

of staff who are trained at any one time, and that this may be true across the sector.

Further evidence of this can be seen in Misra et al.'s (2013) research, which made recommendations around the training needs of staff in secure hospital settings. Similarly Murphy and McMorrow's (2015) research using questionnaires around staff understanding and views of autism in a high-secure psychiatric hospital, showed that most staff held the view that they lacked sufficient knowledge and skills to support the specific needs of autistic individuals, advising that they would welcome more training in this area, with a strong majority view that this should be mandatory. The relevance of both studies is limited by their focus on hospital settings; however, the findings are also true of secure care as noted by Myers (2004), and illustrated by Thompson (2018, p.119) in her international examination of secure care:

> There were a range of presenting concerns that Secure Care services felt ill equipped to manage independently, such as when children are presenting with severe disabilities, Autism Spectrum Disorder… It highlighted their desire to have better access to a broad range of mental health support services who can provide specialised guidance, assessment and treatment in order to best meet the needs of the child.

Thompson (2018) notes the importance of employing a broader allied health team rather than just psychologists, however does not give cognisance to the fact that it may be preferable to upskill care staff by providing them with the required competence and confidence. Allely's (2015) review of the literature of the experiences of autistic people in prisons, found that there was a lack of research around the training needs of prison staff in relation to supporting autistic people. It appears that there is a similar gap in terms of the training needs of secure care staff, and indeed residential child care staff more broadly.

Hughes and Peirse O'Byrne (2016), writing about neurodevelopmental impairments amongst young people in custody, advise that staff should have enough awareness of 'normal' behaviours to allow them to identify when young people require a neurodevelopmental assessment. It is possible that they do have this implicit awareness, but without the underpinning theory perhaps do not have the language to articulate this. It would be of interest to explore if this type of tacit knowledge exists in the secure care workforce, by taking account of the way they use professional judgement to make adaptations to their practice to better meet young people's needs (Reinders, 2010). Folman Hadjidemetriou (2023) recommends that undertaking cognitive assessment at the point of admission to secure care could be supportive in ensuring a comprehensive profile of each young person, and this would allow support to be better tailored to meet their needs.

Lovell and Skellern's (2020) research used group conversations to explore how learning disability nurses interpreted the offending behaviours of people with learning disabilities, and how this in turn informed their responses and interactions. They found three themes through which this was framed: how they made sense of the behaviour, for example through a belief that the individual with learning disabilities acted in a way in which they believed was morally right; the impact of the person's history, for example the impact of abuse, neglect, or substance use on their childhood experiences along with an understanding of how the learning disability impacts on their relationships with others; and responding therapeutically through relational practice to enhance trust and communication. It is likely that the way autistic individuals are understood by others will have an impact on their identity formation, as introduced in the section on connection above. This will be discussed further later.

The significance of culture in residential child care settings is widely understood (Bullock, 2008). Culture develops around staff, for example by modelling respectful behaviour (Sparling, 2024), but can also be influenced by an individual leader (Hafford-Letchfield, 2020). Previous inquiries such as The Edinburgh Inquiry (Marshall et al., 1999), the Kerelaw Inquiry (Frizzell, 2009) and more recently the Whistleblowing Major Investigation Outcome Report (Edinburgh Secure Services) (City of Edinburgh Council, 2022) have highlighted a macho culture in secure care. This has become dominant in the rhetoric about secure care staff as a result (Moodie & Gough, 2017), whilst residential child care staff more widely carry a low status, as shown by the research of Abraham et al. (2022) which used focus groups with residential child care staff in England and Wales. In recent years secure units have adopted more trauma informed practices (Gough, 2016) which take account of nurture approaches commonly used in schools. It is understood that trauma is repaired by relationships (Kohlstaedt, 2010), although there are limitations on this in the context of secure care, as discussed above.

As Steckley (2020a) argues, there is a need for residential child care staff to bring more than just a knowledge base to the field. They are required also to have a suitable values base and set of skills, with the synthesis of the three putting practitioners' relationships at the centre of their practice. Steckley (2020b) goes on, in a related paper, to capture how practitioners triangulated the concepts of knowing, being and doing, with relational practice and 'use of self' very much being at the centre of how they made sense of this. This is both informed by the value base of the organisation, and shows the interplay between connectedness and staff expertise.

Communication

Garfat (2004) explores meaning making in Child and Youth Care, and how meanings are co-created in context between two or more people. Similarly, Steckley (2018, p.1647) describes the complexity of

residential child care practitioners receiving and processing the 'intense and coded communications of young people'. Relationships are widely recognised as integral to facilitating communication, and this is gaining increasing recognition within the field of autism as shown by Robinson et al.'s (2020) analysis of practitioner's experiential accounts. An illustration of this is the interactional dynamics identified by Anglin (2004) in his seminal, grounded-theory research in Canadian residential child care, as being 'key relational ingredients' of well-functioning group homes. These all require communication to take place, for example, 'listening and responding with respect... establishing structure, routine and expectations... [and] sharing power and decision making' (Anglin, 2004, p.180).

Bronfenbrenner (1991) also reinforced the importance of reciprocal interchange in trusting relationships to positively impact on young people's development, which he translated into the often-cited quote 'Every child needs at least one adult who is irrationally crazy about him or her' (as cited in Brendtro, 2006, p.163). In fact, the connection between communication and relationships is very much regarded as a two-way street, with communication being required to promote secure attachment (Grant et al., 2009), relationships being of key importance for making meaningful connections (Mann, 2003), and the maintaining of relationships being dependant on the quality of speech, language and communication skills (Hartshorne et al., 2009).

Autistic people have a wide range of speech, language, and communication needs (SLCN) due to differences in the ways their brains work (Ortega, 2009) or 'impairment in communication' as noted above, with their silence being assumed as a lack of consciousness (Prince, 2010). However, the ability to communicate verbally does not equate to intelligence (Bustion, 2016) and can be viewed more as a difference from neuronormative communication rather than a deficit (Hillary, 2020). Williams (1999) explains how as a young autistic girl, others' words were

a ‘mumbling jumble’, and she struggled to make sense of what was being said to her. This resulted in her ignoring the communication of others to the point that it appeared as though she was Deaf. Prince (2010), an autistic person, describes her efforts to use language in a ‘normal’ way. Higashida (2013), an autistic young person, describes words ‘fluttering off’ as he tried to speak to them, and ‘drowning in a flood’ of others’ words.

There are also high levels of SLCN among looked after children, some of which may be due to the presence of autism (McCool & Stevens, 2011), and Clark and Fitzsimons (2018) note that the presence of SLCN in looked after children has been an under researched area. In McCool and Stevens’ (2011) research of the prevalence of SLCN for 30 children living in residential child care in Scotland they found this to be indicated in 19 of the young people, with 8 of these assessments also being suggestive of autism. Additionally, it is recognised that some looked after children will attempt to communicate through offending behaviour (RCSLT, 2017). This is illustrative of the intersection between SLCN, autism, looked after children, and justice settings.

Bryan et al.’s (2007) research of the SLCN of young offenders in England found that over 60% of young people in the youth justice system had SLCN, and in the secure sector this was as high as 72% (Bryan et al., 2015). Out of the 118 young people involved in this study only 2 had previously diagnosed SLCN, which illustrates the gross under-identification of this. Bryan’s (2004) previous research in a young offender’s institution recognized similar issues with identification and assessment. In Clark and Fitzsimons’ (2018) study of the SLCN of young people in the Children’s Hearing system they advise that further research, training, support of Speech and Language Therapists, and increased participation opportunities were required. This echoes the need for increased scrutiny of SLCN at points of key transitions in young people’s lives, identified in Bercow’s (2008) review of services for young

people with SLCN. Voice and participation of young people is an area that has been highlighted by others in relation to youth justice settings (te Riele et al., 2023), and its relevance for autistic young people is clear.

Vaswani (2014) highlighted concerns about access to support for young people with SLCN in the Scottish youth justice system, including those in secure care, based on data gathered through a literature review and survey. Myers (2004) also found little evidence of specialist input in secure settings, and noted that generic resources were adapted to better suit young people. For example, rather than make referrals for support from specialist disability services, the secure units modified the resources already available to them. This included resources like interaction styles and time as well as programmes reacting to social needs, activities, education, health, and offending behaviours. Similarly, Jolivette and Swoszowski (2020) describe how behavioural and curricular programmes can be adapted in 'juvenile correctional facilities' to meet the needs of young people with learning disabilities. It appears that an inclusive communication environment proposed for autistic children may also be of benefit to the wider secure population, particularly due to the high levels of SLCN.

Emond (2016) writes of the symbolic and metaphorical forms of communication in residential child care practice, as both objects and food take on meaning and express something beyond their material means. It is widely understood that young people communicate in a variety of ways (Garfat, 2004). Symbols are often used as an Augmentative or Alternative form of Communication (AAC) (Bondy & Frost, 1994; Tobii Dynavox, 2020) for autistic people, as a method of supporting abstract concepts to become more concrete. Alternative modes of communication (Thurman, 2009) can be helpful as verbal expression may not be autistic people's preferred mode of communication (Grandin, 2009). Despite this, there appears to be a dearth of evidence of this being used in secure

care, with little consideration given in the literature to the impact of this on young people's relationships, and in turn their identity.

Residence

The residence, in this context, is what Emond et al. (2016) describe as the physical environment. I took this to include autistic people's experiences of restricted settings, and the ways in which this experience is unique in comparison to the allistic population, for example in their marginalisation and their sensory experiences of the environment. These elements, as they present in the literature, are covered in this section.

Marginalisation

The literature shows the marginalisation of autistic people through their overrepresentation in carceral settings. This is compounded by their needs being overlooked and their rights being breached within these settings. Throughout history, people with learning disabilities have been confined in a variety of institutions such as asylums, locked hospital wards, and forensic units (Gormley, 2021). However the latter half of the 20th century showed an increasing recognition of disability as a public issue, with corresponding responses to this reflected in policy decisions (Shah & Priestley, 2011). It has many parallels with the trajectory of residential child care, with a steadily increasing focus on human rights and deinstitutionalisation. There is a wider societal ambivalence around residential child care as seen through the attitudes of policy makers and the public (Kendrick, 2008; Smith, 2009), rooted, at least in part, in the entanglement of public and private spaces within residential child care settings (Docherty et al., 2006; Dorrer et al., 2010).

Today, many English young people placed on deprivation of liberty orders are autistic, ADHD, or emotionally dysregulated meaning that it becomes harder to meet their needs as they approach adolescence and this can contribute towards their accommodation in a secure setting (Roe et al., 2022). Roe et al. (2022) based this conclusion on their summary of

31 judgments of court applications under English and Welsh legislation to authorise the deprivation of liberty of a young person in a secure children's home. Smith, Bartlett and Hales' (2022) undertook research which looked at the number of previous placements and distance from home for young people in English secure care. They noted that young people with learning disabilities, ADHD, or those who were autistic were significantly more likely to be placed a distance (more than 100 miles) from home, and the number of placements was often increased for young people with learning disabilities or ADHD (however not for those who were autistic). They proposed this was due to a lack of clarity over who the lead professional for neurodiverse young people in secure settings should be, or even what kind of care setting would best meet their needs.

This 'hard to place' narrative continues beyond residential child care, for example Yacoub et al.'s paper (2008) raised concerns about the lack of specialist high secure settings available to care for autistic adult offenders. Misra et al.'s (2013) research findings in secure hospital settings, which aimed to evaluate the need for a specialist service for autistic people with offending behaviours using questionnaires, echoed this. Myers (2004) found that only a small number of people living in secure care, secure hospitals, or prisons had a formal diagnosis of autism or a learning disability. However she revealed staff (particularly prison staff) had perceptions of high levels of under-identification, that is that there was likely to be a much larger number of the population who were undiagnosed. This reflects some of the difficulties with diagnostic criteria, prevalence rates, definitions, and terminology, and is illustrative of the marginalisation of autistic people and disabled people within carceral settings.

Robertson and McGillivray's (2015) review of the research literature around autism in the criminal justice system noted that the prevalence of autism (both diagnosed and undiagnosed) in the prison population is unknown but appears to be higher than in the general

population. Individuals who were imprisoned were likely to experience interpersonal difficulties such as being bullied or exploited, and increased levels of segregation compared to the PNT population. They found that autistic individuals had an increased chance of becoming institutionalised owing to their desire for routines, and that this could compound difficulties with transitioning back to the community. They recognise the limitations of the research reviewed due to small sample sizes and weak methodology, and the difficulties in comparing studies due to variations in terminology. It has additional limitations of relevance for my research given that it is focused on prison settings.

Allely's (2018) systematic review of the literature around the prevalence, awareness, assessment, treatment and experiences of autistic people in secure forensic settings and secure psychiatric hospitals in the UK cites difficulties with the physical constraints of the environment and social implications due to the nature of autism (in relational matters, likelihood of bullying, communication difficulties, and the need for certain rituals). These difficulties can be viewed as resulting from the influence of the inclusion agenda on secure settings, which will be discussed in the following conceptual framework chapter. Her findings were that the prevalence of autism is higher in these settings than in the general population; the length of stay was longer than for those who were not autistic; the autism-spectrum quotient was largely useful as a screening tool in assessing the presence of autism in patients; there was a need for risk assessments to be autism aware; there were high levels of stress, feelings of isolation and lack of safety amongst autistic patients; and there was a lack of training for staff.

The limitations of Allely's (2018) review were that she only looked at 12 studies, and not all of these contained content in each of the categories she was reviewing, so her findings are based on a small sample size. This is illustrative of the limited number of studies completed in this field. Additionally, she does not specify in her inclusion

and exclusion criteria whether the settings were for both adults and children, and if this was the case, does not report on the findings for these two populations separately. Despite this, most of these findings are of relevance to the secure estate in Scotland, and align with others' findings for example the need for more autism informed systems and awareness (Myers, 2004), difficulties with social compatibility (Murphy et al., 2017), and increased vulnerability (Murphy & McMorrow, 2015; Myers, 2004). Separately, Dobbinson (2016) explored a project which assessed patients in a medium secure psychiatric hospital for previously undiagnosed autism. She noted that schizophrenia and personality disorders can be difficult to distinguish from autism, and that psychotropic medication may further complicate this matter. Conversely from Allely's (2018) findings, she advised that the setting of a secure unit, and its reliance on routines, may further hide the presence of autism as preference for routine and sameness is a feature of autism.

Robertson and McGillivray's (2015) paper has parallels with Myers' (2004) findings, that on average, autistic young people and/or those with learning disabilities had been in secure accommodation placements for between 12 and 20 months, which is significantly longer than the most common secure placement length of 3-6 months (Scottish Government, 2026). Murphy et al. (2017) found that there had been an overall increase in the general prevalence of autism within high-secure psychiatric settings, that restrictive practices were higher in this group, and recommended the need for more specialist provision to effectively meet these peoples' needs. Their findings are limited by the small sample size, and for the purposes of this thesis by the fact that it was carried out in a hospital setting.

Due to unusual offending profiles (Murphy, 2020), services may find it difficult to meet the needs of autistic people. Obsessive behaviours or sensory differences further add to the complexity of meeting these individuals' needs (Murphy, 2010b). Where autism has been either

undiagnosed or misdiagnosed, this reduces the opportunity to offer suitable support and accordingly increases the likelihood of offending (Cashin & Newman, 2009). Additionally, Robertson and McGillivray (2015) found that rehabilitation programmes in prisons were difficult for autistic individuals to engage with. For example, autistic individuals may benefit from support, intervention, or psychoeducation (Allely, 2020c), or the development of skills in specific areas such as arousal control, sexual understanding, or social skills (Gralton & Baird, 2017), which require a level of staff' knowledge. Allely (2020b) has recommended the importance of using skills-based teaching and visual aids when delivering sexual education to autistic young people, and advises that delivery of this would reduce the likelihood of offending behaviour. These bring the argument back to the knowledge base of staff.

Allen et al.'s (2008) research explored the offending behaviour of individuals with AS in Wales using questionnaires and interviews. Their research supports Dobbinson's (2016) view discussed previously (that the setting of a secure unit, and its reliance on routines, may further hide the presence of autism as a preference for routine and sameness is a feature of autism), albeit there are limitations of relevance as it was focused on AS rather than autism more widely. They found that experiences of individuals with AS in prisons were no more negative than individuals without AS, and in some cases were less negative as they appreciated aspects of the environment such as imposed routine and increased social isolation.

However, where individuals' preferences clash with those of the institution, or where daily routines are disrupted (Allely, 2020a), this is likely to result in an increase in their negative experiences (Murphy et al., 2017). In comparison, autistic individuals held in high security psychiatric care reported having more positive experiences than those in prison, however still experienced difficulties where their individual preferences were unable to be catered for (Murphy, 2020). Gormley's (2021)

research in Scottish prisons was carried out through qualitative interviews to explore the experiences of people with learning disabilities and other neurodiversity (including autism). She found many examples of individuals having not understood their sentence length; a lack of adjustments and support provided for their disabilities whilst in prison; and high levels of bullying and harassment. These examples illustrate the complexity of getting it right to meet individual people's needs.

It has been noted previously that due to the underpinning 'Kilbrandon principles' and subsequent welfare focus of the Children's Hearings system (Gough & Lightowler, 2018), children in Scotland are significantly less likely to be 'locked up' than those in England (UK Children's Commissioners, 2008). However Ellis' (2016) research in an English secure children's home found that young people viewed the service as prison-like. Steckley (2018) positions physical restraint as the most extreme form of containment in residential child care, and how when misused this becomes a form of 'crude containment'. The same could be said of secure care. Thompson (2018) found that young people experiencing secure care recognised locked doors, gates, and fences as something that both kept them safe but also felt unsafe, however none of this was specific to autism.

Globally, there is a lack of reliable statistics on the numbers of children deprived of their liberty (Nowak, 2019), which is indicative of some of the complexities around defining its parameters. Nowak (2019) reiterates the importance of deprivations of liberty being used as a last resort, if absolutely necessary, for the shortest appropriate period, and considered within the context of the best interests of the child. Nowak's (2019) global study on children deprived of their liberty found that children with disabilities were overrepresented in all the settings that he looked at, and this is echoed by others, such as Thompson and Morris (2016) in relation to criminal justice settings, and Murphy (2020) in

relation to high secure psychiatric care. This is illustrated by Mégret (2008, p.263):

> Where the 'able-bodied' may be in a position to maximize their rights in a context of rights 'laissez-faire', the disabled typically require a much more complex social, political, economic and institutional set-up to enjoy rights on an equal basis. Furthermore, persons with disabilities have been particularly prone to 'fall between the cracks' of various divisions internal to human rights, as their position is uniquely vulnerable to omissions, lack of coordination, and narrow focuses.

In Myers' (2004) study she noted concerns around the infringement of human rights for autistic individuals and/or those with learning disabilities who are placed in secure settings, when these environments are not designed to meet their needs, and this will be discussed in more detail below. This can result in overly restrictive practices such as limited opportunities for 'freedom of association' due to vulnerabilities and increased supervision levels; or accommodating individuals in places of unnecessarily increased security due to lack of alternative options for them to move to. Paradoxically this can both result in people becoming trapped in a revolving door between placements, or within secure environments entirely.

Hollins' (2023) report on practice in England 'My heart breaks – solitary confinement in hospital has no therapeutic benefit for people with a learning disability and autistic people' recommends that seclusion practices should be ended for autistic young people and/or those with learning disabilities, and that other restrictive practices be closely monitored. McCall-Smith (2022) advises that Scottish law does not provide clear guidance on ensuring disabled people in conflict with the law are not discriminated against. It is clear from the wealth of recent

reports that this is a current concern, and the deficit of empirically based evidence illustrates the lack of research in this area.

Sensory experiences

In addition to the qualitative differences, it is understood that autistic individuals experience neurobiological differences to the allistic population in the reactive and perceptive processing of sensory information (Schaaf & Lane, 2015). 60-70% of autistic people have a sensory processing disorder as shown by Adamson et al.'s (2006) research, which presents as hyper or hyposensitivity, sensation seeking, and avoidance behaviours (Barkham et al., 2013; National Autistic Society, 2024). 'Autistic people argue that autism is above all characterised by a hypersensitivity to sensory stimuli, which necessitates withdrawal from a world of overwhelming sensation' (Singer, 2017, p.32). But this is not just anecdotal; Ashwin et al.'s (2014) research showed enhanced olfactory sensitivity in autistic people when compared to the allistic population. Robertson and Baron-Cohen (2017, p.681) describe sensory processing differences as 'core, primary characteristics of the neurobiology of autism'. Autonomic nervous system (ANS) dysfunction has also been observed in autistic people, impacting on factors such as sensory sensitivity; anxiety; behavioural responses; heart rate; social functioning; and gastrointestinal difficulties, as shown by the research of Sokhadze et al. (2017). More broadly, there has been increasing recognition amongst the general population of sensory conditions such as synaesthesia (sensations in one sense being caused by stimulation in another sense) (Bogdashina, 2016) and misophonia (extreme distress in response to specific sounds) as shown by Rinaldi et al.'s (2023) research. Whilst not specific to autism, both conditions seem to be more common amongst the autistic population.

Whilst not specific to residential or restricted settings, Schaaf and Lane (2015) argue that sensory systems should be taken account of when assessing the sensory experiences of autistic people, for which a

variety of tools are available. The assessment should inform the creation of a comprehensive sensory profile, which identifies the main areas of sensory difference for the young person; the implications of these on daily living; and the ways in which the young person can be supported to minimise the impact of sensory related differences (including proactive and reactive strategies). However, Tavassoli et al. (2016) argue that there is no consensus on how to measure sensory needs, with ambivalence around sensory integration therapy (Guardado & Sergent, 2023), despite awareness of the prevalence and impact on social functioning and behaviours. Despite the high salience of sensory experiences and the conditions that support or impede autistic young people's management of them, there is a dearth of research applied to secure care, or even residential child care more broadly. Research is similarly lacking more widely in carceral settings, however I will share here what is further known from other settings and foci.

In Robertson and Simmons' (2015) research with autistic adults they found that the amount of control individuals had over the sensory stimuli; their level of regulation at the time the stimuli was experienced; and the intensity of the stimuli, influenced to what extent they found the sensory experience to be positive or negative, as shown in their diagrams (figure 1 and figure 2) below. All participants reported having experienced physical discomfort because of the negative sensory experiences.

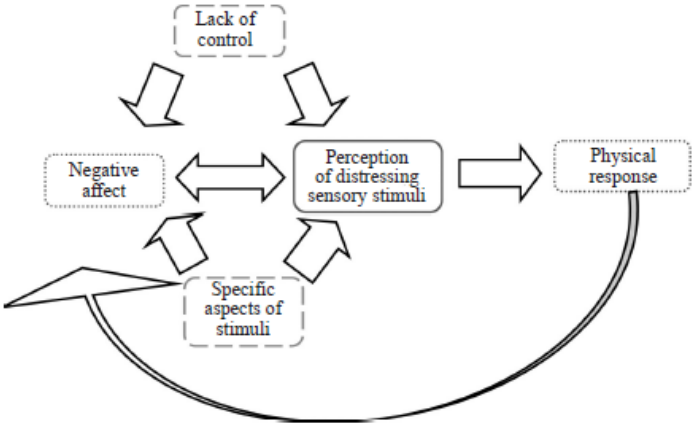

Figure 1: *The aspects of a stimulus that reportedly impacted on perception (dashed boxes) and the consequences of interacting with distressing sensory stimuli (dotted boxes) (Robertson & Simmons, 2015, p. 574).*

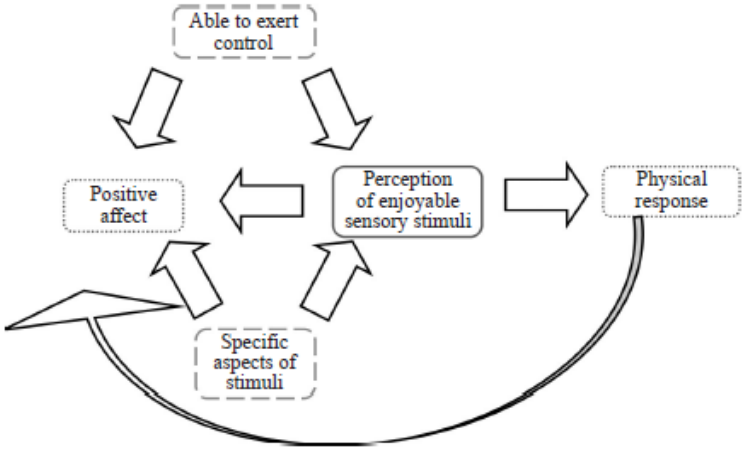

Figure 2: *The aspects of a stimulus that reportedly impacted on perception (dashed boxes) and the consequences of interacting with enjoyable sensory stimuli (dotted boxes) (Robertson & Simmons, 2015, p. 574).*

Grandin (1995) describes how as a young autistic girl she hated being hugged, but sought deep pressure which she could control using blankets and sofa cushions; this resulted in her developing the now infamous 'squeeze machine'. Caldwell and Horwood (2008) provide further examples, of autistic people having distortions of visual perception; difficulty with bright lights, pattern, and some colours;

painful sensitivity to some sounds; negative reactions to touch (particularly light touch); poor perception of self in space; movement seeking behaviours; and hypersensitivity to smell and taste. The monotropic tendency of autistic people to experience difficulty with distribution of attention, that is looking and listening at the same time as being able to process information (Murray et al., 2005), has been increasingly recognised in recent years, and has implications for the both the sensory and communication experiences of the autistic community.

Menzinger and Jackson's (2009) research explored the impact of noise levels and light intensity on the behaviour of young people with AS in a classroom setting. They found no reaction to light or colour intensity, but strong reactions to increased noise levels (particularly those which were sudden or shrill). Increase in tension, withdrawal from the group, and both verbal and physical aggression were observed in young people's responses to these sounds. Day's (2022) research of neurodivergent children's experiences of English justice settings found that the environmental stressors of these settings had a disabling impact. Similarly, Mann-Feder (2018) in her discussion of loss in the context of residential child care, includes unfamiliar environments, routines, and rules as a form of loss. Parallel to this Anglin (2002) positioned congruence in the best interest of the child as the key ingredient for well-functioning residential child care units. Whilst neither Mann-Feder (2018) nor Anglin (2002) were addressing autistic children, they both illustrate the ways in which adaptations which are of benefit to autistic young people can be beneficial for the broader population of residential child care.

Smell is a particularly powerful sensory experience due to its 'direct route' to the hippocampus and amygdala in the limbic system, where emotions and memories are based (Walsh, 2020). Music also offers opportunities to manage emotion and 'express the back stage self […] without breaking the front stage performance required by the prison

environment' (Herrity, 2018, p. 42). 'To make meaning out of the world and successfully engage with the environment requires the ability to perceive sensory information from the world and integrate that information in meaningful ways into states of consciousness…' (Mueller & Tronick, 2020, p.255). In their exploration of an enactive approach to cognition, Ezequiel et al. (2018) touch upon the concept of participatory sense-making; how we make sense of the world through our bodies' experiences. Similarly, Nicolaou et al. (2022) argue that physicality be recognised as the embodiment of emotion.

Herrity's (2024) study of sound in an English prison identified that viewing social worlds through a sensory lens changes the way we understand these. She describes how sound both defines, and is defined by, power, order, and time and space in a prison setting. Through this lens she explores themes of relationships, restriction, rhythms and routines, stigma, sense making, belonging and identity. Whilst not specific to autism or youth, there any many parallels here with the themes which arose through my research.

In the field of criminology, consideration has been given to engaging with the sensory experience in justice settings in a much more considered way. Herrity et al. (2021b) explore sensory experiences within spaces of control, and their Sensory Criminology website (Herrity et al., 2021a) provides a variety of reflections on the sensory experience of justice settings, blogged by different authors. Wider recognition is being given to the need for sensory adaptations in justice settings, such as Pennsylvania's State Correctional Institution which offers autistic prisoners and those with other developmental disabilities support with emotions and communication; access to sensory rooms, adapted lighting, and calming activities; and a separate exercise yard to other prisoners (Lauer, 2024).

Baron-Cohen (2011) reports on the experience of one individual with AS in prison, advising that he was 'suffering terribly' due to the impact of the deafening noise of prison on his sensory hypersensitivity. Allely (2020a) provides a similar report of an autistic individual in prison who found that the constant noise and presence of people created anxiety and distress for him. In their review of the literature of care for autistic people in medium secure forensic settings, Barkham et al. (2013) advise that there is a need for services to take account of sensory differences, including through the provision of staff training which again relates to a suitable knowledge base.

Milton et al. (2016) advocate for Universal Design as a principle which is of benefit to all, not just those with disabilities. For example, by spaces having use which is equitable, flexible, simple and intuitive; and providing perceptible information with tolerance for error, low physical effort, and suitable size and space for approach and use. Within this debate, accessibility for autistic people has largely been overlooked (Mostafa, 2020). In their discussion on the social model of architecture, Hyland et al. (2015, p.3) advise that 'Design professions should be careful not to imagine the problems faced by people with an impairment when negotiating the built environment' which highlights again the importance of considering the experience of individuals across the spectrum of differences. Davidson (2010) confirms this view in her qualitative study of autistic autobiographical literature, although recognises the limitations of basing evidence only on those within the autistic population who have the capacity to produce such literature. She suggests that autobiographical accounts can assist with providing an 'insider' view, and that adjustments to the environment can support with accommodating sensory preferences.

There is increasing recognition of the need to create neurodiverse accessible and autistic spaces (Matusiak, 2024; National Autistic Taskforce, 2024) in society, as highlighted by the recent report of global

architecture firm HOK (2019). This has included the use of checklists for autism friendly environments (Simpson, 2016) and the Autism ASPECTSS Design Index (Mostafa, 2020). Andow et al. (2023) used focus group discussions with stakeholders, which determined the balance between safety and homeliness as being important to achieve in a secure children's home setting, with the space normalised. As well as creating a child-friendly environment, they recommend the use of soft close doors, careful use of alarms, and innovative lighting. Environmental adaptations suggested by others include consideration of acoustics, spatial sequencing, escape spaces, compartmentalisation, transition spaces, and sensory zoning (Simpson, 2016; HOK, 2019; National Autistic Taskforce, 2019; Mostafa, 2020; Matusiak, 2024; National Autistic Taskforce, 2024).

Thompson (2018) describes the importance of secure building design in being sensory sensitive, and how this can also be of benefit in trauma informed practice as 'brain friendly' environments support a reduction in arousal levels. She gives examples of varying lighting, using soundproofing, and the use of colour and pattern to create a sense of calm and focus. In her international examination of secure care, she notes difficulties reported by staff of confined spaces and loud doors in buildings which were not purpose built. Both factors heightened children's arousal levels, which would then have a subsequent impact on their ability to regulate their behaviour and engage in successful communication. Given that Scottish secure units have been investing in improving their environments (Gough & Lightowler, 2018), it is of interest to consider how young people's sensory needs have been accounted for within this. It appears that the sensory adaptions proposed for autistic children may also be of benefit to the wider secure population, particularly those with heightened arousal levels.

The concern about autistic people falling into the gap between disability and mental health services due to their distinct needs is mirrored across the secure estate with young people accessing provision

that appears as though it was never designed to meet their needs, resulting in them being on the borderline and not quite fitting in (Myers, 2004). As the Mental Welfare Commission for Scotland (2019, p.10) advise, 'We know that autistic people have particular needs which may not always be met in settings primarily designed for people with other conditions'.

It is likely that the provision in the Children (Care and Justice) Act 2024 which brought an end to the imprisonment of children in Scotland from 28 August 2024 (Scottish Government, 2024b) will have a positive impact on this, as secure care services have increased opportunities to offer trauma informed environments in comparison to young offender institutions. Roles and Johnstone (2024) in their discussion of Johnstone's ABC Formulation Framework and 6D model in the context of Scottish secure care, recommend reducing demand and simplifying the environment in response to young people's dysregulated behaviours. Some services have recognised this and have begun to make changes to noise levels, for example by introducing the use of DECT (Digital Enhanced Cordless Telecommunications) phones instead of handheld transceivers (walkie talkies). Whilst this shows a recognition of the increased need for child-sensitive and trauma-sensitive environments, there appears to be limited awareness in the literature of the need for autism friendly environments. This would be of benefit not just to the increasing population of autistic children living in secure care, but to all young people experiencing secure care.

In exploring the careful control of water in prison settings and the therapeutic benefits of 'blue space', Turner and Moran (2019, p.211) describe how even being able to access the cell shower or view water through a window had the potential to offer prisoners benefits such as 'an embodied interaction with the world 'outside' of prison' (p.211). The benefits of time outdoors in green spaces (Mental Health Foundation, 2021; Gray et al., 2015; Egorov et al., 2016; Jennings et al., 2016;

Maxwell & Lovell, 2017; Richardson et al., 2017) and physical exercise (Raitakari et al., 1994; Lee et al., 2012; Gray et al., 2015), and their subsequent impact on physical and mental wellbeing have been widely researched in relation to children, autistic children (Friedman et al., 2024), and the population more widely. Following the publication of 'Playing it Safe' (SCCYP!, 2007), 'Go Outdoors!' (SIRCC, 2010) went a long way to challenge anxieties at that time about accommodated young people being able to spend time outdoors. Since then, there has been increasing awareness generally about the benefits of time spent outdoors for children (Scottish Government et al., 2018) with this right being enhanced by inclusion in the Health and Social Care Standards (Scottish Government, 2017) though related challenges for secure services are clear.

Brown et al. (2021) report on the physical and mental health benefits for prisoners of participating in the Master Gardener Programme and being in a 'green space'. These include improved appetite, sleep, and energy levels, with decreased levels of depression, self-injurious behaviours and suicidality. Martin (2021, p.479) describes how 'air mediates the embodied, pre-cognitive, feeling of imprisonment' so this in turn may impact on perceived levels of deprivation of freedom. These findings are of particular relevance for the autistic population who may experience the world in an amplified embodied or sensory manner. The Reimagining Secure Care Interim Report (CYCJ, 2023) also found that young people felt that more opportunities for access to quiet or private spaces would be helpful for some young people.

Based on their research using semi-structured interviews with Israeli autistic adults, Schneid and Raz (2020) recommend using the environment to reduce autism-related stigma, as there is an impact on identity management behaviours. Identity management behaviours such as masking or camouflaging (Lai et al., 2017; Hull et al., 2019; Pearson & Rose, 2021) increase in correlation to autism-related stigma with a

resulting impact on identity, such as pressure to conform with allistic social conventions (Perry et al., 2021), or a loss of acceptance of self (Bradley et al., 2021). Bradley et al.'s (2021) online survey with autistic adults found that autistic people camouflage in response to the lack of societal autism awareness and acceptance, and that this behaviour had a corresponding impact on autistic individuals' mental health and identity. Similarly, using an online survey examined through a social identity theory framework, Perry et al. (2021) found that increased autism-related stigma directly correlated with higher levels of camouflaging, with a resulting impact on identity as individuals tried to pass as allistic to avoid the stigmatised minority identity.

Despite the stigma commonly associated with autism, participants in Botha et al.'s (2020) research, which aimed to establish how autistic people experience stigma and construct their own autism, viewed it as value neutral. However they experienced a tension between their own view of autism, and society's view. Hancock (2025) notes the increased tendency of girls in the English and Welsh secure estate to mask behaviours, and advises that girls with disabilities and intersecting identities experienced disadvantage and discrimination before and during their youth justice journey. Whilst not specific to autism, there is a correlation here with others' research in relation to stigma and masking behaviours.

Rules

The rules, in this context, are what Emond et al. (2016) describe as the expectations, rhythms, routines, and responses. I took this to include both daily rules such as structure and routines, and broader rules such as policies and procedures. These are of course influenced by even wider societal rules and constructions. All of these elements, as they present in the literature, are covered in this section.

Macro-level rules

This subsection covers research that addresses macro-system elements of the wider 'rules' that influence autistic young people's experiences of secure care, as they emerge in the literature. These include social policy; overrepresentation in secure and other carceral settings; a lack of research despite the former; risk and vulnerability discourses; ableism; stigma; labelling; accessibility; the influence of gender; and, as I'll discuss further in the next chapter, some potential intersectional dynamics between them.

Children with disabilities are often dissuaded from entering residential accommodation (Jackson, 2011) or experience a prolonged and problematic decision making process (Jackson, 2004). However merely avoiding children's admission to care appears to be simplifying the issue and does not give cognisance to the social exclusion families experience as a result of caring for children with disabilities (Jackson 2004; 2011). This is reiterated by the research of Brown et al. (2011) who interviewed parents of children with disabilities. Whilst not specific to autistic children, this research illustrates the social narrative that keeping children at home with their families is preferable and is an example of ableism.

In secure accommodation services, Myers (2004) found that across the units differing criteria were used to determine whether the placement was appropriate. For example, one of the units felt that they were not a suitable setting for autistic young people and/or those with learning disabilities, however the other advised that they would assess each child's needs and consider whether they could meet these on an individual basis (regardless of whether they had a diagnosis of autism and/or a learning disability). There were several sources available to support with the identification of an autistic person, such as social work records; medical case records; court reports; health checks upon admission; education assessments prior to or following admission; and

referrals to social work, a clinical psychologist or psychiatrist following admission. Both secure units who took part in the research noted that in practice children were often admitted with very little information, however the 72-hour post admission case conferences were helpful in supporting them to gather information. Often, children were not diagnosed as having a learning disability until after admission. This was sometimes identified as part of the assessments undertaken at the point of admission, however none of the services screened specifically for autism or learning disability, and the admission assessment procedures appeared to vary across the secure units. This shows how autistic young people's needs can be overlooked, despite their overrepresentation in secure settings.

Myers (2004) argued that because secure settings were influenced by policy, which impacted on how services met people's needs, she found that there was a need for greater policy cohesion. Due to these policy implications and the construction of disability and services, people were defined as being 'on the borderline'. Myers describes people falling between gaps in services, and of being multiply disadvantaged as a result. This has parallels with theories of intersectionality which will be discussed later, as the factors affecting these people's lives converge. The examples included in the previous paragraph are illustrative of this policy gap, and demonstrate how this is experienced by people in practice. Myers advised that better coordination of services in relation to planning and commissioning was required, however the ethos of multi-agency working specifically in secure accommodation services was highlighted as a strength. Despite Myers (2004) study covering 57 settings, great efforts were made to ensure most of the information presented was broken down by service type, which makes it possible to understand the findings' relevance to both adults and children respectively. However, one limitation is that the content does not always discriminate between the findings for autism and learning disability separately. A further limitation of the report is that having been

published in 2004 the policy context is now outdated, as are some of the comments. For example, she states that previous studies had not given a voice to autistic people, but this practice has changed in more recent years.

We know that 'at any one time, 75% to 80% of young people in secure care have been secured for their own safety, rather than as a consequence of their having been remanded or sentenced in relation to a criminal offence' (Gough, 2016, p. 6). Kendrick and Walker et al.'s (2008) study reporting on the use and effectiveness of secure accommodation showed this to be as high as 89%. Myers' (2004) study found an increased level of vulnerability and risk amongst autistic individuals with learning disabilities accommodated in secure settings (due to capacity, mental health, physical health, care experience, offending behaviours, self-injurious behaviours, or risk of harm from others). As Gough (2016, p. 8) said, 'their additional support and mental wellbeing needs are well reported as greater than those of the wider vulnerable and looked after child population'. These examples show the risk and vulnerability discourses that influence the placement of children into secure care.

These risk and vulnerability discourses have also permeated the adults social care arena. As far back as 1998, Woods and Mason identified a similar theme in their exploration of reasons for admission to a secure hospital, namely that 'mentally impaired' individuals with no offending behaviours were three times more likely to be admitted than those not classed as 'mentally impaired'. Hart and La Velle's (2021; p.6) research found in secure children's homes in England that young people's complex needs included 'speech and language problems; physical and learning disability… and behavioural disorders such as ADHD', whilst Kennedy et al.'s research (2019) found an autism prevalence of 13.3% amongst this population. The impact of gender on risk frameworks has also been observed, as historically far fewer females than males have

been secured (Myers, 2004). This may be indicative of diagnostic rates of autism, which are known to be higher in the male population, and will be discussed in more detail later.

Gender exerts influence in other ways, as shown by Roesch-Marsh (2014) who undertook research to consider the decision-making procedures around young people being placed in secure care in one Scottish local authority. She found gender differences in that girls were largely constructed as being 'at risk' and vulnerable, whereas boys were viewed as being a 'risk to others' with their vulnerabilities overlooked. This rhetoric appeared to impact on reasons for placements with the primary reason for females' placements ascribed to being 'at risk sexually', whereas for males this was due to offending behaviours. This is particularly relevant within the context of autism, given the significance gender has played in debates over the years (Willey et al., 2015) for example in the ratio of males to females diagnosed.

The lack of research, despite the overrepresentation in secure and other carceral settings described above, is evident in a myriad of ways. For example, 'there is limited evidence regarding what empirically based interventions may help decrease the probability that a juvenile offender with a disability will reoffend' (Thompson & Morris, 2016, p.4), and this is echoed by Murphy (2020) specifically in relation to autistic individuals within high secure psychiatric care. Salter and Blainey's (2024) systematic review which explored the effectiveness of interventions with autistic adults in the justice system (predominantly in secure hospital settings) found that autism was not given sufficient consideration in the model of interventions, resulting in limited effectiveness.

However, Hughes and Peirse O'Byrne (2016) describe several adaptations that can be made in justice settings to support neurodevelopmentally impaired young people to engage with behavioural interventions. These include adjusting communication styles and keeping

input structured and concrete. They explain the importance of developing practical social and life skills and of learning to manage levels of impulsivity to reduce the likelihood of reoffending. Thompson and Morris (2016) further advocate for the importance of individualisation in such intervention programmes, which is illustrative of accessibility requirements – requirements more strongly recognised in other spaces in society. Abrams et al.'s (2005) research in an American juvenile correctional facility, which used field observations and semi-structured interviews with adolescent males, found a paradox in the way that treatment and correctional approaches were integrated. In secure settings, this paradox adds a further complexity to finding interventions that meet the needs of autistic young people.

Historically people with learning disabilities were considered to have an increased likelihood of displaying offending behaviour (Goddard, 1912), with a view that the disability caused the behaviour (Lindsay et al., 2018). Societal stigma meant that they were mainly segregated from society by being looked after within long-stay institutions and custodial settings (Lindsay & Taylor, 2018; Boer & Iyer, 2020). Saleh (2022) argues this is due to the disability-deviance narrative in popular culture that relates crime to impairment, depicting disabled people as inhumane. The school-to-prison pipeline, in which marginalised young people are pushed out of the education system and into the justice system (Kent et al., 2023), is an example of this.

Hughes et al.'s (2012) research showed that '…there are indeed likely to be large numbers of young people currently in secure settings in England who have undiagnosed neurodevelopment conditions which have directly contributed to their offending behaviour' (Hughes et al., 2012, p.5). However, there is limited evidence in relation to autistic young people and offending rates (Myers, 2004; Hughes et al., 2012; Gralton & Baird, 2017; Woodhouse et al., 2024) and 'there has been relatively little research investigating ASD in the criminal justice system' (Allely, 2018,

p.59). Day's (2022) research found that neurodivergent young people were over-represented in Welsh and English criminal justice systems, but that little work had been carried out to understand their experiences. Despite the cognitive differences of young people who experience secure care, there is a lack of research on this in the Scottish secure care estate (Folman Hadjidemetriou, 2023).

Cashin and Newman's (2009) review of the literature in relation to autistic people in the criminal justice system noted limited data, but where this was available it suggested a higher prevalence than the general population, albeit much of this was either undiagnosed or misdiagnosed. King and Murphy (2014) also undertook a review of autistic people in the criminal justice system, which did not show that autistic people were over-represented in the criminal justice system, however it may have been complicated by comorbid conditions such as ADHD (Gralton & Baird, 2017). Lindsay et al.'s (2014) study had similar findings to King and Murphy (2014) in that they found no variance in representation or pattern of offending to the general population. These contradictory findings highlight difficulties with diagnostic criteria and terminology and suggest there is no consistent understanding of prevalence. There is evidence to suggest that autistic individuals are more likely to be detained for less violent offences than non-autistic individuals (Murphy, 2020), and that judicial awareness of the impact of autism on offending behaviours varies widely (Berryessa, 2016; 2014). de la Cuesta et al. (2018) set out the risk factors for offending behaviour by autistic people including the characteristics of autism which may predispose them to offending behaviour and comorbid psychiatric conditions, however the description of autism in their opening paragraphs feels outdated and out of step with current understanding.

Others have suggested that offending rates may be higher in the autistic population due to, for example, a lack of ability to relate to others (Barry-Walsh & Mullen, 2004); narrow interests and mindblindness

(Haskins & Silva, 2006); lack of social competence (Hughes et al., 2012); lack of impulse control (Allen et al., 2008); deficits in empathy and central cohesion (Murphy, 2010a); difficulty coping with disruption to routines (Allely, 2019); and obsessional behaviours (Murphy, 2014). Haw et al.'s (2013) study illustrates this, although had other findings around age of admission and mental health diagnosis that are of less relevance to my research.

As a macro-system element, labelling is relevant both in relation to young people's looked-after status or secure care experience, and in relation to autism, and sometimes both. Children who are 'looked after' in residential care have been seen as lacking value and importance (Colton, 2002) and have been left feeling 'othered' (Independent Care Review, 2020) with associated labels generating negativity as shown by the research of Urquhart-Stewart & Wylie (2021). McMurray et al.'s (2011) research found that looked after children may reject elements of their identity that could be deemed stigmatising, or put them on hold due to uncertainties about their future. Labelling was one of the themes that arose in Day's (2022) research exploring neurodivergent young people's experiences of English youth justice systems. Day (2022) describes young people being labelled as a result of neurodivergent behaviours, which forced them into a disabling cycle as they went on to behave in a way that fitted that label.

Ellis' (2018) research in an English secure children's home found that the young people viewed constructions of themselves as vulnerable to be infantilising and patronising. She observed that young people perceived they were viewed by others as 'naughty' or 'bad', regardless of the reason for their placement. Similarly, Enell and Wilińska (2020) found that young people in Swedish secure care tried to comprehend their sense of self as either a child in danger or a dangerous child. These are examples of tensions between risk and justice; care and control; and

protection of individuals and others (Gough & Lightowler, 2018), as will be discussed in the conceptual framework chapter.

Even within the realm of secure care young people can be disparately labelled, as a result of the grounds on which they are placed there. Broadly, this can be thought of as welfare grounds (harm to self) and justice grounds (harm to others). The way in which they are labelled appears to inform how young people experience the placement, including how they make sense of this. Ellis' (2016; 2018) research found that young people placed on welfare grounds found it difficult to make sense of their placement. Hart and La Velle's (2021) research found that the practice of placing children on both welfare and justice grounds together in English secure children's homes did not increase risks, however they did not engage directly with young people or consider whether this practice impacted negatively on their experiences and outcomes. The policy of placing children 'for welfare and justice' together can be viewed through the lens of the inclusion agenda (Jackson, 2004) which will be discussed in the conceptual framework chapter.

Micro-level rules

Due to their restrictive, repetitive, and stereotypical routines of behaviour, and differences in processing information, autistic individuals can find transitions difficult, both in terms of their everyday experiences, and the bigger transitions they encounter such as moving between services. 'Reality to an autistic person is a confusing, interacting mass of events, people, places, sounds and sights... Set routines, times, particular routes and rituals all help to get order into an unbearably chaotic life. Trying to keep everything the same reduces some of the terrible fear.' (Jolliffe, 1992, as cited in Howlin, 2004, p.137). Wing (1996) describes the reliance on routines and resistance to change observed in autistic children and how predictable routine and structure which help the world to make sense can in turn can reduce levels of anxiety.

Whilst not specific to autism or secure care, Emond et al. (2016) recognise daily rhythms in residential childcare settings as a way of 'doing containment' in practice, along with security provided by the organisation's structures and boundaries. Emond et al. (2016) reflect on the impact of family or group rituals in going a step further than providing routines, and offering a way of engaging in meaningful interactions which create a sense of belonging. 'Providing a clear explanation of what we do here and why… can help them begin to understand that these routines serve a purpose and are part of the way we express our care for them' (Emond et al., 2016, p.95).

Others have noted the significance of routines for autistic adults experiencing secure care. For example, Dobbinson's (2016) work in a medium secure psychiatric hospital found that the setting of a secure unit and its reliance on routines, may further hide the presence of autism, as preference for routine and sameness is a feature of autism. Allen et al.'s (2008) earlier research, which explored the offending behaviour of individuals with AS, had a similar finding, and the authors noted that individuals appreciated aspects of the environment such as imposed routine and increased social isolation. This draws parallels with the more recent work of Schinkel and Lives Sentenced Participants (2021), who found that prison was often experienced as more comfortable due to increased predictability in comparison to life 'outside'. Emond et al. (2016) made similar observations in relation to routines being implemented in residential child care settings more broadly for young people who had chaotic histories. Robertson and McGillivray's (2015) review of the research literature around autism in the criminal justice system found that autistic individuals had an increased chance of becoming institutionalised owing to their desire for routines, and that this could compound difficulties with transitioning back to the community.

However where individuals' preferences clash with those of the institution, or where daily routines are disrupted (Allely, 2020a) this is likely to result in an increase in their negative experiences (Murphy et al., 2017). There is a tension here, between the preference for clear rules and routines, and the potential damage when they are implemented without consideration of individual developmental needs, including those needs as related to autism. People living in residential care are more likely to experience blanket restrictions. These are policies and rules that are applied indiscriminately (Department of Health, 2015). It could be argued that these offer consistency of practice, however they fail to take account of individual risks, and often restrict a person's rights including their liberty (Department of Health, 2015). The launch of the Restraint Reduction Network's (RRN) 'Blanket Restrictions Toolkit' was co-authored by Alexis Quinn, an autistic individual who has experienced restrictive secure environments. The toolkit advises using the 4Rs (rules, reasons, rights and review) to understand blanket restrictions. Quinn and the RRN (2021) describe how blanket restrictions impose negative power dynamics, with a resulting traumatic impact on individuals which can last for years.

Sallnäs et al.'s (2024) interviews with the staff of Swedish secure units found young people used rights-based rationales to support their requests for adjustment to daily routines and rules, however staff often found these requests not reasonable. Rules were a key theme in the systematic review of adolescents' experiences of secure care (Walker et al., 2025). Experiences related to rules included boredom, missing the external world, case logs, physical security, and rigidity of structure, with young people feeling like their individual needs and autonomy were disregarded. Research on legitimacy and moral performance of prisons and prison officers showed that people in prison value consistency, but also being treated like an individual (Liebling & Arnold, 2004). The concept of fairness is often an important one to children as shown by the research of Shaw et al. (2014).

Consistency is a way of offering children stability and assurance, which in turn impacts on young people's sense of self (Lippold et al., 2016). In the context of residential child care this translates into staff actions matching past and future; both what has been done before and what they say will happen. Consistency has a resulting impact on congruence, the alignment of beliefs and actions. As discussed above, Anglin (2002) proposed congruence in the best interest of children as the key ingredient for well-functioning residential child care. This was because congruence was the theme that connected all the other data categories that arose through his research. Anglin (2002) found congruence to consist of three core components, these being consistency, reciprocity, and coherence. As noted by Anglin (2002), the flow of congruence from 'above' may impact young people's daily experiences. Whilst not specific to autism, it is clear how this may be of relevance when autistic people's preference for structure and routine is given consideration.

This chapter has provided an empirical and theoretical context to the study through a comprehensive review of the literature in relation to autistic young people in secure accommodation services in Scotland. There is a wealth of evidence to suggest that increasing numbers of neurodiverse young people are being placed in secure care, however previous reviews of the secure estate have largely failed to pay cognisance to these young people's views and experiences.

The chapter has shown that numerous previous studies have considered the implications of the political landscape and societal constructions, including normalisation and inclusion, on the provision of care for neurodiverse and 'at risk' young people. However, it has highlighted that previous research has largely failed to synthesise the disability and secure evidence, illustrating the 'gap' in both service provision and policy that many authors reference. It is notable that these

young people's voices and experiences are largely absent from the literature, as is the impact on their identity, with previous studies more often focusing on prevalence. Placing autistic young people in secure care may impact on their rights as disabled people, as their different experiences of the world (and resulting behavioural responses to these experiences) are not accounted for in the rationale for deprivation of liberty, and this may mean that the experience of being secured may have no positive impact on future behaviours. Additionally, the experience of being secured itself may restrict the rights of autistic young people if their communication and sensory needs cannot be appropriately met, and may in fact be of further detriment to the development of their identity.

Autistic young people's voices and lived experiences are notably absent in the literature, and a recognition of how their experiences may in turn influence the development of identity has lacked consideration. So, I aim to adjust the volume of current dominant discourses in order that autistic young people's voices be heard, by exploring the impact of secure care experiences on the identity narratives of autistic young people. Whilst not employing a particular narrative approach, my research addresses the above-mentioned gap by examining secure care as a containing construct which is made up of relationships within a residence framed by rules, the totality of which creates the secure care experience. I will thus explore the impact of the secure relationships, residence, and rules upon young people's identity development.

This concludes the literature review chapter; however, the subsequent conceptual framework chapter will continue to make links to the relevant literature through a variety of theoretical lenses.

Chapter 3: Conceptual framework

This chapter provides the conceptual framework that informed the design and analysis of the study. There are essentially three concepts that comprise the framework, but the work of multiple theorists (and related concepts) has been drawn on to develop each, and to synthesise them (in the final section). The chapter proceeds by examining the concepts of risk, agency, and identity, and concludes by considering how these theories interrelate through the lens of intersectionality.

Risk

Risk can be conceptualised in a variety of ways, and it is the intention of this section to explore these concepts. Risks are occurrences that are not yet real; they are virtual anticipations of catastrophic events which presuppose future decisions (Beck, 2014). Beck coined the term 'risk society' to capture how contemporary societies face manufactured risks and invisible hazards as an unintended side effect of modern life. Risk societies have emerged to mitigate the threat of all types of potential harm (Gray et al., 2002), with the basis of the approach to risk management in communities being built upon the power to detain individuals by restricting their liberty (Fennell, 2002). However the concept of risk is filled with tensions, for example between risk and justice, care and control, or protection of individuals and others, as will be explored below. These conflicts have been present throughout the history of secure care, from the Victorian era's corrective institutions through to the present day (Gough & Lightowler, 2018). Lovell and Skellern (2020) describe how the development of a therapeutic relationship cannot be separated from the setting, meaning that the level of security has an impact on the way in which relationships develop, and in turn on the identity of those involved.

Risk society

The discourse of risk has directed a move away from constructions of justice as the term had developed connotations with punishment,

which in turn has associations with stigma and blame (Hudson, 2002). Risk on the other hand is framed as having greater objectivity, thus giving judgements about interventions a 'scientific' basis. This is another reflection of society's difficulty with terminology when responding to communities' minorities. In a culture that is largely concerned with the promotion of human rights, framing the restriction of an individual's liberty through a lens of risk rather than justice can be deemed to be far more socially acceptable. Often those who pose a risk are viewed as a threat to society's culture, which reduces the level of equality they are given (Hudson, 2002), and can exclude them from the community of those who are entitled to justice (Bauman, 1993). This includes, amongst others, people in conflict with the law and disabled people. A view of the disabled self as a devalued member of society can become internalised, impacting on identity narratives, and playing out through individuals excluding themselves from society (for example by resulting admission to secure care).

Clear and Cadora (2001) argue that the calculation of risk is to serve one of three purposes, these being: risk reduction which seeks to change behaviour to reduce risks; risk management in which the inevitability of error is recognised but attempts are made to manage errors; and risk control in which containment is employed to eliminate risk. They discuss that despite the obvious benefits of the first two purposes, risk control in the form of containment offers a certain level of comfort to society. Containment, originally introduced by Bion (1962), offers a key theory in therapeutic relationships whereby an infant's primary caregiver receives their projected unmanageable emotions, processing and returning them to the infant in a safe, contained manner. This enables the infant to manage (or contain) that which was previously unmanageable, and over time, supports the development of thinking to manage experiences and emotions. This has parallel's with Winnicott's (1965) theory of the holding relationship; in that the provision of a safe environment, including being physically and emotionally held during

infancy, supports emotionally regulated development. These theories offer clarity on why containment is such a fundamental component of care and healthy identity development. Secure care could be viewed as an extreme form of containment (Steckley, 2018), but also as a transitional (Field & Morgan-Klein, 2010), transformative (Paul, 2014), or bridging experience (Anglin, 2004), to a less restrictive setting.

The individualisation of risk management, which can be seen through the current preoccupation with having a plethora of risk assessments, has gone hand in hand with the individualisation of blame. The resulting impact of this has been that the social causes of criminality are ignored (Hudson, 2002), and the solutions to crime are reduced to attempts at changing the behaviour of young people rather than addressing the social inequalities (Gray, 2013; Goddard & Myers, 2017). Parallel to this, Deuchar (2016) argues that there is a moral panic around the disorder of young people, particularly in relation to gang cultures. Historically this resulted in political strategies to enforce acceptable standards of behaviour, rather than an examination of the causal factors, for example using antisocial behaviour orders (ASBOs) (Antisocial Behaviour etc. (Scotland) Act 2005). The obsession with young people's antisocial behaviour that dominated the early to mid-2000s political landscape has diminished in recent years, however there is a continued focus on young people's behaviours in the public arena, illustrated more recently by stop and search procedures (Croall et al., 2016).

Paradox

Care itself is constructed on a basis of risk, in that, at a very basic level, children are brought into care to mitigate against the developmental risks posed to them by living at home with their families (American Psychological Association, 1993), based on increasing understandings of the rights of children as discussed previously. Paradox is not a new concept in the field of secure or residential care; indeed the intersection of care and control (Hankivsky, 2014) is in itself paradoxical.

Additional tension arises when disability intersects with care and control (Gormley, 2021), and risk and vulnerability (Myers, 2004). In our current formulations of these seemingly simple but actually complex concepts, they tend to be seen as contradictory. Actually, when held in a balanced tension that is informed by the needs of the individuals and groups, skilful control exercised for the right reasons may be a profoundly caring action. This illustrates the deeper meaning revealed when coming to grasp the seemingly contradictory elements together, as interconnected or possibly more. Coming to understand their relationship perhaps as in tension, but also as in complement to one another (Steckley & Smith, 2011).

'A defining feature of contemporary criminal justice discourse has been the prominence of issues of risk' (Gray et al., 2002, p.1), with a primary aim being the social control of 'risky' individuals (Fennell, 2002). This relates to people who are both at risk from others and who pose a risk to themselves or others (Enell & Wilińska, 2020); these conflicting constructions have a resulting impact on the way risk is managed and specifically upon the system of care (Gray et al., 2002). Similarly Rose (1998) advises individuals are increasingly seen as risky, or at risk, based on concepts of harm and vulnerability. He argues that the increasing focus on risk results in a system of control which becomes less about care and more about managing threats. This leads to circuits of inclusion and exclusion, as social policy is used to regulate conduct and create conditional citizenship (Rose, 2000; Tyler, 2020). Foucault (1991) referred to this as 'governmentality', the set of practices which supports the state in shaping individuals' behaviours and choices to manage their conduct.

The physicality of the secure environment is a concrete reflection of the level of perceived risk (Lovell & Skellern, 2020) and offers a physical symbol of the stigma experienced. The impact of this symbolism may be more profound for autistic young people who are likelier to

process information visually than the allistic population (Grandin, 1995; Kana et al., 2006). The intersecting stigmas of being secured and autistic shape young people's identity as their combined influence generates negativity (Urquhart-Stewart & Wylie, 2021) and creates interdependent systems of disadvantage (Crenshaw, 1989). Milton (2012) describes this internalisation of imposed views as an internalised oppression.

Exclusion

As noted in the previous chapter, far more males than females are both secured, and diagnosed autistic. Smith (2009) acknowledges the higher incidence of males placed in residential child care (around 70%), and involved in offending behaviours, which he constructs as a way of 'doing masculinity'. However I would argue that society's response to behaviours and associated risk may perhaps be different based on social constructions of gender. Whilst gender should be viewed through an intersectional lens, female participation in criminal activities can be a way of creating alternative gendered identities which contrast with societal expectations (Miller, 2002). As O'Neill (2008) and Haydon (2018) explain, there are differences in the assessment of and response to risk for each gender, and how significant harm is categorised by social work or the court. However O'Neill (2008) asserts that this has largely been overlooked by policy developments, reviews of the sector, and even research studies. '… young female offenders are an invisible minority' (Burman & Batchelor, 2009, p.270) due to the policy focus on male offenders, and lack of recognition of age differentials in the female offending population. Similarly, autistic females have historically been an 'invisible minority' (D'Mello et al., 2022).

Due to the intersectional nature of vulnerabilities of people with learning disabilities who are in conflict with the law, they 'find themselves stuck at the crossroads between systems of care and control' (Gormley, 2021, p.1). When offending behaviours and associated risk intersect with the vulnerabilities constructed around disabilities there is an additional

tension that ensues (Myers, 2004), as individuals are viewed as a threat to society's culture (Hudson, 2002) and devalued as members of society (Bauman, 1993). As Stalker (2014, p.8) noted 'There still appears to be a lingering view that disabled children are different from others in some undefined but negative way.' Ableist constructs and prejudices in society (Friedman & Owen, 2017) lead us to be judged against how well we fit a normative model of humanity (Goodley, 2014).

Despite the dominant discourse of disability as passive and pitiful, there is also a societal anxiety around the management of disabled peoples' behavioural distress and lack of adherence to cultural norms. This creates an additional conflict of risk to that described above, as individuals are thought of as both posing a risk, and being at risk. The perception of disability changes with age as young people become perceived less as a pitiful child and more as a risk to society. This may be due to the presentation of socially inappropriate behaviours and response to stress which is often perceived as aggression (Iemmi et al., 2017).

Agency

A sense of agency, the awareness that we are the ones initiating actions that have a causal impact on the world (Gozli, 2019), is relevant to consider here as it provides a consciousness of the consequences of thoughts and actions (Gallagher, 2000). In recent years the importance of promoting a sense of agency in children has become more prominent, however Hilppö et al. (2016) argue that how children make sense of this is not yet fully understood. Their research gave recognition to the notion that agency and structure are often constructed as being interlinked (that agency is influenced by structures, but that structures can be altered by agency). They also found, however, that individuals will relate to these structures in different ways. Evans' (2007) research explored the concept of 'bounded' agency', and how this is located and influenced by social experiences, institutional environments, and perceptions of these. In particular, she found that the understanding of 'highly structured

environments' (which secure could be classed as) resulted in a notion of reduced opportunities for promotion of personal agency.

Tuval-Mashiach et al. (2019) advise of the significance of having a positive sense of agency in making the transition from childhood to adulthood. Their research considered the development of agency for young females deemed 'at risk' and found that a successful sense of agency required to be internalised, along with feelings of competence, belonging, worth and uniqueness. Negotiating a sense of agency is strongly linked to a sense of belonging and identity (Habib & Ward, 2019), and Tuval-Mashiach et al.'s (2019) research recognised the specific challenges for females in transitioning to adulthood. It is of interest to consider how this applies to all young people in secure settings, as well as specifically those who are autistic in the context of this research. Lightowler (2020) recognises that children are criminalised for displaying behaviours of distress. The differentiation between distressed and offending behaviour should be based on mens rea (intent), however this can be difficult to ascertain for those with less profound disabilities (Boer & Iyer, 2020). Berryessa's (2016) study of judicial attitudes surrounding the sentencing of autistic individuals found that around 50% of judges involved queried whether the criminal intent of an autistic person was influenced by that diagnosis, or whether their actions could be wholly wilful.

Barron and Mitchell (2017, p.272) state that 'Part of the complexity and heterogeneity of young people in secure accommodation is related to the debate regarding whether young people have been traumatised and to what degree they are responsible for risky behaviour.' There is mounting evidence which supports the understanding that young people placed in secure care have experienced a range of trauma (Gough, 2016; Haydon, 2018). Additionally, it is increasingly recognised that autistic young people are at an enhanced risk of being impacted by trauma (Kerns, et al., 2015; Murphy, 2020) and that the causes and

presentation of traumatic stress are different to that of the allistic population (Gravitz, 2018), although the prevalence of this is unknown (Robinson, 2018). Furthermore when constructing an argument for levels of responsibility, cognisance must be given to the fact that this is inherently linked to capacity and sense of agency, and is therefore of significant relevance to autistic young people. Social problem solving and social information processing are also applicable as they relate to moral development (Garrigan & Langdon, 2018), and may develop differently for autistic people than the PNT. However Brookbanks and Freckelton (2018) advise that the extent to which offenders with AS are held to account for their actions depends where upon the autistic spectrum they lie.

Despite being described as having a 'limited sense of self' (Schriber et al., 2014) and evidence to suggest that autistic individuals may have a deficit in their sense of agency (due to differences in their motor skills, executive functioning, visual processing, and imitation skills), David et al.'s (2008) research found that this was not the case for those without a learning disability. Whilst individuals found difficulty with mentalizing (describing what others were thinking), this was not the case for action awareness or monitoring (reaction times and correction of errors). This was in accordance with others' findings in the field and led David et. al (2008) to surmise that social cognition differences in autism arise at a higher level than those required for action representations and monitoring.

However Sperduti et al. (2014) found reduced 'intentional binding' (the connection between voluntary actions and their outcomes) when researching the pre-reflective level of sense of agency in autistic individuals (without an additional learning disability). They related this to 'altered predictive mechanisms which are likely to be involved in action planning and monitoring' (Sperduti et al., 2014, p.349). This has implications when considering how autistic people interact with others

and regulate their own behaviours, as the ability to track and predict actions are fundamental to doing so. Other studies have evidenced altered self-processing in autism including differences in personal pronoun use (Lee et al., 1994); emotional self-awareness (Hill et al., 2004); autobiographical memory (Crane & Goddard, 2008); expression and recognition of self-conscious emotions (Heerey et al., 2003); self-referential understanding which may have an impact on the development of self-awareness (Mundy et al., 2010); and bodily self-consciousness (Mul et al., 2019).

Critical disability studies

Intellectual limitations are assumed to be located within the individual, but the collectively held ideas and laws mean there are socio-cultural and political influences on these limitations (Barnes et al., 1999). These limiting influences both alter how autistic people experience their own agency, and how their autonomy is perceived by society. An example of this is the way in which autistic people are deemed inept at reading social subtext, with labels of deficits in social communication and social interaction (APA, 2013) including theory of mind and empathy (Baron-Cohen, 1989). Milton (2012) has reframed this as a 'double empathy problem', given that those who are not autistic do not consistently empathise with autism as a way of being. This can lead to autistic body language being misinterpreted as a lack of capacity, with autonomy being restricted as a result. Interestingly, Mul et al.'s (2019) research found significant differences in cognitive empathy, but not in affective empathy, between autistic individuals and the allistic population. More recently, research has found that high numbers (78%) of autistic people experience hyper-empathy; feeling empathy too intensely, leading to extreme emotional responses (Kimber et al., 2023).

Historically autism has been viewed as a tragedy, through stories of destruction of families, lost children, and hopeless futures (Douglas et al., 2019). However this has been paralleled with a fascination of

savantism and special abilities accompanied by the sentimentality of possibility (Murray, 2008), with autism being described as 'so striking, so mysterious and disturbing' (Alvarez & Reid, 1999, p.1). Farber (1983) writes of the impact of sociological ambivalence on the outcomes for children with developmental disabilities. He suggests this is in part due to the application of medical models of treatment that are applied to treat social problems. This is based on the idea that the deficiency is located within the individual (Goodley, 2000; Oliver & Sapey, 2006) and therefore must be treated. This treatment discourse has been a prominent one within the field of autism (Sherwood, 2021) based on the rhetoric of autism as disease through a deficit lens (Broderick & Ne'eman, 2008; Perry & McDonough, 2014; Belek, 2019; Sample, 2024), and principles of normalisation. The resultant effect of the disease-through-deficit lens has been to devalue the autistic story, as individuals are perceived to be not quite human (Bergenmar et al., 2015) and unable to self-represent their experiences (Bustion, 2016).

Critical disability studies have sought to change the narrative from a deficit model to offer more positive interpretations of neurodiverse people's knowledge, skills and experiences, whilst still giving recognition to the significance of impairments (Goodley, 2013). Critical autism studies use the basis of critical disability studies to embrace lived experience and emphasise autistic voice (Broderick & Roscigno, 2025), defining autism as an identity (O'Dell et al., 2016) which will be discussed in more detail later. Validating autistic communication and self-regulation promotes autonomy with a resulting positive impact on sense of agency. There are parallels with constructions of intersectionality that recognise we are all differentially both advantaged and disadvantaged due to complex intersecting personal characteristics (White, 2015). Similarly Crow (1996) called for a new 'norm', with a society that not only accepts but values difference, and a revised version of the social model which recognises the complex interconnections of both impairment and disability. Whilst I align my thinking with critical constructions of autism

and disability, I recognised this may not be my participants' experience, and was cautious not to force this model upon them.

Singer (2017), an autistic person, advises that the autistic community anticipate the development of a model that takes account of both social and biological aspects of autism, and gives cognisance to their spectrum of experiences, which some have called 'autistic pride' (Ortega & Choudhury, 2011). Singer (2017) notes that the neurodiversity movement (Ortega, 2009) has been supportive in progressing this, and Kapp (2020) recognises the impact this has had on the development of positive autistic identities. Shakespeare (2014) recommends a critical realist approach in this regard as this allows for a holistic understanding of the complex interplay between intrinsic or ontological and extrinsic or epistemological factors, whilst taking account of the variety of layers within this. Critical realism distinguishes between what is real (unobservable), and what is observable, and how the former influences the latter (Renzetti, 2016). An example of this is 'barriers' as they are often observed as material (such as buildings, transport, education, and employment), but when the layers are explored, unobservable 'barriers' can be given wider consideration to include 'psycho-emotional' dimensions (Thomas, 2004). Dismantling systemic barriers and rejecting the idea that autism is a deficit to be fixed empowers autistic people and validates self-advocacy, increasing a sense of agency.

Freedom

Freedom, on a fundamental level, can be constructed as both physical (the power to move as one wishes), and mental (the power to exercise free will) (Rickless, 2020). Structure as a set of social power relations can be seen as a restriction of this, as it sits in opposition to agency. Whilst agency captures the internal capacity to make choices, freedom is the external, situational opportunity to act on those decisions. Hillery et al.'s (1977) research explored the concepts of freedom and loss of freedom as they are experienced by people living in group settings

such as monasteries, communes, cooperative houses, boarding schools, and university dormitories. Considering freedom from a sociological perspective in this way allowed Hillery et al. to develop three key themes: these being conditional, discipline, and ego freedom. Conditional freedom related to the freedom that is conditioned by various factors, such as people and circumstances. Discipline freedom was based on clear structures, with the notion that freedom involves sharing and, at times, sacrifice. Ego freedom placed 'importance on having (or acquiring) the rights and means to do what one desires' (Hillery et al., 1977, p. 694).

In Hillery et al.'s (1977) research these three types of freedom related in different ways to people's perceived deprivation of freedom, with group structures playing a part in the relationship between the type of freedom and perceived level of deprivation. The greater the feeling of ego or discipline freedom, the less individuals felt deprived of freedom. The greater the feeling of conditional freedom, however, the more individuals felt deprived of freedom. The three types of freedom identified by Hillery et al. (1977) related in different ways to concepts of cohesion and alienation within group settings, with group structures playing a part in the relationship between the type of freedom and perception of cohesion or alienation. In relation to secure care, conditional, discipline, and ego freedom are all of relevance as limitations are placed on young people by their circumstances and other individuals, with clear structures in place and resulting impact on the ability for young people to do what they want. This is turn limits independence and autonomy, thereby decreasing a sense of agency.

Pada (2017) argues that freedom is inextricably linked to normalisation, due to the process through which a person is integrated into social norms that result in the person being recognised as a legitimate social agent and therefore being given recognition. These concepts will be explored further below. Principles of normalisation are particularly relevant within the context of autism, given that autism is in

fact defined by a deficit in social interaction (APA, 2013). Others have commented on the appropriateness of the inclusion of neurodiverse young people in services (Myers, 2004; Warnock, 2010). Significant efforts have been made over the years to train autistic children to be normal using behaviourist techniques, including conformation with gender norms (Bumiller, 2008; Willey et al., 2015), with the most prominent example of this approach being Applied Behaviour Analysis (ABA) (Lovaas, 2003). The underpinning behaviourist principles of this approach combined with an ableist view of pathologizing neurodiverse behaviours as broken (McGill & Robinson, 2021), results in a methodology of attempting to shape these behaviours to match the PNT population (Yergeau, 2017). When used to force eye gaze or prevent stimming behaviours this can be viewed as abusive once the neurobiological basis is considered (Sandoval-Norton & Shkedy, 2019), and there is increasing challenge from the autistic community around the treatment rhetoric (Sherwood, 2021). As discussed above, invalidating autistic self-regulation and communication decreases autonomy and freedom, with a resulting negative impact on sense of agency.

Stigma

Stigma and agency are closely connected, with stigma stripping away an individual's agency by imposing societal norms. Goffman's (1963) conceptual understanding of stigma is of individuals disqualified from full social acceptance due to being unable to conform to standards that society has determined to be normal, resulting in a 'spoiled identity'. Tyler (2020) builds on this to argue that stigmatising narratives are a tool of governance. For example, they justify policies such as welfare reform that control marginalised groups, by blaming them for their own poverty and cutting the benefits which would provide a route out of poverty. Similarly, the stigmatisation of autism perpetuates principles of normalisation, justifying the inclusion agenda and the lack of adaptations made for the autistic population. As discussed above, this invalidates the autistic experience and reduces independence and a sense of agency.

As Tyler (2020) argues, Goffman's (1963) construction of 'the normal' and 'the stigmatized' are social roles, in contrast to the blackness of someone's skin which is a fixed property of the person and is therefore not subject to change in the same way a social role can be. In Tyler's (2020) description of historic penal stigmatisation, she draws on the use of a collar for both the servant and dog in Bartholomew Dandridge's (c.1725) painting 'A Young Girl with an Enslaved Servant and a Dog.' The collar, she describes as evidence of the dehumanisation of slaves and those in conflict with the law, with collared slaves held captive and thought of as property. This has parallels with historically dominant theories of autism which have dehumanised the population. This is due to narratives about lacking empathy (Douglas et al., 2019) and absent self (Frith, 2003), with individuals viewed as alien beings (Broderick & Ne'eman, 2008; Murray, 2008). Negative stereotypes such as this dictate what individuals can do, and impact on personal confidence, with both factors eroding a sense of agency.

Whilst Goffman (1959) believed that we were all acting inauthentically to a certain extent by hiding parts of ourselves, Rogers (1961) believed that congruence was key to a successful therapeutic relationship. This may be of increased relevance for children experiencing care, but also for autistic people (Conner et al., 2021) if they have limited capacity to manage contradicting emotions or experiences. This may be particularly true in the context of dichotomous or 'black and white' thinking commonly associated with autistic people (Suzuki & Hirai, 2023). Previous research around cognitive flexibility and context shifting for autistic people (Lacroix et al., 2024) has shown that the social context matters, for example in relation to predictability and stimuli. This may in turn mean that the transition into a new environment and social context for autistic young people, such as when moving into secure care, will impact on their cognitive flexibility. Females are more adept at masking in these situations (Lacroix et al., 2024), presenting an inauthentic self,

however this comes at a cost to their identity and mental health as discussed in the previous chapter (Bagatell, 2007; Bradley et al., 2021). Whilst masking supports individuals to avoid stigma and access spaces they would otherwise be excluded from, acting inauthentically in this way requires the suppression of natural responses which diminishes personal agency to know what one's true preferences are.

Identity

Constructions of identity are often contested due to variations in the way it can be theorized, so here I set out the ways in which I have defined it conceptually. Drawing on social identity theory (Tajfel & Turner, 1979), I recognise that individuals identify with certain groups, and derive a sense of identity from membership to these groups. As illustrated in figure 3, in the content on intersection below, I acknowledge that this is not a linear process, and there are multidirectional effects across interrelationships between young people, settings and systems. Young people's developing identity is not just influenced by the parts of their selves, for example being autistic, care experienced, or 'risky'. It is also influenced by societal constructions of these, often leading to the internalisation of stigma as discussed above, and revisited later in the context of the findings and analysis, and discussion chapters, of this thesis.

The concepts of home and belonging, particularly in connection to relationships that create these feelings, are inseparable from the development of identity. This is why it is my view that the secure care experience is inextricably linked to the development of young people's identity. Saunders and Williams (1988) constructed 'home' as being somewhere that people have control, where they are free from surveillance, and that they can be themselves. Conversely however, Dupuis and Thorns (1998) suggest that home should offer a sense of reliability and daily routines, and that these factors offer a safe place for the development of identity. Expanding further on the relationship

between home and identity, Blunt and Varley (2004) advised that 'home' is a place that offers a sense of belonging and/or alienation, and that the convergence of these factors have a resulting impact on identity.

Disability

The way in which we understand others' perceptions of us impacts on our identity formation (Blumer, 1969; Huang et al., 2017). For example, disability can be constructed as an integral part of an 'individual's cultural and neurological identity, rather than as a separate, diseased entity within the person that needs be eradicated or excised, or from which the individual so labelled needs to be retrieved' (Broderick & Ne'eman, 2008, p.467). However it should not be seen as their defining characteristic as this could be construed as reductionist, aligning with the medical model or cerebralization of identity (Ortega, 2009). Disability identity theory (Gill, 1997) acknowledges disability as an integral but not defining characteristic of a person's sense of self. It recognises that having a strong disability identity is beneficial, and that, as we learn about our identities through relationships and modelling of others, connections with the disability community are supportive in this regard. There is an alignment here with social identity theory, in that groups can be delineated by individuals belonging to the same social category, with this belonging in turn impacting on how individuals view themselves (Tajfel & Turner, 1979).

Cooper et al. (2017) defined autistic identity as a type of social identity, and their research found that identifying positively with an autistic identity acted as a protective factor. Viewing autism through the lens of social identity theory, MacLeod et al. (2013) explored how autistic identity impacted on the personal identities of six autistic higher education students. Through interviews analysed using Interpretative Phenomenological Analysis (IPA), participants largely viewed autism as one aspect of their identity despite commonly cited 'autistic identity' not reflecting their own experiences. In furtherance of this, Pearson and Rose

(2021) draw on social identity theory to explore how and why people mask, and how this may intersect with different aspects of identity. They express caution around conflating masking with how an autistic person is expected to present, in that autism does not look like 'one type of person' and ideas about masking should be separated from ideas about autistic people who do not fit stereotypes.

Autism is often located within the sphere of disability, however this has been contested by the autistic community, not all of whom identify as disabled. Since notions of disability were first formed in the 1800s (Shakespeare, 2000) the terminology used to classify disabled people has changed significantly. 'The question of appropriate terminology remains a highly contested issue' (Barnes et al., 1999, p.6), however due to the politicisation of the disabled people's movement, 'disabled people' is the preferred term in disability studies scholarship, and reflects the unification of a marginalised group through their political identity. Singer (2017) argues that the word 'disability' is not a good fit for autistic people, as it has too many associations with both physical and intellectual impairment which do not account for the neurodiverse experiences of those who are autistic. However 'autism' has also been used publicly as a derogatory term (Watt et al., 2009). Bottema-Beutel et al. (2021) explain the importance of language in rejecting ableist ideologies. They offer a range of helpful alternatives to the typical ableist terminology, whilst recognising that these suggestions are neither exhaustive nor suitable for all contexts. Language is important as it shapes identity by providing the labels we use to define ourselves, and in turn influencing how we perceive ourselves and how we believe we are perceived by others.

Labels are applied as a way of locating the problem with the individual (Milton, 2012), and align with deficit constructions of autism (Bagatell, 2007; Goodley, 2013). Swain et al. (2003) discuss difficulties with the labelling of disabled people, particularly when terminology used is either negative (disabled implies not able), or euphemistic (special

needs), and conclude that a preferred approach is for people to label themselves in a celebration of difference and a reflection of their identity. One example of this is within the Deaf community who have embraced the term 'deaf' with a capital D, as a celebration of their diversity and culture, and do not view themselves as disabled (Singer, 2017). The way that disability is defined terminologically is dependent on whether the context is informed by the medical or social model, which has an impact on the way it is understood (Albert, 2005; Barnes et al., 1999). Reclaiming narratives is empowering and allows the language to reflect identity by offering the depiction of felt-perception, and sense of belonging to a group.

Shakespeare and Watson (2002) consider whether using the term 'people with disabilities' (which puts people first) or 'disabled people' (as they are disabled by society) is preferable. 'Person first' versus 'identity first' terminology such as this has long been debated in disability literature. Swain et al. (2003) argue that 'person first' humanises individuals by putting the person before the disability or 'problem'. However this has been portrayed by Oliver and Barnes (1998) as locating the 'problem' of disability with the person, rather than with society, and therefore identity first could be seen to be preferable, particularly when considered as an integral part of identity (Belek, 2019).

In their research on terminology used to describe autism, Kenny et al. (2016) found that professionals were largely of the view that 'person first' was preferable to emphasise the fact that they were people first and foremost. Conversely, they found that some autistic individuals were of the view that to use 'person first' terminology is to separate the disability from the person's identity, which implies autism as an unpleasant 'thing' that can be removed from a person. Research has shown that between 62% (Cage et al., 2018) and 87% (Taboas et al., 2023) of autistic participants prefer identity first language. Botha et al. (2021) go further in detailing the ways in which 'person first' language is problematic in

cementing the idea portrayed by media campaigns that autism is taking hostages and destroying lives; that autism is a destructive force; reinforce autism as a deficit; influence public perception; suggest that children can be separated and saved from autism; and increase the risk of altruistic filicide.

Mattering

Mattering can be thought of as a sense of feeling needed, valued or significant. Rosenberg and McCullough (1981) asserted that all people have a fundamental need to feel this way, and that mattering acts as an important safeguard against feelings of depression, stress, and alienation. They outlined three core components of mattering as attention, importance, and dependence. It is not difficult to see ways in which adults may provide these components for children, for example by making their favourite meal. However it is also easy to see that to do so, the adult must have knowledge of the child's preferences, their strengths, their fears, their uniqueness. It is difficult to make a child's favourite meal if you do not know what that is, much less how they like it to be made, how they like it served, and the receptacle they like to eat it from. Prilleltensky (2020) defined authentic mattering as a balance of both feeling valued and adding value. As discussed in the sections above, these factors contribute to identity development through enhanced self-worth and social belonging.

As explored in the previous chapter, Bronfenbrenner (1991) recognised the significance of mattering for children in particular, noting that 'Every child needs at least one adult who is irrationally crazy about him or her' (as cited in Brendtro, 2006, p.163). There is no surer way of knowing that you matter than having someone who is able to hold you in mind in the way Bronfenbrenner (1991) describes. For many of us, feeling understood and like we matter is what makes us feel cared for and makes life meaningful (Donati, 2011). However for connectedness to develop in the 'in-between' (Garfat, 2012), that is the space between the

self and other, requires partial attention to our own self. In turn this facilitates the presence of both parties in the co-creation of the relationship, which can enable a therapeutic impact of the relationship. Similarly, mattering is highly transactional, and the act of adults providing support to young people likely offers the adults a strong sense of meaning and purpose in life.

Carvalho et al. (2023) echo Garfat, in highlighting the significance of both self-knowledge and reflexive practice in residential child care. They describe the paradox of professional relationships needing to be both close and distant, resulting in ambivalence for staff. To successfully be in relationship requires a constant reflection on the intersectionalities of both self and other (Chapman, 2011) and a resulting flexibility in manner, approach, and interactions (Garfat et al., 2018). Relationships are the primary vehicle for mattering to occur, so in the context of secure care staff it is crucial they have awareness of the concepts outlined above to ensure relationships are developed in such a way that makes young people feel like they matter. In turn, this sense of being valued and needed would positively impact on young people's self-esteem and belonging, and ultimately their identity.

Marginalised people often carry a sense of not mattering, both as an individual and as a part of a marginalised group (Flett, 2022). Using the Anti-Mattering Scale, Flett et al. (2022) explored the sense of not mattering that arises for people experiencing marginalisation and feelings of insignificance. They found a correlation between not mattering and reduced mental health and wellbeing, such as depression, anxiety, negative self-perception, insecure attachment, loneliness, and perceived failure in meeting fundamental psychological needs. In Rosenberg and McCullough's (1981) early work on mattering, they found that adolescent 'juvenile delinquents' often felt that they did not matter to their parents. As discussed in the literature review, both children who are 'looked after' in residential care, and autistic people, have experienced marginalisation.

Recognition

Whilst the similarities between mattering and recognition are clear, they differ in respect of their scope, with recognition theory giving consideration to how individuals' identity is acknowledged and respected by society. Within the developing discourse on autism in recent years there have been two primary competing narratives, these being autism as neurodiversity through an anthropological lens (predominantly preferred by the autistic community) versus autism as disease through a deficit lens (predominantly preferred by the allistic community) (Broderick & Ne'eman, 2008; Perry & McDonough, 2014; Belek, 2019; Sample, 2024). Essentially those who believe autism can or should be cured, and those who do not (Ortega, 2009). These competing narratives have influenced the extent to which autistic people have been understood, paid attention to, and how much importance their views have been given. As discussed above, these societal narratives have impacted on autistic identity by dictating what individuals can do, reducing self-esteem, and invalidating the autistic experience.

Hudson (2002) describes how both ableism and the inclusion agenda have influenced the criminal justice system, in that difference is viewed 'as a difficulty which will be encountered from time to time, and for which special arrangements need to be made' (Hudson, 2002, p.118). She argues that this results in difference being supressed for those who are viewed as 'abnormal, incapable or dependent', or denied for those defined as 'normal, capable and autonomous' (Hudson, 2002, p.118). She advocates instead for a more rights-based approach, akin to restorative justice. Similarly, Honneth (1995) describes how a more natural approach to inclusion could be achieved through recognition of everyone's individual dignity and worth as humans, as social relationships impact on development of identity. This social recognition of abilities would show respect, and develop individuals' sense of self as full members of society. The impact of this increased moral awareness would

form a fundamental principle of social justice and inclusion. Honneth (2004) identifies the three principles of recognition that define the concept of social justice as being love, legal equality, and merit. He argues that these three spheres achieve different purposes, these being need; situation in life; and contribution, which other models have failed to do. This provides a wider definition of equality than we currently ascribe to in the UK, which has focused on the legality aspect. Honneth (2004, p.362) describes how:

> …a moral progression in the sphere of love might mean gradually eliminating those role cliches, stereotypes and cultural attributions that structurally stand in the way of the possibility of mutual adaptation to the needs of others. Correspondingly, for the recognition sphere of social esteem such a progression will mean radically questioning those cultural constructions which in industrial capitalism's past have catered for the distinction of only a small range of activities with the title 'gainful employment'.

As previously discussed, autistic people have been stigmatised and marginalised as a result of the lack of societal recognition of their needs and differences to the allistic population. This impacts on identity development through reduced self-worth and social belonging. An understanding of the neurobiological differences in autism can be helpful in supporting a more positive self-identity and authentic life (Bagatell, 2007), including participation in communities for autistic people which often occur online (Bagatell, 2010). However Ortega and Choudhury (2011) advise that teenagers often reject neurobiological definitions. Having said that, if autistic people reject and are thus uninhibited by social rules, they are perhaps already living as more authentic selves than the majority of the allistic population (Valente, 2016). These varying perspectives can be seen as a reflection of ‘person first’ versus ‘identity first’ terminology, as there are several ways in which people prefer to conceptualise autism which impact on the language used to describe it

(Kenny et al., 2016). It is understood that autistic people may find self-reflection difficult (Robinson & Elliott, 2016), and Huang et al. (2017) found that adolescents with AS often rely on others to interpret their inner mental states due to their difficulties in understanding them.

In the process of learning about our inner mental states, as children we 'try on' a multitude of identities (Stangor & Walinga, 2016) and our environment and experiences support us in doing this. Erikson's (1963) stage of psychosocial development 'identity vs role confusion', expanded on by Marcia's (1980) theory of identity confusion/diffusion, are of relevance here. Frames of reference filter the way we interpret experiences, using our existing 'habits of mind' or assumptions (Mezirow, 2000). These 'habits of mind' can include psychological, philosophical, ideological, epistemic, aesthetic or moral factors. 'Our values and indeed identity are embedded in our frames of reference' (Fleming, 2018, p.123), with exposure to experience, personal history and culture all playing a part in influencing our interpretive frame to make meaning (Bruner, 1990). As an integral part of identity (Broderick & Ne'eman, 2008; Cooper et al., 2017), autism could be viewed as part of this. The relationship between frames of reference and recognition theory is a reciprocal one. Whilst our frames of reference direct what we recognise and validate, the societal recognition we receive actively shapes our frames of reference.

Recognition theory (Honneth, 1995) outlines the ways in which individuals need acknowledgement to develop self-confidence, self-esteem, and self-respect. Semiotics is an illustration of how this happens. Semiotics offers the communication of meaning and sense making of the world around us, through signs and symbols (Trifonas, 2015). Symbolic interactionism (Blumer, 1969) shows the impact on identity formation of the way in which we are understood by others, combined with how we see ourselves and our use of communicating with others through symbolic gesture. Theories of material symbolism recognise that physical

objects can influence a person's life and therefore their sense of self (Layne, 2000), and this is best understood within the sphere of children and young people (Yin & Schiphorst, 2009). Barone (2016) illustrates this with examples of communities of young people connecting symbolically through alternative clothing or music. Identity is not just felt internally, it is built and expressed through, for example, symbols of behaviour, language, and clothing choices. The ways in which society responds to these symbols informs whether individuals feel marginalised or recognised.

Intersection

Risk, agency and identity are dynamically interconnected. Identity provides a lens through which we view the world. It determines what we perceive as a risk, and how much power we have to act on those perceptions. Risk can be thought of as shaping our identity, particularly in the context of risk management for young people whose identities are still forming. Agency, as the power to make and take decisions, determines how each of us responds to risk, which in turn further influences our identity. As discussed in detail above, the three concepts are strongly related to societal structures, with their often ableist agendas reinforcing stigma and reducing a sense of belonging for autistic people. On this basis they should not be thought about separately, but considered through an intersectional lens.

Intersectionality emerged as a metaphor of the understanding that whilst race and gender are distinct characteristics, when overlapped they have a combined influence which creates interdependent systems of disadvantage or discrimination, and so should not be thought about separately (Crenshaw, 1989). Over time, intersectionality has begun to be used more widely as a descriptor lens. Seeing different strands of social categorizations as overlapping and interconnected in this way provides new possibilities for social change through the development of a critical social theory (Hill Collins, 2019), paralleling that of critical

disability studies (Goodley, 2013). It allows us to reflect the wide range of individuals and theories that are caught within, and offers a more meaningful interpretation of the experiences of individuals with 'multiple minority identities' (Levine & Breshears, 2019). When using an intersectional lens to consider separate debates such as disability and risk it is important to integrate these through framework analysis by cross-referencing the debates (Anthias, 2013), and I aim to achieve that in this section.

Thiel's (2012) intersectional model explores the historical difficulty with accepting that children have the potential for both innocence and deviancy. As discussed in the section on risk above, this is reflective of the tension that still impacts on policy today, with children who do not comply with societal norms being perceived as a threat (Davis, 2013). While the parlance of id, ego and superego is no longer current, Hacker and Geleerd's (1945) recommended use of restrictive environments as a way of reducing anxiety for adolescents is still relevant: 'by limiting forcibly and authoritatively the range of possible ego activity' (p.629). Following Freud's (2018) theory of the id (desire), ego (reality), and superego (morality) they advise that the individual quest for freedom and independence is driven by the superego and suggest that adolescence is a time of ego growth where restrictions should be kept to a minimum. However, they construct adolescence as a period of ambivalence, advising that 'the ego of the adolescent is desperately weak because of the intensified id impulses' (p.626). This presents in young people as a 'conflict between instinctual drives and frantic attempts of the superego to hold these in check' (p.626), with resulting anxiety and associated behaviours which demonstrates the interplay between risk, agency, and identity.

Anthias (2013) reminds us of the importance of attending to different levels of analysis, such as differences and similarities between the varying types of social division at both a concrete structural and more

abstract identity level. Through synthesis of the literature and theories examined in both this, and the previous chapter, I created the conceptual diagram below (figure 3) to visually illustrate this interplay as it relates to my research. This was particularly influenced by Bronfenbrenner's (1979) model of social ecology due to the emphasis on interrelationships between young people, settings and systems discussed above, the multidirectional effects across them, and their potential for impact on identity development. The visual of the 'identity dial', will be followed by further analysis to evidence its original contribution to knowledge.

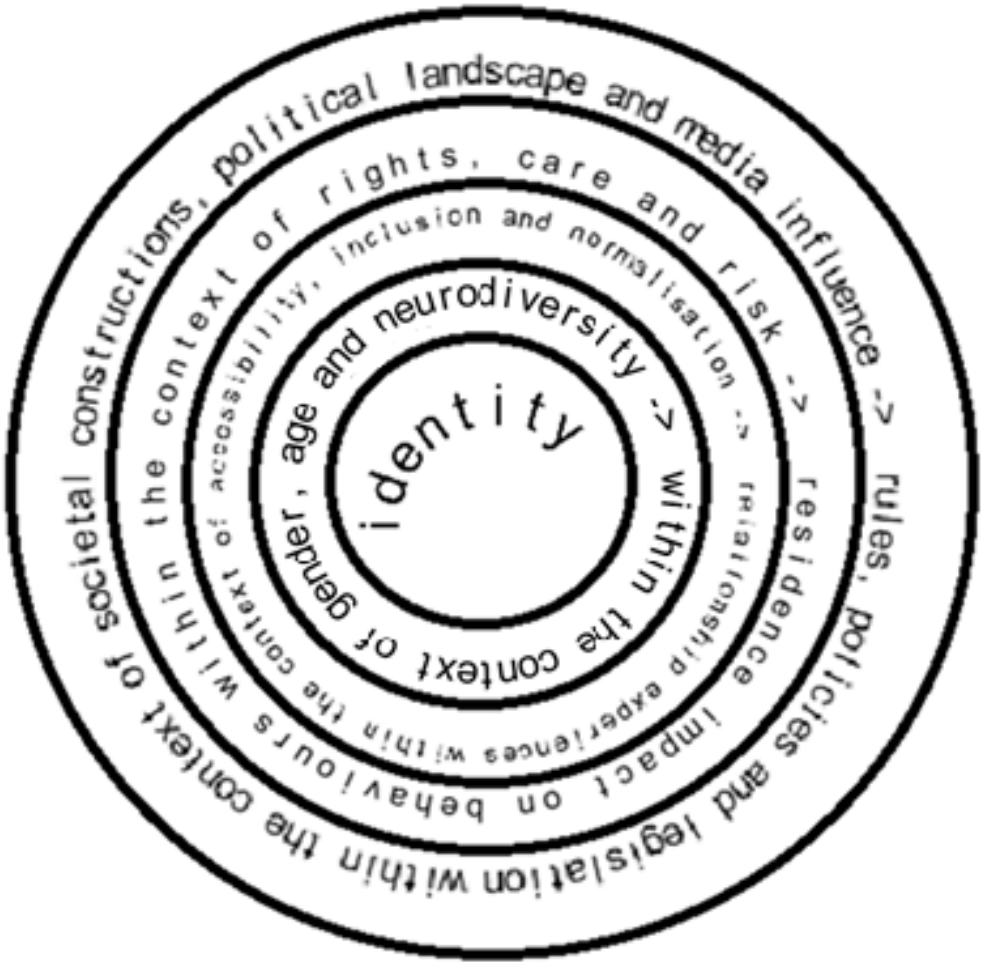

Figure 3: *Identity dial (maximised)*

As has been discussed throughout this and the preceding chapter, young people's constructions of their own identity are a complex intersection of their micro experiences of societal recognition of autism,

gender, and age, located within their experience of secure care. As we have seen, the way that autism has been stigmatised through ableist constructs and principles of normalisation limits agency and impacts on relationships through reduced accessibility. The discourse of risk, prevalent in secure care environments, compounds this marginalisation through additional exclusion and limitations on freedom. In turn, these aspects are further influenced by macro elements such as policy, which reflects the ways in which both disability and secure care matter to society.

Levine and Breshears (2019) developed a theoretical model (see figure 4 below) to conceptualize the reality experienced as a result of having multiple identities by examining the varying identities of disabled people, how these intersect with each other, and how they interact with each subsystem of Bronfenbrenner's (1979) ecological model. Levine and Breshears (2019) conclude their paper by advising that more research is required into the intersectional experiences of people with 'multiple minority identities'. Autistic young people accommodated in secure care are one of the groups that warrant further exploration.

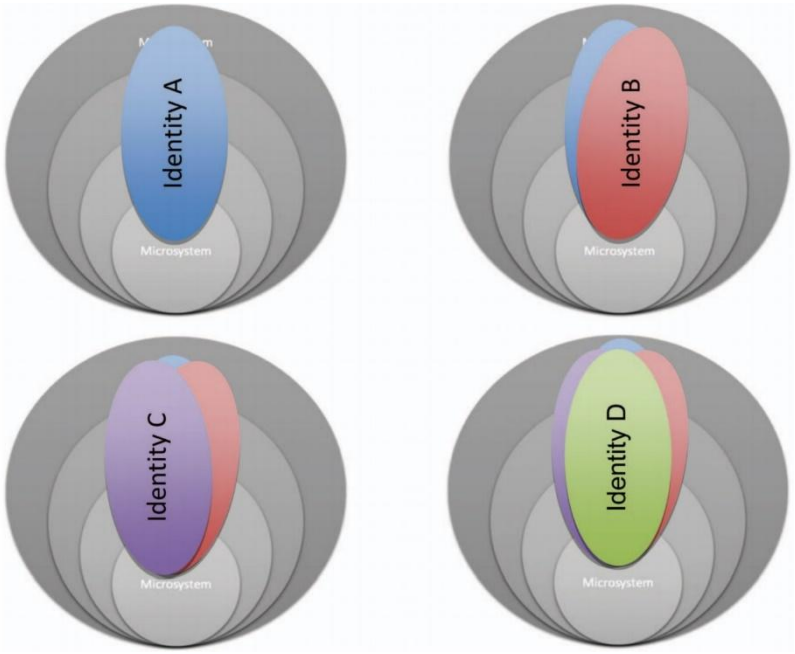

Figure 4: *An intersectional ecological framework (Levine & Breshears, 2019)*

The identity dial (figure 3, and consolidated below as figure 5 to emphasise the multidirectional forces at play) was created as a conceptual framework to emphasize the areas of importance for the study, and relationships between them (Robson, 2011). As will be discussed further in the proceeding chapters this informed what was explored with participants, as it provided a structure for the interrogation of the secure care experience on their identity narratives, and allowed their experiences to be explored through the lenses of relationships, residence, and rules.

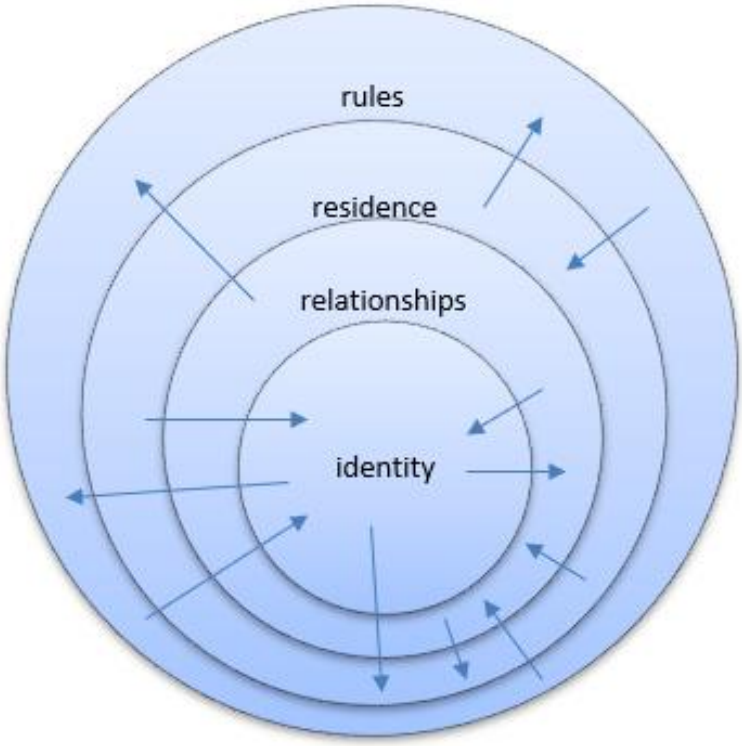

Figure 5: *Identity dial (minimised)*

This concludes the conceptual framework chapter; however the subsequent methodology chapter will consider the ways in which the methods of research are informed by the themes we have explored thus far.

Chapter 4: Methodology

The preceding two chapters have offered a comprehensive review of the literature in relation to autistic young people experiencing secure accommodation services in Scotland, and provided the conceptual framework through which the study was viewed. The analysis of this literature examined how the voice of autistic young people has often been unheard in the development of secure care, and how their story is not present in the narrative (Chapman et al., 2020). It showed how this is reflective of wider societal constructions and models of disability. The analysis revealed the potential impact on identity development when individual differences are not recognized, understood, or accounted for.

It was therefore concluded that whilst quantitative methods could have provided an insight into patterns of prevalence of the group of autistic young people across the secure estate, they would not have afforded access to the underpinning detail of individuals' experiences that qualitative methods would offer. Given the gap in the research and policy developments, and the dominant narrative which has devalued the autistic story, it is crucial that this study highlighted and showcased these young people's lived experiences, and amplified the volume to allow their collective voices to finally be heard. Scraton (2004) describes this as legitimising the view from below. Bortolotti and Jefferson (2019) discuss the power of autobiographical stories in shifting the narrative of autism, and there are increasing examples of autistic people producing their own biographies (Sherwood, 2021) and being involved in participatory models of research (Hill, 2024), with more autistic researchers now visible in academia (Sample, 2024).

This chapter advances by outlining the research design; methodological approach; rigour; engagement and methods; researcher identity and influence; ethical considerations; data storage; data analysis; the write up; and Group Experiential Themes. It will explore how the impact of disability, SLCN, and marginalisation play out in

research practice, resulting in young people being seen as 'hard to reach' (Curtis et al., 2004). The term data construction rather than data collection is used here as a more ethical positioning which does not simply view research participants as vessels to be emptied of data (Kara, 2015). This congruence between my knowledge, behaviour and values, by placing young people at the centre of the research, can be seen as an example of my praxis (Steckley, 2020a).

Research design

The aim of this study was to explore the impact of secure care experiences on the identity narratives of autistic young people. Due to the concept of secure care as a containing environment being made up of not only of the physical environment (the residence), but also the relationships, and the expectations, rhythms, routines, and responses (the rules) (Emond et al., 2016), the research questions were designed to explore this as the objective, as follows:

What impact do secure care experiences have on the identity narratives of autistic young people?

- What role do relationships play in the impact of secure care experiences on identity narratives of autistic young people?
- What role does the environment play in the impact of secure care experiences on identity narratives of autistic young people?
- What role do the policies and procedures play in the impact of secure care experiences on identity narratives of autistic young people?

Ontology, a set of assumptions about what the world is (Henn et al., 2006), reflects the view of the researcher on whether social entities are social constructions or objective entities (Bryman, 2008). The ontological position of constructionism was reached as a result of engaging with the literature and determining that varying factors associated with this research are socially constructed, as detailed in the

previous two chapters. Epistemology, a way of knowing about the world which reflects these ontological assumptions, is consequently influenced by ontology (Henn et al., 2006). Therefore the study employed an interpretative epistemology, where a phenomenological approach was used to allow interpretation of young people's lived experiences from their perspective as active meaning makers (Bryman, 2008; Smith, Flowers & Larkin, 2022), namely Interpretative Phenomenological Analysis (IPA). I chose IPA because ethically, this offered young people who participated the opportunity to have their experiences heard, which is not often the case for less verbally articulate people. This felt like a strong alignment with my values, which Vicary and Ferguson (2024) advise is important when selecting a methodology. IPA is a good fit for social work research and the skill base of social workers, and has a strong focus on identity (Vicary & Ferguson, 2024) which made it a good fit for this research project.

Schutz (1962), the first proponent of phenomenology in the social sciences, noted that due to the understanding that social reality has meaning and thus human action is meaningful, an epistemology was required to capture the fundamental differences in the social sciences from the natural sciences. He therefore concluded that the role of social scientists should be to access participants' thoughts and interpret the world from their viewpoint. Phenomenology concerns itself primarily with lived experiences (Smith, 2011), and through eidetic reduction recognises which components of these experiences make a phenomenon unique, allowing the phenomena to 'speak for themselves' Pietkiewicz & Smith, 2014). In this sense, it was a good methodological match for the participatory approach I employed, as participants were also encouraged to 'speak for themselves' as will be explored below.

A phenomenological approach allowed a recognition of persons-in-context (autistic young people within the context of secure care and their relatedness to this) to account for the complexity of separating subjective

and objective aspects of knowledge, and the resultant conclusion that there is no certain reality (Larkin et al., 2006). This supported with the phenomenon being viewed afresh (Kirkham et al., 2015) through exploring young people's sensory and communication experiences of being in the secure setting, their meaning making of those experiences, and their impact on identity. It allowed the exploration of the significance of social behaviour, with the belief that actions are a manifestation of how people interpret the world, and that social phenomena are outcomes of the resulting social interactions between people and are therefore in a constant state of change (Bryman, 2008). This gave an inductive approach to generating theory (Henn et al., 2006), as understanding was built based on the experiences shared by participants.

An interpretive model such as this is generally associated with qualitative methods (Henn et al., 2006), however consideration was given to integrating numerical and narrative responses rather than viewing them separately, as advised by Plowright (2011). Due to the conceptual nature of the research that was being undertaken, a qualitative method of data construction supported with providing rich descriptions of people (Vicary & Ferguson, 2024); understanding how social order was created; and accessing 'inside' experiences whilst being aware of the ways in which social reality was constructed (Gubrium & Holstein, 1997). Without employing a formal narrative approach, such as narrative enquiry, I wanted to capture the lifeworlds of the participants in ways which Kvale (1996) describes. Qualitative research should not only inform the epistemological position, but guide experiences, and haunt the reader (Wilson, 2018). Wilson (2018) provides examples of participatory methods and representations of research findings that add texture by illustrating the identity of participants and making absences visible, seizing the reader's imagination, and leaving them with a sense that something needs to change. Similarly, lisahunter (2017) describes how the use of visual narratives can be haunting, and this will be explored further below.

To give weight to the voice and lived experience of autistic young people, an exploratory standpoint was employed. This allowed a view of the world through the eyes of the participants, and from this provided explanations and generation of theory (Bryman, 2008) whilst allowing my voice to be present (Hardwick & Worsley, 2011). It allowed participants to start with whatever story they wanted to share, in a similar way to the biographic narrative interpretive method (Peta et al., 2019). It enabled a discovery element to the research and shifted the power balance, empowering young people to be the narrators of their own lives and giving voice to their agency (Coffey & Farrugia, 2014) as 'fundamental to any sociological explanation of young people's lives' (Coffey & Farrugia, 2014, p. 466).

This section has explored the ontological and epistemological stance of this research, demonstrating how the constructionist and interpretivist approaches align with the phenomenological methodology, exploratory standpoint, and qualitative methods of data construction. The next section leads us to consider the methodological approach in further detail.

Methodological approach

Historically, a medical model approach to research with disabled people has been held, with researchers positioning themselves as the objective experts (Glasby & Beresford, 2006). This is similar to the ways in which medical practitioners have applied behaviourist principles and ableist viewpoints to pathologize the neurodiverse as broken and unworthy of being heard. The lived experiences of autistic people are often not accounted for in research about them (Fletcher-Watson et al., 2019; Raymaker, 2020) which has resulted in the things which are of importance to them not being explored, with a focus instead on the priorities of the allistic population as highlighted by the research of Pellicano et al. (2013).

Haraway (1988) argues that researchers are neither all seeing or all knowing, and therefore are not separable from the research. Similarly, Alcoff (1991) considers whether it is ever justifiable or ethical to speak on behalf of others. She notes that the truth can never be separated from the researcher's social identity, and that this is particularly problematic for researchers of privileged backgrounds, presumably due to the inability to align the lived experiences (and therefore the truths) of the researched and researcher. Since she wrote this, there has been great moves towards the use of participatory research as a way of challenging the previously established power relations between researchers and the researched, following the works of Freire (1972) and Boal (1979). This has reconstructed the ways in which knowledge is produced (Abma et al., 2019), with participatory research aiming to create knowledge collectively through a relational approach to research and ongoing learning, reflection, and action in a cyclical manner. This is achieved by involving the people whose experiences are central to the research in decision making around the research questions, data construction methods, analysis of data, and dissemination of the research. Abma et al. (2019) suggest that listening to participants' stories can be a useful way of doing this, and this was accounted for in my research design as will be explored further below.

Participatory research with children, and child-led research, (Cuevas-Parra & Tisdall, 2019) have gained traction alongside the progressively strong articulation of the human rights agenda, with children being increasingly seen as actors in their own lives in contemporary conceptualisations of childhood (Eckhoff, 2019) as discussed in previous chapters. It recognises children as competent beings who experience life within wider societal and cultural structures (Clark & Moss, 2001), framed within this research as relationships, residence, and rules. Pellicano (2014) and Fletcher-Watson et al. (2019) advocate for the involvement of autistic people in the creation of

research, and implementation of its findings, using participatory methods. Chown et al. (2017) support this view, and offer a definition to separate emancipatory and participatory research; with emancipatory research having extended ownership, a reciprocal agreement between the researcher and researched, and a requirement to affect social change. However both methodologies make use of the researcher as a facilitator rather than an expert, and promote the voice of participants through a variety of mediums (Ellis, 2014). Given the nature of this research project as a doctorate thesis, emancipatory research did not appear to be a feasible option. However even if research is not emancipatory in the traditional sense it can still impact on policy and practice both directly and indirectly (Shakespeare, 1997).

Vicary and Ferguson (2024) advise considering how best to generate the data of people's lived experiences. In my research, an element of co-design was used to explore with the participants in a participatory manner the best ways to find out about their views and experiences. Lomax (2011) suggests involving children in designing the research methods and questions through 'interconnected research projects' which was the approach taken here. Abma et al. (2019) advise that aside from promoting a democratic, social justice model, participatory research offers added value due to the presence of participants' voices, providing this is not done in a tokenistic manner. As noted above, a phenomenological approach is supportive of participatory methodology as it expects the voice of participants to be heard and understood (Larkin et al., 2006), with a focus on the validity of emotions and feelings as ways of knowing (Abma et al., 2019). 'Voice' refers not only to the verbal components of communication, but also 'the language, emotional components, and non-verbal means used to express opinions' (Thomson, 2008, p.4).

Creative methods have been increasingly used in both care and secure care settings in recent years to enhance the presence of young

people's voices. Vicary and Ferguson (2024) describe ways in which creative methods have been used more in IPA to enhance access to participants' lived experiences. Graham (2021) explains the importance of taking a creative approach in youth work, and reflects on her experience of this which resulted in the 'Voice and Vision: Creativity and Care Experience' event and online gallery (Life Changes Trust, 2021). The programme 'From me, for me, with me' (as cited in Scottish Government, 2019c) was used to inform the development of the Secure Care Pathway and Standards Scotland (Scottish Government, 2020b). It involved young people in secure care through a range of creative methods, and resulted in the creation of a variety of art work, two- and three-dimensional designs, written pieces, storyboards, and mind maps (Sullivan & Logan, 2021). Some of this can be seen on the website which was co-designed with young people to support the launch of the standards (CYCJ, 2020), and informed my early thinking on the research design. The Independent Care Review (2020) which is widely recognised for being unprecedented in both scope and methodology, developed a participation hub alongside the '1000 voices' project to utilise creative methods and listen to the voices of over 5500 people with care experience to guide the work of the review.

Creative and mixed methods were employed in my research, to support with capturing the 'breadth and depth of phenomena' (Archibald et al., 2018) and with challenging neuronormative communication methods (Hillary, 2020). The methods employed were designed to cater to the three autistic cognitive types (visual, verbal, and pattern thinkers) defined by Grandin (2009). This is of particular significance given that autistic people may only access one learning style, rather than two or three (Edelson, 2024). Mixed methods research prioritises the search for the answer to the research questions above epistemology or methodology, breaking down research barriers to employ both quantitative and qualitative methods (Robson, 2011). However, the term may also be used to describe research that gathers data through more

than one approach, by employing more than one quantitative or qualitative method (Kara, 2015). This offers benefits of allowing us to view the world through different lenses, providing increased depth and breadth of data. There has been a recent interest in increasing the range of arts-based creative research opportunities through drama, dance, music, poetry, art and literature (Horwat, 2018). Archibald et al. (2018) describe how arts-based research and mixed methods research intersect in a number of ways, including in their objective to explore social phenomena in a detailed manner, capturing the 'multiplicity and complexity' of the human experience (Guillemin, 2004). However Lomax (2011) warns of the diminishing effect on participation that children may have on others, and that 'creative visual methods do not in themselves provide a fail-safe shortcut to children's experiences' (Lomax, 2011, p. 114).

There are additional benefits in employing a variety of methods as the differing sensory information offers a richer perspective (Gray & Malins, 2004), and others have used mixed methods in their research with children and autistic people with notable benefits. Clark and Moss (2001) advise on the use of a multi method approach which combines visual and verbal information to consultation with young children, or those often seen as invisible or powerless, and suggest the approach be varied according to young people's individual preferences. For example, Ellis (2014, p.53) in her research with autistic children, found that in addition to providing valid and robust data, a range of methods was necessary on a practical level, as some young people 'were not happy to participate with one method as it did not suit them', and this informed my approach. Wood and Milton (2018) employed a mix of discussion-based, visual, and audio-visual methods in their research which involved two autistic individuals, and Leatherland and Beardon (2016) in their research with autistic children found using a range of methods could provide a breadth and depth of data which supports greater triangulation. Similarly, Clark-Ibáñez (2008) notes that depending on only one

methodology would have limited the depth of understanding of young people's experiences in her research. However, care must be taken when combining different research methods, particularly when they produce different and multiple forms of data (Bartlett, 2012; Bartoli, 2019) as was the case here. The mitigation of this concern will be discussed in detail in the methods and data analysis sections below.

Despite Grandin's (2009) recognition of three autistic cognitive types (visual, verbal, and pattern thinkers), there has been a particular focus on visual processing in autistic culture. Grandin (1995) describes words as being like a second language to her, and having to translate both written and spoken words into visuals. Kana et al.'s research (2006) found that autistic people processed even sentences with low pictorial imagery in the visual, rather than the language, parts of the brain. This visually oriented processing style means that they engage with both spoken and written language as though it were art (Savarese, as cited in Wexler, 2016). Ridout (2017) advocates for the benefits in using visual methods with people with a range of communication preferences, including those who are autistic, particularly due to the additional processing time afforded which may enhance communication and involvement (Ridout, 2017; Cox et al., 2014) as discussed in chapter 2. Savarese (as cited in Wexler, 2016, p. xiv) advises that:

> If neuroscience has taught us anything over the last decade, it is that autism is primarily, although by no means exclusively, a visual intelligence… research has shown that autistics do indeed rely to a much greater degree on posterior sensory regions of the brain, especially the visual cortex, to think.

There was also a particular focus on visual methods in my research as these are especially helpful in metaphorically making the invisible visible (Brown & Carrabine, 2017) and may be more indicative of experiences than traditional interviews (Robinson & Highcock, 2024).

Additionally, the use of imagery provides a powerful communication tool that allows us to access abstract phenomena through new ways of seeing or knowing information (Cox et al., 2014). This has been increasingly recognised in the justice community, with examples of visual exhibitions by Justice and Arts Scotland (2023), and Souls INQUEST (2024). Horwat (2018, p.172) advises that wordless narrative research can be particularly useful for 'exploring preverbal constructions of lived experiences' and this idea will be explored further below. Leonardo da Vinci was perhaps the earliest example of a researcher using a visual methodology, keeping a sketchbook which made his pensieri (thoughts) visible through drawing and analytical, expressive annotations. In his notebook he wrote that:

> Now, do you not see that the eye embraces the beauty of all the world? The eye is the commander of astronomy; it makes cosmography; it guides and rectifies all the human arts; it conducts man to the various regions of this world; it is the prince of mathematics; its sciences are most certain; it has measured the height and size of the stars; it has generated architecture, perspective and divine painting. (Leonardo da Vinci, as cited in Kemp et al., 1989, p.116).

Rose (2001) advises that culture has been given ever increasing recognition within the field of social science, and that visual images are central to our interpretation and construction of this. In today's online virtual society, visual data is given more weight than ever before as a valid method of communication, and Gray and Malins (2004) recommend taking advantage of that in research methodology. Frith et al. (2005) advise that visual data can provide access to different information than other methods; adjust the voice of the research; and enable others to have a broader understanding of the experience of those being researched. As experiences occur to the self on multiple dimensions, it is not always possible to display all levels of this through language alone

(Bagnoli, 2009) so methods which allow the use of the hands and body as well as the mind are of benefit in reflecting this whole-body experience (Gauntlett & Holzwarth, 2006). 'Traditional qualitative methods – such as interviewing and focus groups – expect participants to explain immediately, in words, things which are difficult to explain immediately in words' (Gauntlett, 2007, p.3). Additionally some experiences can be better expressed through non-linguistic methods, as illustrated by the common phrases 'words can't express…', 'words aren't enough…', or 'can't find the words…'

This section has outlined how a participatory approach with an element of co-design aligns with the use of creative, mixed, and visual methods and a phenomenological methodology. It has explored some of the benefits in using such methods, with both children, and autistic people. The next section leads us to consider rigour in further detail.

Rigour

It is important that any methodology is responsive, valid, rigorous and transparent (Gray & Malins, 2004). An essential part of this is in evaluating the effectiveness of the methodology and methods in generating useful data (Gray & Malins, 2004). Lafrenière and Cox (2013) developed a methodological criterion for determining whether arts-based methods are suitable for constructing or disseminating research. They define these as appropriateness, clarity, reliability, and rigour. I took account of these areas as detailed below.

Lafrenière and Cox (2013) suggest that creative methods are appropriate if the research relates to phenomena which are difficult to express in words, such as articulation of a lived experience. Given the participants, some of whom may find written and/or spoken forms of expression difficult, along with the focus on lived experience of what for some will contain painful feelings, the arts-based approaches clearly met this criterion. In terms of clarity, Lafrenière and Cox (2013) advise that

the researcher provide sufficient detail about the methods used, which I believe I have done in the section above, as well as in the engagement and methods section below.

Reliability and validity of data have been viewed somewhat sceptically within the field of qualitative research due to the difference in measurement criteria from quantitative research (Bryman, 2008). Reliability can be evidenced using the 'Test Retest Method' (Babbie, 2008) where participants' responses are sought for a second time and checked against their first responses (Robson, 2011). The set of core research questions used would allow for this 'checking' to occur, but due to the unstructured approach it would be unlikely to provide the same responses, so this approach to understanding reliability was inadequate for these research questions based on this epistemology. As the design was unlikely to meet the 'test retest' criteria, Guba and Lincoln's (1989) model of 'trustworthiness' which parallels that of the quantitative model was considered. Strategies such as prolonged engagement, rich description, respondent validation, and reflexivity were employed to increase the dependability, transferability, confirmability and credibility of the data.

To ensure credibility (internal validation) there must be a high level of congruence between observations made by the researcher, and the resulting theory that develops. As I had taken an inductive approach with an emphasis on the generation of theories from the research (Bryman, 2008) it seemed natural that this should occur. In addition I followed good general research practice (as described above and further outlined below), and aimed to seek respondent validation, where the participants would confirm the analytical findings (Robson, 2011).

Rigour can be evidenced through the ways in which sufficient data are constructed and analysed to answer the aims, objectives, and questions of the research project (Lafrenière & Cox, 2013).

Transferability (external validation) was achieved by the production of rich description (Denzin & Lincoln, 2008) which allows readers to make their own judgements on the transferability of the data. Confirmability (objectivity) was aimed for as far as is practicable. As an 'inside' researcher who was closely associated with the sector there were advantages available to me, such as knowledge of the context, the politics of the units, and knowing how best to approach gatekeepers (Bell, 1999). Access to participants was influenced by my employed role, but was not necessarily easier for me than for an 'external' researcher. For some, in an ideal world the research would be value free and objective (Bryman, 2008), however objectivity is difficult to achieve as research occurs within the context of relationships (Bell, 1999; Kirkbride, 1999; Watson et al., 1999; Kendrick, Steckley & Lerpiniere, 2008; Hardwick & Worsley, 2011), as discussed in the 'researcher identity and influence' section above. Whilst recognising the importance of accurate, trustworthy research that minimises bias, I believe that when trying to understand lived experiences, an element of subjectivity is required.

This section has explored the rigour of the methodology, through the lenses of appropriateness, clarity, reliability and validity, transferability, and confirmability. Rigour will be given further consideration in the context of data analysis, in the section below. The next section explores the engagement with the sector and participants, and outlines each of the phases of engagement, detailing the methods employed.

Engagement and methods

Participants were comprised of autistic young people, living in or recently having lived in, secure accommodation in Scotland between August 2022 and May 2024. This timeframe was extended from a year as originally planned, due to difficulties with engagement as detailed below. None of these young people had a learning disability (however the presence of a learning disability would not have precluded them from

taking part). The basis for establishing contact with these young people was through the initial questionnaire, and ongoing contact with the participating secure units, as detailed below.

The statistics gathered at phase 1 and 3, showed:

- at phase 1, out of 78 beds in the Scottish secure estate, 19 of them were being used by autistic young people. This means 24.35% of the secure population in Scotland were autistic at that time (September-November 2021)
- at phase 3, out of 78 beds in the Scottish secure estate, 15 of them were being used by autistic young people. This means 19.23% of the secure population in Scotland were autistic at that time (April-July 2022).

The biggest variance in autism occupancy for the services where autistic young people were resident was between:

- service D at phase 1, where 8 out of their maximum 18 young people were autistic, which equates to 44.44% of their population, and
- service B at phase 3, where 1 out of their maximum 18 young people was autistic, which equates to 5.55% of their population.

Table 3: *Population of young people in Scottish secure care*

Service	**Phase 1**	**Phase 3**
A	6	6
B	2	1
C	8	4
D	4	4
E	0	-

One unit opted not to take part beyond phase 2 and subsequently closed, and another unit opted out of participation in the research part

way through phase 4. A lower number of young people than expected were diagnosed post-admission. A higher number than expected were English and placed cross border at phase 2, but lower than expected at phase 4 (Gough, 2016; Gough & Lightowler, 2018; Scottish Government, 2020a). Twelve young people expressed an interest in participating in phase 4; data was received from seven of these as shown in table 4 below.

Given that around 80% of autistic young people who were living in secure accommodation in Scotland participated in the research study, and data was able to be constructed from around 47%, the sample was deemed to be representative of this very minority group of young people (based on figures gathered at phase 3 of the study, see table 3 above). Smith, Flowers and Larkin (2022) advise that there is no correct sample size in the use of Interpretative Phenomenological Analysis (IPA), and even discuss the merits of smaller sample sizes, as do Vicary and Ferguson (2024). They also suggest that longitudinal studies such as this can benefit from collecting data from participants on more than one occasion. For this research project, a dataset was designed as one occasion of data construction, with one participant, through one method (written, spoken, drawn or photographed). The rationale for this was that each occasion of data construction allowed another layer of exploration, adding to the richness of data. For example, data submitted in written or pictorial format could be followed up in a verbal interview if the young person was open to this.

Table 4: *Participant engagement*

Pseudonym	Engagement	Data received
Andi	Two months.	Two verbal datasets.
Bobby D	Twelve months.	One verbal dataset.

Bobbie M	Two months.	Three verbal datasets.
Charley	Three months.	One written dataset.
Lindsay	Four months.	Three verbal datasets.
Sammy	Four months.	One written/drawn, and one verbal dataset.
Ziggy	Nine months.	Eight written, and three verbal datasets.
Alex	Met for initial chat, sent questions weekly over six-month period, arranged two follow up visits but chose not to engage.	No data received.
Bailey	Met for initial chat, sent questions weekly over two-month period, moved on from the service and chose not to maintain contact.	No data received.
Cameron	Met for initial chat, sent questions weekly over two-month period, moved on	No data received.

	from the service and chose not to maintain contact.	
Ellis	Met for initial chat, sent questions weekly over five-month period, arranged three follow up visits but chose not to engage.	No data received.
Riley	Met for initial chat, but chose not to engage.	No data received.

Phase 1 - initial sector engagement (June-November 2021)

I approached the secure units and informed them of the proposed research (see appendix A). Once ethical approval was granted by the university (see appendix B) and accompanying risk assessment completed (see appendix C), ethical approval was sought from the required units (see appendix D). Using Initial Information Letters (see appendix E) and Participant Information Sheets (see appendix F) it was made clear to the units that participation in the study was voluntary, and no detriment would be suffered to the service if they chose not to take part. Their consent to participate was sought (see appendix G).

The process of seeking formal consent from the units took much longer than anticipated, given that informal agreement to participate had already been given. There was a careful balance to be achieved in pursuing formal consent whilst remaining sensitive to the pressures the units were under because of Covid-19 (World Health Organization, 2020).

Gatekeepers changed frequently throughout the whole project, and each stage brought a different layer of gatekeepers (Vaswani, 2018). Being able to navigate the complexities of this would have been more complex without a background in residential child care. The exclusion of autistic voice from research (Fletcher-Watson et al., 2019; Raymaker, 2020), and silencing of children's voices more widely is not an unknown phenomenon, despite the Independent Care Review (2020) advising of the importance of listening to the 'quieter voices' of young people. Vulnerability is a dominant construction of childhood (Smith, 2010; Davis, 2013), resulting in the exclusion and oppression of young people (Moss & Petrie, 2002; Smith, 2010). This leads questions to be asked around how well young people are presented with engagement opportunities, and protected from marginalisation (Bird & Waters, 1989; Mockler, 2007; Alderson & Morrow, 2011).

Through a survey (see appendix H) distributed via email to the registered managers of all five Scottish providers of secure accommodation services as a recruitment tool, I sought:

- statistics on the number of young people who were diagnosed autistic (with or without a learning disability) currently living in secure care in Scotland
- statistics on the number of young people who were suspected but undiagnosed autistic (with or without a learning disability) currently living in secure care in Scotland.

The response rate was 100%. There was confusion around the term 'communication preferences' used in the survey, with services leaving this section blank, or referring to the use of English (whereas it was intended to mean verbal/visual/sign etc.). This seemed indicative of a lack of understanding around SLCN. The involvement of the nurse in one service was supportive in this section being completed correctly, but the fact that autism sat under the remit of the nurse (and under the

remit of psychology teams in other services) led me to question whether it was being medicalised (Bumiller, 2008).

Phase 2 - co-design (September 2021-January 2022)

Using the details provided in survey responses, all young people identified as autistic (diagnosed or self-identified) were invited to participate via the secure units, using Initial Information Letters (see appendix E) and Participant Information Sheets (see appendix F). These included a short video of me talking about the project. It was anticipated that the inclusion of an information video may help to improve the response rate, but importantly would also increase accessibility given the participant group and the variety of profiles across the autistic spectrum. To further enhance accessibility, the letters and information sheets were individualised for young people, and those with parental responsibility. Two versions of Participant Information Sheets (see appendix F) were used for those with parental responsibility:

- Version 1 – for those with parental responsibility of young people under the age of 16, or over the age of 16 who were not deemed to have the capacity to give consent (as determined by gatekeepers and based on a diagnosis of a learning disability) (see appendix F4).
- Version 2 - for those with parental responsibility of young people over the age of 16 who were deemed to have the capacity to give consent (see appendix F5).

Some information to inform the individualisation of Initial Information Letters (see appendix E) and Participant Information Sheets (see appendix F) was gathered through the survey. However this was developed further through engagement with gatekeepers, to ensure that both young people and those with parental responsibility received the correct versions. For young people, the letters used simple language and short sentences, written in a 'Social Story style', accompanied with a personal approach such as using the child's name. Additional detail, such

as whether young people would be accompanied to meetings by staff, was included. A visual option was made available, with the language reinforced with photographs and pictures to support a range of communication styles. The letters clearly stated that participation in the study was completely voluntary and would not impact on services received.

Following introductory contact, young people were offered the opportunity to join focus groups online, as an initial stage which informed the main data construction phase (Robson, 2011). All young people expressed a preference to meet with me individually, rather than in a group, except for two young people living in the same service who met with me together. These meetings were used to add an element of co-design to the research as discussed above and advised by Abma et al. (2019), and to explore with participants the best ways to find out their views and experiences. Detail on the regularity of submissions, and on appropriate language to use (person first/identity first, and diary/scrapbook) was also sought in these meetings (see appendix I). My approach to this was informed by Bottema-Beutel et al. (2021), who explain the importance of seeking the views of autistic participants on what language they are most comfortable with. They offer a range of helpful alternatives to the typical ableist terminology, whilst recognising that these suggestions are neither exhaustive nor suitable for all contexts. Most participants in this phase did not express a preference, however the majority preference was to use the term 'on the spectrum' (phase 4 participants expressed a different preference).

The use of Zoom/MS Teams allowed participants to join in an environment they felt comfortable with (Hardwick & Worsley, 2011) by turning their camera off, muting their microphone, or using the chat function, which may have helped to shift the power balance (Darlington & Scott, 2002) and enhance communication accessibility (Miller, 2020). However there are additional barriers to rapport building in an online

forum, as discussed by Arias-Urueña and Vaghi (2023) in relation to their research carried out online with children with disabilities. Kerracher (2021), informed by STARR and 'Youth Just Us', advises that sessions should take place in safe spaces which young people feel comfortable in, and that technology be used to maintain connections. This was especially important in the context of autism (McAloon & McLaughlin, 2020; NAS, 2020), given the fact that many autistic communities are constructed online (Bagatell, 2010) and the implications of monotropism as discussed in chapter 2. However Kara (2015) warns that the quality of data may not be as rich as that gathered through other means, and this was reflected in my experience of finding it more difficult to engage with young people over Zoom/MS Teams.

Whilst the value of co-design and engagement with people with lived experiences cannot be underestimated, there were several unexpected challenges experienced during this process. I have employed an autoethnographic approach here, with the self placed in a cultural and social context (Reed-Danahay et al., 2020), to enable reflections on the learning from this; something which Curtis et al. (2004) feel is helpful in developing practice around research with 'hard to reach' children. As part of this, I kept a research journal, and have drawn from journal entries to inform this section.

I was keen to be supportive in my intentions and general demeanour, and accounted for this in a range of ways. Almost all young people expressed a preference for individual (rather than group) meetings, and all preferred meeting face-to-face (rather than virtually), which came as a surprise due to the potential benefits of online meetings (McAloon & McLaughlin, 2020; NAS, 2020). Memorising the questions I wanted to ask meant that we could just 'chat', and this felt more natural than having to refer to notes.

The views of the seven young people who took part in phase 2, were used to inform the methodology of phase 4. All the young people were happy with a flexible diary method. Some young people described how they couldn't read or write, but liked taking photographs or drawing. Other young people told me that they liked writing, or creating artwork. They were all comfortable with the suggested timeframe of 'up to one year', although some were concerned that they would not be resident for a year. For that reason, and to really attend to what they told me, the methodology was amended to include young people who participated in phase 2 but may since have left the service, or for young people to continue to take part once they had left secure care. Unfortunately the difficulties with contacting young people from phase 2 were insurmountable.

Some young people were particularly keen that I meet with them to discuss data constructed, and most young people felt that prompt questions would be helpful to support their reflection. Without exception, all young people thought that compensation was a good idea, with the primary preference being for financial compensation. There were also more creative suggestions for compensation such as art supplies, a certificate, and even a hamster or a dog. To manage potential risks associated with financial compensation, Amazon vouchers were used as compensation rather than cash.

Phase 3 - further sector engagement (March 2022-July 2022)

Through a survey (see appendix J) distributed via email (a year after the phase 1 survey) to the registered managers of all five Scottish providers of secure accommodation services as a recruitment tool, I sought:

- updated statistics on the number of young people who were diagnosed autistic (with or without a learning disability) currently living in secure care in Scotland

- updated statistics on the number of young people who were suspected but undiagnosed autistic (with or without a learning disability) currently living in secure care in Scotland.

  The response rate was 80% (see table 3 above for responses).

Phase 4 – data construction (August 2022-May 2024)

Over the course of 20 months, autistic young people living in secure accommodation in Scotland were invited to participate in the study, and those who accepted the invitation were asked to keep a diary or scrapbook. Given the focus of the research, purposive sampling was carried out based on wanting to include participants who had experiences that were of relevance to the research questions (Bryman, 2008) to ensure internal generalizability; and that the findings would be applicable to that particular group of people (Robson, 2011). Due to this being an already small population, and anticipation that 100% of young people may not participate, the entire population of autistic young people who were living in secure accommodation in Scotland were invited to participate, rather than a subset of the population. Given that autistic people are a vulnerable and hidden population in the criminal justice system, who are often not diagnosed prior to admission (Equality and Human Rights Commission, 2020), young people who were either diagnosed, or self-identified autistic, both with and without a learning disability, were invited to participate. Twelve young people engaged with the research project, and data was constructed with seven of these (see table 4 above).

Kerracher (2021), informed by STARR and 'Youth Just Us', advises 'widening the net' when recruiting young people. In addition to inviting autistic young people (diagnosed or self-identified) who were resident in secure care at the start of the research project, there was an ongoing dialogue maintained with the secure centres to ensure any autistic young people (diagnosed or self-identified) who were accommodated by them in

the proceeding 20 months, or who had recently moved on from secure care, would also be offered the opportunity to participate. The rolling approach to inviting additional participants was intended to be adjusted accordingly, depending on the number of participants, based on an awareness that a flexible approach was required (Robson, 2011). From what was known about the secure estate, it was anticipated that the approach planned would result in around 10 participants. However, if the number of participants at the start of the research project had exceeded 15, additional young people would not have been invited to participate as they were admitted to the secure units. This was to ensure that the research project did not suffer from data overload, or result in the gathering of data that would not be analysed.

Posters were provided to allow young people who were perhaps 'under the radar' to make contact. There were almost no young people who self-identified as autistic, which was surprising given recent developments around this (Russell, 2020), and only one who took part in the research. However this may have been due to the age and developmental stage of young people, and their developing identities (Erikson, 1963; Marcia, 1980; Stangor & Walinga, 2016), with self-identification perhaps being more prominent in adulthood. A parallel example of this is teenagers' rejection of neurobiological definitions (Ortega and Choudhury, 2011). Theories around developing identities (Stangor & Walinga, 2016) may also provide an explanation for young people's lack of concern about terminology and pronouns. However LGBT Youth Scotland's 'Life in Scotland' survey (2022) of 1279 LGBT young people aged 13-25 makes repeated reference to pronouns, showing that it is of importance to some young people. It is also reflective of the differences between adults' and children's concerns (James and Prout, 1997; Powell et al., 2021).

The level of work in individualising all initial information letters, participant information sheets and consent forms was extensive, however

both important and necessary to meet individual needs. It was essential to keep accurate records of what had been sent to whom, and what had been returned, and this was achieved by using a colour coded table. It was also apparent that the amount of time required from gatekeepers to support with distribution was significant, due to me being unable to make direct contact with young people and their guardians. Aside from putting additional pressure on gatekeepers, it was difficult to explain what documents should be shared with whom, and to ensure the correct ones were returned, however the learning from phase 2 was supportive in enabling a smoother process during phase 4. Curtis et al. (2004, p.169) recognise that 'in leaving the process of invitation to the research in the hands of gatekeepers we are not entirely taking responsibility for ensuring young people's fully informed consent.' Interestingly, when inviting young people to complete the consent form in person, both versions of the form were offered (by holding both out) and on every occasion all young people bar one chose the form with the supporting visuals.

Written prompt questions (see appendix K) were posted weekly to each participant on a hand decorated postcard (see appendix U). During the data construction at phase 4, Sammy advised that receiving weekly written questions was 'fine', however found it difficult when staff did not give them the mail every week (this was in part due to Covid-19 outbreaks, and postal strikes which had not been anticipated), meaning Sammy would receive several weeks' worth of questions at once. Bobbie M advised 'The first question I got I freaked out a little bit coz I wasn't sure who that was from, but um, yeah I get my questions out, I read them, I have a think about them, try and remember them for when I come in for our meetings.' But when asked how they felt about getting questions through the post, responded 'Em I don't mind, it gives me a good idea of what we're gonna be talking about when we meet.'

Other young people also reported that having the questions in advance helped them to prepare for our face-to-face meetings. Moyse (2023) noted similar benefits to providing questions in advance of interviews in her research with autistic girls. Some young people agreed to take part in my research, but then found it difficult to engage. Only one young person chose to draw responses, and none chose to use photography or audio recordings. This was surprising given the feedback provided by young people during the co-design element in phase 2 of the research project, however aligns with the experience of Moyse (2023) during her research with autistic girls. It was difficult to engage with some of the young people, with some of them changing their mind about participating even after they had agreed to take part, or having an unsettled day which meant meetings had to be rescheduled. The audio recorder used may have been off-putting for some young people as advised by Miller and Baxter (2019), so this was introduced at the initial meeting simply by being present and not used. One young person commented that it was 'like what the police use'.

The diary method was intended to allow young people to narrate their experiences, as described by Buchwald et al. (2009). Diaries are usually employed for an agreed timeframe (Bell, 1999). Consideration was also given to triangulation of data through involving staff as participants. However the focus of this research was on the impact of experiences on young people's identity narratives; the cultural narrative of autism which autistic people have generally been on the periphery of (Murray, 2008); and the recognition that autistic people are the only true experts on their own lives (Milton, 2014). Therefore the involvement of staff was not deemed to be appropriate and would only have served to take young people's voice away from them, as well as minimising the participatory and phenomenological aspects of the study.

Physical access to the units brought additional complexities, which felt like another layer of gatekeeper approval. The difficulties with

engagement appeared to be reflective of the complexities of trying to reach this very vulnerable group of young people (Vaswani, 2018; Chapman et al., 2020). Meeting with young people without staff present felt more natural, although I recognised that individual young people would have specific risks which may require them to have the presence of a staff member. When staff were present, young people often deferred to them for the 'answers', which has parallels with others' findings of research undertaken in children's homes or schools when adults were present (Pyer and Campbell, 2013). For the seven young people from whom data was received, two of these were supported in the meetings with staff present.

Due to the presentation of some of the young people involved in phase 2, and the fact that autistic people are less likely to comply with gender norms (LGBT Youth Scotland, 2022), I was careful to ask about pronouns as we moved into phase 4. This required an explanation of what pronouns were, which I had not anticipated, with young people expressing bemusement that I was asking the question. This was evidenced by one young person who responded, 'Well I'm a lassie aren't I, so she/her!' Gender data was not included in the surveys, which I felt was supportive of gender fluidity given that young people were not able to self-describe in the survey responses (Watts, 2021). 8 out of the 12 young people who engaged in the phase 4 cohort identified as female, which was surprising as this is not reflective of the wider autistic population (Green et al., 2005). It is possible that this is indicative of the picture of autistic young people who are placed in secure, perhaps due to concerns about them being 'at risk' and vulnerable (Roesch-Marsh, 2014). 'Delivering The Best for Girls in Custody' (Hancock, 2025) reports a higher prevalence of autism and SLCN amongst girls in the secure estate, with at least 50% of girls in custody in England and Wales being described as 'highly vulnerable; multiple traumas; high levels of complexity; high levels of self-harm as a result; requiring intensive

support and therapeutic care; well known to the YJS [Youth Justice System] and social care' (p.12-13).

There was very little preference expressed by young people during phase 4 around terminology (autistic/person with autism/on the spectrum etc.), except for one young person (with an autistic parent) who expressed a clear preference for 'autistic'. This is the language used here to reflect the majority participants' preference. Others during phase 2 expressed a preference for 'on the spectrum', which is not reflective of the wider autistic community (Belek, 2019). This difference could be accounted for by these young people's potential lack of engagement with the wider autistic community, and it is of interest to consider if there is any correlation here between young people's autistic identity and their being placed in secure. Whilst identifying positively with an autistic identity (Cooper et al., 2017), and participating in autistic community (Bagatell, 2010) can act as a protective factor, the converse is also true. Identity management behaviours such as masking or camouflaging (Lai et al., 2017; Hull et al., 2019; Pearson & Rose, 2021) increase in correlation to autism-related stigma with a resulting impact on identity (Bradley et al., 2021; Perry et al., 2021).

Consideration was given to offering payments or incentives to participants as a reasonable and proportionate reimbursement for their time, whilst weighing this against the ethical implications for resident young people who were not invited to participate and therefore could not access the incentive. This was explored with young people at the co-design stage to identify a suitable incentive. Young people's expectations in this arena were carefully managed to specify that there was a limited budget, and that the incentive could not be something which caused conflict with other resident young people. Fletcher-Watson and Happe (2019) recommend using £10 Amazon vouchers for autistic participants. Kerracher (2021), informed by STARR and 'Youth Just Us', advises reimbursing young people as a way of respecting the value of their time.

It was agreed with young people that they would receive an incentive in the form of Amazon vouchers; £10 for each 'snapshot' (construction of data in relation to one of the areas of the conceptual framework) they took part in, meaning a total maximum of £30 per head depending on their level of engagement.

Flexible diary method

To account for the three autistic cognitive types identified by Grandin (2009), and based on the feedback of phase 2, participants were offered a flexible choice of methods through which to keep their diary and participate in the research. They could choose the media that they felt most comfortable with (written, audio, artwork, or photo diaries/scrapbooks), and thereby participate visually, linguistically, or through pattern. Young people chose to participate in written form, through artwork, and verbally through semi-structured interviews. These methods are discussed below. This gave the participants control over the participation and their stories, meaning the methods were likely to be more comfortable and preferred by participants. In the co-design stage young people described how they couldn't read or write, but enjoyed taking photographs or drawing. Robson (2011) advises of the benefits of more flexible methods in being of bespoke design to answer the research questions, and being responsive to the data construction phase. As communication is greater than just an exchange of giving and receiving information (Caldwell & Stevens, 1998), a further benefit was being able to analyse the full picture of young people's communication, rather than just the verbal content. This was deemed important given the neurobiological basis to the communication and sensory differences experienced by the autistic community (Ortega, 2009), as discussed in chapter 2.

A similar approach was utilised by Bragg and Buckingham (2008) in their research on the views of young people on the media portrayal of love, sex and relationships. They asked young people to create 'media

scrapbooks' or 'media diaries' for a fortnight; with a collage of drawings, cuttings of found images, and annotation of their views; and followed these up with group interviews. They found that the term 'scrapbook' made the method more acceptable to boys than 'diary', which tends to have more feminine connotations and association with feelings. Bragg and Buckingham (2008) chose this method due to the 'private' nature of the topic, their view that young people would be able to share a more authentic voice, and the ability for young people to engage at a range of levels. They found that some young people engaged more with one method than another, and reflected that the variety of methods therefore provided access to a wider range of voices. However when they trialled the use of participant-led photography as a method they found this less effective, due perhaps to confusion over what to photograph, or a feeling that this was too invasive into their lives (Bragg & Buckingham, 2008).

The diary method can let researchers into places they wouldn't otherwise access, allows them to see and hear the person as a whole, and gives participants a lot of control over what and how they share (Bartlett, 2012). Henn et al. (2006) also suggest that it may support the construction of sensitive data if participants feel uncomfortable talking to a researcher, which has relevance for this project. Bryman (2008) reflects on the use of time-use diaries by other researchers, noting ethical concerns about the level of intrusiveness. However in my research, diaries were intended to be used in a reflective manner rather than to provide a detailed log of events. Punch (2002) raised concerns that the written diary method was dependant on young people's literacy skills, however this was mitigated for in my research by allowing for audio or visual diaries as will be discussed below. Bartlett (2012), in her mixed methods research with people with dementia, modified the written diary method to incorporate photo and audio diaries too depending on participants' preferences, alongside interviews and focus groups. She notes that this resulted in a large quantity of varied data, and the analysis of data will be discussed later in this chapter.

Ridout's (2017) research designed to explore the identity narratives of autistic adults used flexible methods of narrative diaries and collage, with the diaries making use of a combination of text, drawings, and diagrams to narrate the participants' stories. She found that the use of a narrative diary method enhanced accessibility for autistic people, which offered a more nuanced understanding of their identity constructions (Ridout, 2017). Similarly, Bagnoli (2004) employed a multi-method autobiographical approach in her research, where young people produced a one-week diary, self-portraits, and photographs, as well as participating in interviews. She found the flexible approach increased young people's participation depending on their preferred method of expression, and allowed them to guide the direction of the research. The mixture of visual and written methods broadened the scope of the research, and provided access to data that would have been otherwise difficult to gather (Bagnoli, 2004).

Visual methodologies have largely focused on the use of photography (Ward & King, 2020), with participant-produced drawing being seen as a lesser method often due to concerns about drawing ability (Ward & Shortt, 2018; 2020) and anxieties about analysis (Ward & Shortt, 2018) despite its use in practice settings (Ward & Shortt, 2018). However Ward and King (2020) advise that this can be mitigated with assurances about supporting the visual with discussion, and found that drawing enabled the communication of matters that participants were not otherwise willing or able to communicate verbally. I took account of these concerns in my research by presenting a flexible approach which offered a variety of participatory options depending on what young people felt most comfortable with.

Participant-produced drawings are most commonly used as part of a mixed methods approach (Ward & Shortt, 2018), for example in reflective logs as I intended. A downside of this is that drawing is only

ever given a supporting role in research, due to the reliance on linguistic methods to interpret the data (Ward & Shortt, 2018). However Bagnoli (2009) found that the use of three visual drawing methods during interviews supported a creative way of interviewing that was responsive to the narratives of participants. Unstructured approaches to participant-produced drawings, such as the approach that I employed, are the most common approach to this, and offer the most empowering approach to participants (Ward & Shortt, 2018). Ward and King (2020) warn that participant-produced drawing can be both time-intensive and costly due to materials required. However as art materials were provided by the secure units and the artwork was carried out remotely, this did not impact on my research.

Drawing as a method was supportive of my methodological stance, as art work is both a visual product and produces meaning (Guillemin, 2004). Ward and Shortt (2018) argue that the benefits of using drawing as a method are to give participants a voice through which to narrate their lived experiences; provide access to emotional knowledge; enable a more affective response; support access to difficult topics; and address research power dynamics. Similarly, Leitch (2008) found that the use of drawings as a research tool supported the development of trust, offered structure for the expression of strong feelings about young people's experiences, and enabled marginalised voices to contribute to the creation of narratives and influence change. Sketchbooks can support with blending inner and outer worlds (Taussig, 2011), and for visual thinkers, they may help to understand the self. Blaker (2020) also suggests that sketchbooks have 'secret powers', as they provide a window into the drawer's world; offer a special kind of mirror; allow the expression of thoughts and feelings; and support experimentation. These were potential benefits for participants choosing to use this method.

Recent years have shown increasing productions of art from the autistic community (Wexler, 2016), which provides further rationale for

the use of this method. Wexler (2016) explored the ways in which autistic artists have constructed their identity narratives through engagement with art, and how the concept of the self as a story can better support our understanding of the differences between autistic and allistic neurobiology, with Williams (2013; 2016) coining the term 'artism' to determine the relationship between autism and art, due to her sensory connections to the world. Others have used artwork in similar research to mine; Burdick (2011) in her research with autistic adolescents found that for these young people, art functioned as a visual text through which to communicate with the world around them. Thomson and Hall (2008) used the creation of self-portraits to explore young people's identities in their research, based on their view that art would support the expression of young people's multiple, developing, social identities.

Punch (2002) used drawing with young people to support their active engagement in her research in a fun, creative way. However she notes anxieties among older children in relation to their drawing ability, and some misinterpretation of images produced which she advised accounting for in future by asking young people why they drew the picture and what it meant to them. A collaborative inquiry approach (Ward & Shortt, 2018) can support in mitigating this, as participants are asked to interpret the images either verbally or in written format, and the participants of my research study were offered this opportunity. Additionally, Leitch (2008) notes that the use of collage does not generate the same level of anxiety about ability. She found the use of collage supported the engagement and visual communication of young people in a manner that safely contained their feelings and opinions.

Semi-structured interviews

Ethically it felt important for me to give the phenomena an opportunity to speak to us, in the same way that artists and poets enable this through their work (Vandenberg, 1997). In this context, backing up the content of the diaries with verbal interviews felt tokenistic, as though

it was being done to satisfy some societal or academic requirement (Grandin, 2022) rather than the needs of people participating in the research or indeed the research itself. Bell and Davison (2013, p.169) claim that the focus on linguistics 'may have gone too far in asserting the primacy of language in the constitution of socially constructed reality', and Botha et al. (2021) argue that people who communicate differently are dehumanised. It appears there is an innate need for the PNT population to communicate verbally or through text (Emmison & Smith, 2000), and I was keen to resist the pressures to conform with the view that visuals offer lower evidential validity (Allen, 2009). However, in recognition that some autistic people may be verbal thinkers (Grandin, 2009), and to allow for triangulation and offer further clarity on the creation of meaning (Ward & King, 2020), participants were offered the opportunity to support their visual submissions with written or spoken words as detailed above. The participatory element of co-design at the start of the research project confirmed this was the preferred approach of the participants, but where young people chose not to engage with this form of articulation, no less weight was given to their data. This felt important, to avoid decreasing the validity of the communicative power of the visual method.

Semi-structured interviews continued to be offered on an ongoing basis. If appropriate to do so, I continued to engage with young people once they had left secure care. These interviews were included to offer an interactive element and provide young people with the opportunity to 'check in', or expand upon their story if they wished to do so. They also allowed an informal setting for young people to drop in and out, as advised by Kerracher (2021), informed by STARR and 'Youth Just Us'. This was supportive in allowing for a dialogue to probe young people's submissions, and in helping to theorise so that important data was not missed. It was made clear to participants in advance that these interviews would be recorded, and that they were not being offered as a support group, but were in place to seek young people's experiences.

Alternatives such as meeting online (with camera off if preferred) were offered. It was important to be flexible in approach, with a variety of methods of engagement available to cater to individual young people's preferences. A range of times were also offered, including evenings and weekends which may have suited some young people better. Curtis et al. (2004), in considering research engagement with 'hard to reach' children, similarly advise on the importance of flexibility, both from their own research experience and that of other researchers. I drew on this, and my own experience of engaging with young people previously, to offer the greatest flexibility to increase accessibility. This was important not only to increase engagement, but also in support of my moral and ethical standpoint around the significance of accessibility.

The timing of interviews in relation to what else young people had going on in their lives was important to consider. Some young people declined to meet as they were having an unsettled day/week. One young person, whilst keen to engage (and able to offer some data) had to withdraw from participation due to being hospitalised for an extended period. One young person was noted to be significantly less focused during the final interview, five days prior to moving on from the service. Another was able to verbalise their preference not to have an interview within days of their court date, as this would be the focus of their attention at that time.

When carrying out the semi-structured interviews it was important to allow sufficient response time. Smith, Flowers and Larkin (2022, p.63) advise that 'richer, fuller answers will be cut short if the interviewer jumps in too quickly.' This is particularly true for autistic participants who may require a longer processing time. It was found that young people having access to the questions in advance, even where they hadn't provided a response to these, was supportive in allowing their consideration of responses. Differences in how young people supported

their own need for additional processing time were observed. These included verbally advising that they required additional processing time; and repeating the question back to me or using unnecessary 'filler' words in their responses such as 'basically' or 'obviously' to afford themselves additional time prior to responding.

The flexible diary methodology was supportive in allowing access to aspects of experience that were perhaps more difficult to express verbally (Smith, Flowers & Larkin, 2022). It is possible that exploration of the themes may have furthered some young people's understanding of their self, or their constructions of secure care. This is explored further in the coming chapters. To ensure sufficient depth and richness of data Smith, Flowers and Larkin (2022) advise using follow up questions to probe responses. For young people engaged in this project, the 'probing' was carried out over an extended timeframe – often over the course of more than one interview. For some young people, the same question was asked on more than one occasion. It was noted that at times this elicited varying responses. This may have been due to the variation in presence of staff from the service; young people becoming more familiar with me; or perhaps just feeling in a different frame of mind. Some young people found it difficult to respond to some of the questions, or to recall certain events, particularly those related to the day of admission when they may have been under increased stress. This included difficulty with reflections on search procedures which are carried out when a young person is admitted to secure care to ensure they are not bringing in any unauthorised items, and are usually carried out manually by staff doing a physical search, or electronically using a wand (service dependant). Interestingly, although more than one young person referred to blanket restrictions, nobody mentioned physical restraint or seclusion.

This section has detailed the engagement with the sector and participants, outlining each of the four phases of engagement. It has explored each of the methods employed, drawing on relevant previous

research to support understanding of my decision making. The next section leads us to consider the impact of my self as the researcher on the construction and interpretation of the research.

Researcher identity and influence

To understand how knowledge is constructed it is important for us to be aware of our own emotional and subjective reactions (Hume, 2007). Reflexive praxis can be defined as a variety of methods utilised to identify the ways in which practice (such as research) is constructed and influenced by the values, experiences, and identities of the individual (Glisch-Sánchez, 2014). It is widely accepted that research practice in the social sciences ought to be reflexive (Finlay, 2002) as a way of 'interrogating the notion of self' (O'Leary, 2014, p. 24), acknowledging the subjectivity and values of the researcher (le Grand, 2014; Mehta, 2014; Vicary & Ferguson, 2024), and mitigating the potentially detrimental impact of these (Blaustein, 2014). Lumsden and Winter (2014) argue that research located within criminal justice must be carried out in a 'tempered, critical and reflexive manner' (2014, p. 2), as this allows for recognition that the production of knowledge occurs in the context of the relationship between the researcher and those being researched (Alvesson & Sköldberg, 2012), and takes account of the power dynamics at play within this relationship (Brooks, 2014; Davies & Peters, 2014). 'With no reflexive account there is nothing of the author's personality or identity within, no recognition of self', (O'Leary, 2014, p. 32) and this, O'Leary (2014) argues, makes it harder for the reader to analyse the validity of the research.

In developing the self as a reflective researcher, cognisance has been paid to Martin, J. and the Aspergers Consultation Group's, 2012 (as cited in Miller & Barrie, 2016) Triad of Understanding (see figure 6 below). This was developed through research with individuals with AS to demonstrate the significance of attaining understanding during communication exchanges.

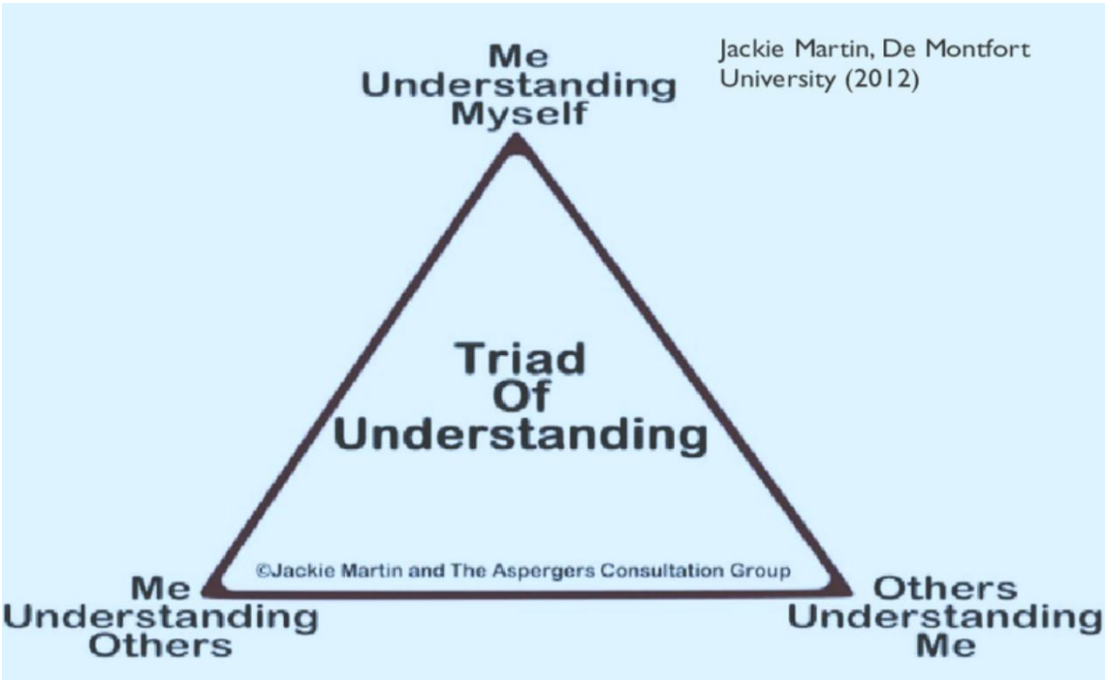

Figure 6: *The Triad of Understanding (Martin, J. and the Aspergers Consultation Group, 2012, as cited in Miller & Barrie, 2016)*

As the self is often used as a tool in qualitative research (Camacho, 2016) reflective practice was utilised to support the developing sense of me understanding myself, of my own identity (Roesch-Marsh et al., 2011), and my ethical positioning as a researcher. I made use of physical activity to support reflexivity and intellectual engagement with the data, finding my mind capable of making more sense of this whilst my body was engaged elsewhere. I also kept a research journal, and have drawn from journal entries to inform this chapter. In reflecting on the writings of Alcoff (1991), I considered the sense of alignment that I have felt with the autistic community since childhood, as well as my experiences of being a member of other minority groups which have impacted on constructions of my own identity. Having never been secure care experienced, I considered my experiences of working in residential child care settings; my own adolescent experiences; and how this combination of experiences may impact upon the meanings I make of the data.

The implications of this for the research were that due to my understanding of autistic culture (Milton, 2014) I was potentially in a better position than other PNT researchers to both read the young people's data and present it in a way which was accessible to the autistic community, thus reducing the risk of elements being 'lost in translation' (Milton, 2014). I also had a level of cultural competence within the residential child care community, due to my professional background. This was particularly important given the method of data analysis I chose which required a level of interpretation (Smith, Flowers & Larkin, 2022), as will be discussed below. However the potential negative implications were that I am neither care experienced nor secure care experienced, and bring with me a wealth of professional background and knowledge which was impossible to ignore. Without listening differently, this may have resulted in me viewing the young people's data solely through a professional lens, impacting on how I interpreted what young people meant, and which parts I listened to. It was crucial that I valued the experiences of less articulate people and accepted these experiences as valid, whilst ensuring that their voices were heard. A large degree of interpretation was required on my part at times, and because of that it was crucial I was aware of my own agenda and employed reflective practice. As personal values are almost impossible to suppress, the alternative was for me to be self-reflective by expressing my biases and assumptions and being transparent about their influence on the research.

Hardwick and Worsley (2011, p.32) advise that '...the reflexive researcher should ask themselves whether they have the expertise to sensitively use research methods that will directly engage with vulnerable groups.' Robson (2011) suggests that to undertake research of a flexible design, the researcher is required to have an enquiring mind; good listening skills; the ability to be responsive and flexible; a solid theoretical grounding of the issues; and a commitment to managing potential bias. Given the extensive literature and theory detailed in earlier chapters, and the aspects of my self explored above, accompanied

with a career that has centred around supporting autistic young people in residential child care settings, I was of the belief that I did have the required expertise.

I was immersed in a background of reflective practice and awareness of the impact of my own emotional and subjective reactions accompanied with a responsive approach. This was of benefit when potentially faced with vicarious trauma, meaning I was able to mitigate the effects of this by having a boundary of self without over-identification, and avoid it spilling into my life (Kleinman & Copp, 1993). I have always had the capacity to compartmentalise areas of my life to achieve cognitive consonance, perhaps due to neurodivergence (Autism Forums, 2015; Cashin, 2018), which is a behaviour that is of benefit in this type of situation. I set boundaries with participants at the outset in support of this. Additionally, I am accustomed to undertaking physical activity, self-care, and making use of supervision (Bober & Regehr, 2006) to manage experiences of stress and transference.

In qualitative research reflexivity can be used to evidence rigour, however it can also support with the provision of ethical practice (Phelan & Kinsella, 2013). It was important for me to be aware of the influence of my power as an adult and a researcher, and to account for this in selecting a suitable method for young people to participate (Punch, 2002; Phelan & Kinsella, 2013; Vaswani, 2018; Kerracher, 2021). Ward and King (2020) note that the use of participant-centred methods such as drawing positions participants as the experts of their own narratives, and supports with a redistribution of power. I recognised that as the researcher I would have an impact on the research process, particularly as I would be present during the initial meetings, however the way in which these were held may have helped to shift the power balance (Darlington & Scott, 2002) as discussed above. Phelan and Kinsella (2013) advise considering how the researcher dresses and presents themself in attempting to level the power differential, and this was also

an area I paid attention to by wearing the same or similar clothing on each occasion to support congruence. Kerracher (2021), informed by STARR (a group of secure care experienced young people) and 'Youth Just Us', advises that facilitators should show genuine empathy, trust and respect for young people, without being false about this. Because of these factors, I will give a transparent discussion of the context in my write up below.

Glisch-Sánchez (2014) reminds us of the importance of language in reflexive research practice. As a result of this, when analysing the data the intention was to explore the experiences of young people without reaching decisive conclusions, instead inviting the viewer into an opportunity to make sense of these experiences. If we cannot imagine an experience, visualise it or feel it, we cannot enter informed discussions about it, much less argue for an alternative (McNeill, 2019). Creative methods are helpful in this regard as they offer rich resources for the enablement of affective and felt engagement with the participants' experiences (Loewy, 1997), and the resulting dialogue enables understanding and relationships to be developed (Escobar, 2011). Kara (2015) advises of the pressures for researchers to possess skills in the creative methods they are using to gather data. As someone with a strong interest in creating art, I felt sufficiently equipped to be able to analyse the visual data I was seeking to collate. To ensure ongoing reflexivity through the analysis of data, and to monitor my feelings and reactions to the visual images (Guest, 2016), Rolfe et al.'s (2001) framework for reflective practice was employed (figure 7 below), by continually asking the questions 'what?' 'so what?' and 'now what?'. Examples of this are provided in the engagement and methods section above.

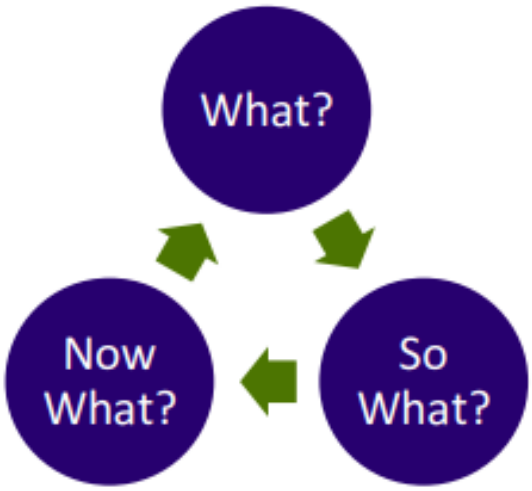

Figure 7: *Reflective Model (Rolfe et al., 2001)*

The need for a researcher to be able to maintain resilience during periods of limited engagement such as those described in the engagement and methods section above is critical, and I found Rolfe et al.'s (2001) framework for reflective practice (see figure 7) supportive with this. Contact with gatekeepers was avidly pursued, ensuring that there were opportunities for young people to meet with me if they chose to do so. When they changed their mind on the day of the meeting, an alternative meeting was quickly scheduled. This was always caveated with a reminder that participation in the research was voluntary, and young people could withdraw if they no longer wished to take part. There are parallels to be drawn with resilience practices in residential child care and child and youth care studies, which Garfat (1999a) describes as 'hanging-in'. There is a careful balance to be maintained in being available to young people, but recognising that they may not be able to engage at this time; akin to Garfat's (1999b) description of 'hanging-out'. For young people who were able to engage with me on multiple occasions, the relational impact of ongoing engagement on a one-to-one basis, and the opportunity to both take part in research and have the space to talk about what felt important, may have had a positive impact on young people's developing sense of self. One young person enjoyed

asking me questions, and so sessions were structured in such a way as to support this, whilst still enabling the construction of data. When reflecting on how it had felt to take part, Bobbie M advised:

> Oh. It hasn't been stressful or anything, I mean I'm used to talking to people about how things are going, what's happening, all the environments I've been in I'm used to doing that and er, happy to contribute to any positive outcomes for future young people that come in to secure.

In exploring the 'balance' that is required in residential child care, Anglin (2002) describes the struggle for congruence, which he defines as being a combination of consistency, reciprocity, and coherence. This can be seen in the struggle that all residential child care organisations have in aligning the various parts of the organisation and the practices within it to consistently and coherently act in the best interests of the children they support. To function well in the service of residential child care, research is also likely subject to this same struggle. With my previous experience in residential child care it was possible to draw on these concepts to present a relational model of research. The ability to triangulate the concepts of knowing, being and doing required by residential child care practitioners (White, 2007) is similarly beneficial to researchers. This is particularly so when engaging with children described as 'hard to reach', such as those invited to take part in this research project, and echoes Steckley's (2020b) explorations of praxis in developing a parallel in educators' and practitioners' knowledge gap between theory and practice. In this instance I was able to draw on my residential child care experience, incorporated into reciprocally integrated, multiple forms of knowing, doing and being, when attempting to align my practice in a relational manner in that ongoing struggle for congruence.

This section has explored the concept of reflective practice, and the impact of my self as the researcher in both the methods of data construction, and data analysis. It has viewed this through the lenses of both autism and care, and considered notions of rigour, power, and ethical practice. The next section offers further exploration of ethical considerations in more detail.

Ethical considerations

'Ethics is a branch of philosophy that deals with the rights and wrongs of human behaviour' (Kara, 2015, p.37). Acting reflexively and ethically were essential throughout the research process (Hugman et al., 2011) with a 'core ethical principle of human agency' (Hugman et al., 2011, p. 656) informing the way that participants were viewed as partners in the production of the research. This was particularly so given ethical concerns noted by others, such as Burgess (1994), regarding the potential intrusiveness of the diary method. Additionally, ensuring the integrity of research through good ethics practice supports the rigour of the process (Israel & Hay, 2006). A strong ethical thread has been present in much of what has been discussed in the previous sections; however this section intends to pull together those existing threads and add to them those matters that didn't naturally arise in the preceding discussion.

Cognisance was given to Cox et al.'s (2014) framework for conducting ethical visual research which identified six categories to be considered. The first three categories correspond with standard qualitative research protocols, whereas the other three are more exclusive to visual research methods:

1. Confidentiality – protecting the privacy and anonymity of the participants and their products.
2. Minimizing harm – considering the potential benefits or harm to individuals from participating in the research.

3. Consent – not simply to participate and have any images collected, but also for them to be analysed, and potentially presented and disseminated.
4. Fuzzy boundaries – the blurring of roles between researcher and participant; the purpose of any visuals collated; and the research itself.
5. Authorship and ownership – issues of ownership relating to the participants' contributions.
6. Representation and audiences – attentiveness to how participants' life stories are visually represented.

I took account of these areas as detailed below.

The three main reasons for ensuring confidentiality are to encourage the participation of participants, to improve the honesty of their responses, and to protect their privacy (De Vaus, 1996). Research participants have a right to privacy and anonymity as detailed in the General Data Protection Regulation (GDPR) (2018). Data was pseudo-anonymised ensuring that personal details of participants and the units were coded and kept secure and separate from the confidential data. Every effort was made to ensure confidentiality, and anonymity of participants, but the limits of this were recognised. This will be discussed further in the ethical considerations, data storage, and write up sections below. Prior to young people's involvement, clear statements on confidentiality and anonymity were shared with them (Wiles et al., 2008). These included a statement confirming that if they disclosed information that suggested a serious risk of imminent harm to themselves or to third parties then I may have been required to pass the information on to the relevant authorities (Kendrick, Steckley & Lerpiniere, 2008).

Whilst young people in secure care have access to technology such as smartphones and tablets to enable them to join online meetings, many of them require to be supervised whilst using it to ensure their safety. Although there was a potential impact on their privacy here, there were

also possible benefits from having a staff member present, such as support to manage anxiety levels or communication, and this was observed during the co-design stage. Potential participants were made aware of whether they must have a staff member present for meetings before deciding on whether to participate, and if possible were given agency over who that staff member was. Young people who took part in phase 2 all expressed a clear preference for face-to-face meetings over virtual ones, so phase 4 interviews were held on site when Covid-19 restrictions allowed for this.

Meetings were recorded, but as soon as the transcription of these was complete the recordings were deleted. Care was taken to ensure that participants understood that the sessions were being recorded. Ethically, this is enhanced in virtual meetings by Zoom/MS Teams showing text that says 'recording'. Zoom/MS Teams provides additional features to support safe, accessible focus groups, such as the ability to prevent private chat, to turn off cameras and contribute through chat, or to offer the use of closed captions. An additional ethical concern for ongoing meetings was the possibility of young people becoming overly reliant on them as a source of support. It was made clear to young people at the outset that the purpose of us meeting was not to provide ongoing support, and if required young people would be directed to alternative forms of support.

Confidentiality can be particularly difficult to achieve in qualitative research, due to the increased potential for people to be identified through their products (Bryman, 2008), and the invasion of privacy was a particular concern in the use of photographs (Punch, 2002; Gray & Malins, 2004; Fassetta, 2016) and audio diaries (Mupambireyi & Bernays, 2018). The impact of photographs on young people's privacy was explored with the research gatekeepers, and it was agreed that any photographs would not include the faces of individuals who had not consented to participate in the research. Assurance was offered to

participants that the inclusion of phrases or images particular to individuals that might make them more easily identifiable would be avoided. As young people all had their own bedrooms which were always locked, young people were able to keep their data submissions safe and limit the access to them by others. This reduced the possibility of the data submissions causing distress to other young people.

Research should benefit the participants as well as the researcher (Wassenaar, 2006), and I would argue that this should be the case increasingly so for participatory research, by the very nature of its design. There were potential benefits for young people in taking part in my research, as an opportunity to examine their developing self (Warharm, 2012) through creative reflection on their experiences (Thomson, 2008). Kendrick, Steckley and Lerpiniere (2008) advise that there may be direct, indirect, intrinsic, or altruistic benefits for young people in participating in research, however it is important that they understand the potential impact of the research prior to taking part and this can be difficult to convey (Phelan & Kinsella, 2013). There was also the potential for young people to experience emotional harm, as the process of producing the images may be a difficult one (Cox et al., 2014). This was a particular concern for me given the vulnerability of the participants.

Whilst the participation of children and other vulnerable groups in research does raise questions about ethics, 'little is said of the harm of over-protecting children by silencing them and excluding them from research' (Alderson & Morrow, 2011, p.19), with stories that are not told leading to a 'moral muteness' (Bird & Waters, 1989; Mockler, 2007). Some have argued that the ethical approval pendulum has swung too far (Skelton, 2008), that the rights of children have been overlooked in this (Bell, 2008), and that this in itself is unethical (Robson, 2011). Alderson and Morrow (2011) discuss the assessment of risks and benefits of children's participation in research. They include within this the need to

weigh the probability and severity of the potential for harm (such as becoming upset) against the possibility of benefits (such as increasing confidence and sense of relief from sharing feelings and reflecting on experiences; or of contributing to the research and having the potential for influencing other young people's future experiences). Potential distress related to the construction of data was mitigated for in my research to prevent upset from becoming harm. This was done through the consideration of two routes to this distress, these being:

1. research which causes upset to participants by asking them to reflect on their experiences (for example if their usual coping method is a form of denial)
2. distress which is present anyway (for example due to bullying), but the research highlights it.

Ongoing engagement with gatekeepers encouraged them to share appropriate information with me on how young people were feeling, and whether they were in a suitable frame of mind to participate. This was found to work successfully during the research and ensured a supportive approach as discussed in the engagement and methods section above.

Whilst young people were advised that if they disclosed information that suggested a serious risk of imminent harm to themselves or to third parties then I may have been required to pass the information on (Kendrick, Steckley & Lerpiniere, 2008), measures were also agreed to support young people where disclosures raised concerns about wellbeing but did not meet the threshold of serious imminent harm. As my role as the researcher was not to provide ongoing support to young people, this would have been done (if required) by directing them as appropriate during each engagement to other individuals and services who were able to provide this support. For example unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans and Childline.

For consent to be informed, participants must be aware of what will or may occur during the research and be able to understand what this means. Capacity to consent is often related to whether children are 'Gillick competent', that is whether they are defined as capable of consenting to medical treatment or decisions about their care (Bennett, 2017). Approaches to consent employed with very young children (Arnott et al., 2020) were also of relevance to consider, for example the use of an information video, narrative supported with visuals, or 'behavioural' consent for non-verbal children. Due to the age and developmental range of the group, combined with the fact that the young people were 'looked after', a three-pronged approach to consent was used:

- For young people under the age of 16, consent was sought from those with parental responsibilities (parents or Social Workers), in addition to the young people's own consent (see consent forms for young people, and consent forms for those with parental responsibility in appendix M4).
- For young people over the age of 16 who were deemed to have the capacity to give consent, the young people's own consent was sought, and those with parental responsibilities (parents or Social Workers) were advised of the research project through an information sheet (see consent forms for young people in appendices M1, M2, and M3, and information sheet for parents v2 in appendix L3).
- For young people over the age of 16 who were not deemed to have the capacity to give consent (as determined by gatekeepers and based on a diagnosis of a learning disability), consent was sought from those with parental responsibilities (parents or Social Workers), in addition to the young people's own consent (see consent forms for young people, and consent form for those with parental responsibility in appendix M4).

To enhance accessibility, the consent forms were individualised for young people and those with parental responsibility, as detailed above, and the support of each unit was sought in distributing these (see appendix N).

I put processes in place to support young people experiencing their decision of whether to take part as voluntary and free from coercion, (Hardwick & Worsley, 2011) and this was discussed with gatekeepers. To employ a more relational model of consent seeking I utilised a staged or stepped approach to consent (Pink, 2013; Jenkins et al., 2016) to allow young people to participate on an individualised basis, for example by sharing their diaries for analysis but not for presentation, or having them destroyed once analysed. This allowed them to retain ownership of the diaries. Additional consent was sought prior to each meeting (see appendix O). Respondent validation was sought (as detailed above) and this is also regarded as good practice for consent (Murray, 2002; Hardwick & Worsley, 2011). In Enell and Wilińska's (2020) research in secure care they sought parental consent for young people under the age of 15, in addition to the young people's own consent, and I employed a similar approach in this research.

In addition, it was important for me to operate under the notion of assent and on-going consent (that young people were accepting their involvement, but could bring an end to this at any point if they chose to do so) (Beresford et al. 2007; Dickins, 2008; Phelan & Kinsella, 2013). To ensure informed consent I advised the participants on what would or may occur during the research process, how to withdraw (Darlington & Scott, 2002), and supported them to understand what this meant (Hardwick & Worsely, 2011). This necessitated providing clear information that was relevant for young people's understanding in order for them to make an informed decision about their involvement (Kendrick, Steckley & Lerpiniere, 2008), including simple language, short sentences, photographs and pictures to support a range of communication styles and enhance accessibility (Darlington & Scott, 2002), and a personal approach with use of active voice (Alderson & Morrow, 2011) (see appendices L and P).

The role of the research, and relationship between myself as the researcher and the participants, was made clear at the outset. This was kept under review during the research project, for example in relation to the use of focus groups. Research bias can be harder to avoid during research projects of prolonged involvement (Robson, 2011) such as this. Allen (2009) and Phelan and Kinsella (2013) cite difficulties with gaining ethical approval in using visual methodologies with children. Ethical approval was sought from the University Ethics Committee before commencing with the research (see appendix Q), and from the units that required me to seek separate ethical approval from their organisations (see appendix R), however I also held myself ethically accountable to the young people who were participating in the research by consulting with participants throughout the process; ensuring transparency with regards to how the data would be analysed and represented; and being receptive to any concerns or suggestions raised by participants. To ensure equity of participation, other ethical related matters specific to visual research (Ward & King, 2020), such as the provision of art materials, and access to cameras and the Internet, were discussed with gatekeepers prior to the research commencing.

Careful consideration was given to how the young people's data would be used in writing up the findings, so that they were not given a merely illustrative function. Given that the young people were understood to have ownership of the data, using it in this way was dependent on their consent as discussed above. Care was taken to protect young people's anonymity by using pseudonyms. However it was recognised that there were other factors that may make young people identifiable such as the content of their data, so specific details were redacted where it was felt they increased the chance of young people being identified. It was intended to present the findings of this research in a manner that would largely allow the data to do the talking with the use of a rich picture (see figure 8, presented at the end of the discussion chapter) employed to offer a visual narrative parallel to the academic narrative. As

well as offering a visual representation of the key findings of the research, the use of a rich picture was intended to make the research findings accessible to the young people who participated. Issues relating to authorship, ownership, representation, and audiences are discussed further in the data analysis section below and the chapters that follow.

This section has explored ethical considerations that were of relevance to this research, through the lenses of confidentiality; minimizing harm; consent; fuzzy boundaries; authorship and ownership; and representation and audiences. Particular attention has been paid to ethics in the context of visual methods. The next section leads us to consider the ways in which the data was stored safely and electronically.

Data storage

Where Covid-19 restrictions meant that site visits were not possible, Outlook, Zoom/MS Teams and WhatsApp/OneDrive were used to allow data to be gathered electronically. WhatsApp was chosen as it was relevant and accessible to young people, but also offered end-to-end encryption, ensuring that data would be kept secure. It afforded a different means of communication and engagement, as advised by Kerracher (2021), informed by STARR and 'Youth Just Us'. Young people were asked to use a voice recorder app, which is free and easy to install, if they had wished to use audio diaries, or to take photographs of any written diary entries or artwork. Both voice notes and photos are easy to share directly with the intended recipient over WhatsApp.

This method of data construction not only allowed young people to retain the original product (the written work, audio recording, artwork or photograph) as the 'owner' of it if they wished (Cox et al., 2014), but also reduced the need for physical contact as required by the restrictions brought in as a result of the Covid-19 pandemic (World Health Organization, 2020).

I set up a WhatsApp account separate to my personal one, installed this on a password protected PC (and encrypted phone) and set up two-step verification which meant that it could not be installed on another device without the use of a 6-digit PIN. Media visibility (functionality which automatically stores data on the device), 'last seen' status, and read receipts were all turned off. When data was received, it was transferred to the University's One Drive for Business site, and then deleted from WhatsApp. This WhatsApp account was deleted once the data construction phase of the research project concluded. The inclusion of WhatsApp for data construction or other research purposes was deemed acceptable by the University's Information Security Team from a data security standpoint (see appendix S).

When storing the information gathered, I took into consideration the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (2018), and ensured that the data was pseudo-anonymised and that personal details of participants were kept secure and separate from the confidential data (Hardwick & Worsley, 2011). It was agreed that data would be held for no longer than five years, and would be destroyed after that time. Additionally participants were informed about their right to access information under the Freedom of Information (Scotland) Act (2002).

A robust data storage system protects the authenticity of the research. A data management plan was prepared, and approved by the University's Research and Knowledge Exchange Services team (see appendix T), to outline how the data would be handled both during and after the research project, with the aim of ensuring data was well managed and an audit trail maintained (Robson, 2011). This gave due consideration to all aspects of data management, including the collection and storage of data; the generation of metadata; and the analysis and preservation of data. It evidenced accountability, as detailed in Article 5(2) of the GDPR, and was of benefit in ensuring the integrity of the

research, and compliance with the University's Research Code of Practice, in addition to the factors discussed above.

This section has explored the ways in which data was stored safely and electronically, in line with the relevant legislation, which leads us to explore data analysis in the following section.

Data analysis

The participant-generated text and images (Cox et al., 2014), along with transcriptions of any interviews young people took part in, were collated as data. Transcriptions included notes on non-verbal aspects and dialect as these offer another window into people's experiences (Vicary & Ferguson, 2024). Despite the use of creative methods, the analysis of data was still required to be methodical. Visual methods could be perceived as being more susceptible to subjective and multiple interpretation when compared to more traditional data gathering methods, as they are less open to commonly agreed translation. However all data is subject to interpretation, and must be understood as a way of constructing multiple realities within the context of the self and relationships (Frith et al., 2005). Even verbal narratives require a level of interrogation and interpretation to access the meaning (Taylor, 2001) as words and phrases are not accompanied by a precise meaning (Parker & the Bolton Discourse Network, 1999).

In identifying a sufficiently rigorous method for data analysis which was reflective of my methodological position, I considered several approaches. Pietkiewicz and Smith (2014) advise that it is helpful to use a recognised methodological framework, and I would argue that this enhances the rigour as the procedure is already established. However Smith (2004) suggests that these frameworks be viewed as guidelines only, and that the need for adaptation be recognised. As will be explored below, I adapted previously existing frameworks to ensure they were a good fit for this research. Due to the epistemological position, and focus

on hearing and understanding the participants' voices and lived experiences in this study, Interpretative Phenomenological Analysis (IPA) was employed to make sense of and contextualise young people's views (Larkin et al., 2006; Smith, 2011; Smith, Flowers & Larkin, 2022). IPA maintains a phenomenological emphasis on the experiential voice of participants, which sets it apart from other methods such as discourse analysis (Smith, 1996; Larkin et al., 2006), as this has a greater focus on how participants construct their lived experiences rather than how they make sense of them (Smith, 2011). Despite the level of flexibility that IPA affords, as will be discussed below, it still offers a rigorous approach to data analysis that allows interpretation at a conceptual level (Larkin et al., 2006).

IPA developed in the 1990s, to inform the detailed exploration of individual experiences (Kirkham et al., 2015). It is informed by three main theories, these being phenomenology (as discussed above) (Smith, 2004), hermeneutics, and idiography (Bartoli, 2019; Smith, Flowers & Larkin, 2022). Hermeneutics inquiry can be used to interpret hidden meaning in text, including that which is visual (Higgs et al., 2012). Idiography is concerned with the particular, and so in this instance with the uniqueness of experience. This is evidenced through the detailed analysis of one case until gestalt, or saturation of the sum of the parts, is achieved before moving to cross-case analysis (Smith, 2004; Smith, Flowers & Larkin, 2022). Smith (2004) advises that IPA is also inductive in the sense that research questions are broad enough to capture any unanticipated themes (as mine were), and interrogative in the way in which it relates any arising themes back to existing literature.

One concern for me in the use of IPA was that it has been primarily employed in the realm of health psychology (Smith, 2004; Brocki & Wearden, 2006), and this could be seen as viewing autism through a medical lens, however it has become increasingly popular in other areas (Pietkiewicz & Smith, 2014) and the benefits it afforded outweighed these

concerns. It has also mainly been used alongside semi-structured interviews, however Smith (2004) notes that he found diaries to be an important source of data in his IPA research. Larkin et al. (2006) advise that IPA is suitable for research involving a small number of (usually homogenous) participants who provide rich data in verbatim accounts through methods such as diaries. It will typically focus on their experience of a 'specific event, process or relationship' (Larkin et al., 2006, p.104) which Smith (2004) suggests may be life-transforming. Due to these factors it was deemed a good fit for my research. Others, such as Huws and Jones (2009) and Gaffney (2020), have used IPA to micro-analyse (Kirkham et al., 2015) the experiences of autistic people, and to identify key themes both for individuals and across the group.

Banks (2007) suggests that a different approach to the analysis of visual data can be of benefit in accounting for the qualitative differences (sensory experiences and contextual differences), rather than pursuing more traditional textual forms. Given that my research constructed both linguistic and visual data, consideration was given to a method of analysis that would account for this. Bartoli (2019) adapted the six stages of IPA (Smith, Flowers & Larkin, 2022) to analyse both verbal and visual data, determining that the combination of these research methodologies resulted in a deeper understanding of participants' lived experiences. Her six-step model can be seen in figure 9 below, and it was this that I used to inform my journey of data analysis. While this framework was used as a guiding principle, my understanding of IPA was considered on a more holistic basis to avoid the mechanistic approach of adhering strictly to the framework as warned by Vicary and Ferguson (2024).

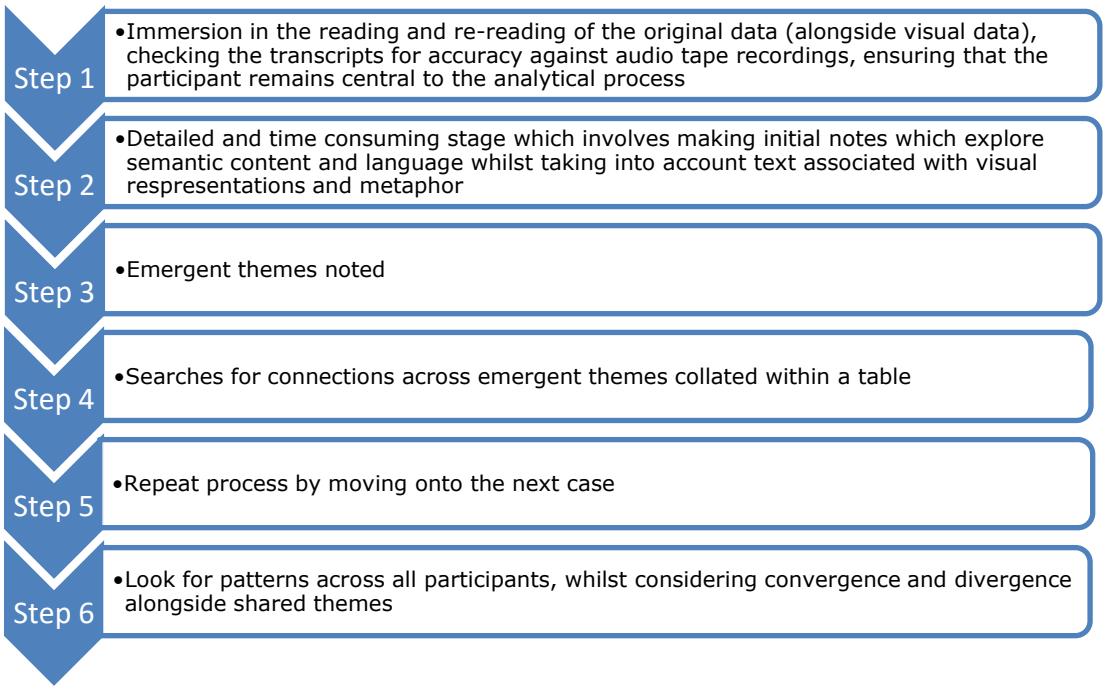

Figure 9: *IPA six-step journey (Bartoli, 2019, p.1011)*

Step 1

Larkin et al. (2006) recognise that research can never truly achieve a first-person account, and so participants' voices should be considered within the context of their individual realities and relationship with the researcher (Frith et al., 2005) to produce a third-person account which allows us to get as close to the experience as possible (Larkin et al., 2006). To do this, I immersed myself in the data and played with it, to allow me to both take it apart and understand it as a whole (Gray & Malins, 2004), whilst striving to make sense of it experientially (Kirkham et al., 2015) and describing the world as my participants did.

Step 2

Identifying the participants' 'experiential claims' and primary 'objects of concern' supported the first level of descriptive coding (Larkin et al., 2006). Smith (2011) defines this as a 'double hermeneutic' process, as the researcher tries to make sense of the participant trying to make sense of their experience. 'The researcher is inextricably linked with uncovering meaning while also making sense of it. In short, the

phenomenon cannot be known without the interpretation.' (Vicary & Ferguson, 2024, p.6). In the realm of visual methods this becomes 'triple hermeneutic' (Bartoli, 2019), as the researcher tries to make sense of the participant's interpretation of the visual representation of their experience (Kirkham et al., 2015). Banks (2007) advises that the relationship between all stakeholders (including the researcher) be made clear, by referring to internal and external narratives in combination with perspective. Gioia et al. (2013) argue that the presence of both the participants' and the researcher's voices in this manner enhances the rigour in the process of establishing connections between the data and inducted concepts. This hermeneutic circle maintains the individuals' lived experiences as central throughout the process (Kirkham et al., 2015), as 'the part is interpreted in relation to the whole, and the whole is interpreted in relation to the part' (Pietkiewicz & Smith, 2014, p.12).

At this stage, the IPA framework was adapted to take account of the visual data constructed. Lee and McFerran (2014) developed IPA frameworks in conjunction with video methods, to create Interpretative Phenomenological Video Analysis which utilised a slightly different structure to allow account to be taken of the visual aspects of the video data. However I found Guillemin's (2004) Visual methodology framework (see figure 10 below) developed through her analysis of visual data constructed during research about health, to be a better fit for my data. She modified Rose's (2001) critical visual methodology framework, accompanied by a thematic analysis of the participant's verbal and visual data. From this, Guillemin (2004) defines three forms of meaning in visual methodologies: the production of the image; the image; and the relationship between the image and its audience. Rose (2001) advises that these three 'sites' are impacted by three 'modalities', which are the compositional (genre, content, or use of colour), technological (type of paint or camera used), and social (political, social, and economic lenses through which the image may be viewed). I found Guillemin's (2004) framework to be a good fit for IPA. This is because, in a similar manner

to the way in which IPA analyses more than just the content of the words, it considers more than just the components of the image. In taking account of the broader context in the visual analysis it mirrors the approach of IPA, which Smith, Flowers and Larkin (2022, p.79) liken to 'free textual analysis'.

Production of the image:
• The context in which the image is produced • When was it made? • What events preceded the drawing, both in terms of the participant's condition and the relationship established between participant and researcher? • Where was the image made? • Who drew the image? Was the participant able to draw the image her or himself, or was assistance required? • What was the response of the drawer to the request to produce the image? • What are the relations between the drawer and the subject of the image?
About the image:
• What is being shown? What are the components of the image? How are they arranged? • What relationships are established between components of the image? • What use is made of colour? What colours are used? What is the significance to the drawer of the colours used? • What do the different components of the image signify? What is being represented? • What knowledges are being deployed? • What knowledges are excluded from this representation? • Is this a contradictory image? (to other data collected, for example in interviews)
Relationship between image and audience:
• Who was the original audience for this image? • Where is the viewer positioned in relation to the components of the image? • What relation does this produce between the image and the viewers? • Is more than one interpretation of the image possible? • How is it redisplayed?

Figure 10: *Visual methodology framework (Guillemin, 2004, pp.284-285)*

Kirkham et al. (2015) employed a similar approach in their visual methods research exploring experiences of pain through IPA. As part of stage 2 they considered not just the content of the images produced, but also the form (Banks, 2001) such as the colour, style, and tone, whilst keeping the analysis grounded in the participants' own narratives.

Similarly, Pietkiewicz and Smith (2014) advise examining context, language style and content of linguistic data as this can enhance reflections and insights. Banks (2007) notes that the content and the form of an image are analytically separable, and consideration should be given to the extent to which mode dictates content.

Trifonas (2015) discusses whether images can autonomously convey meaning without the use of text, given that they can create more than one meaning. He concludes that semiotics provides a methodological framework for exploring the levels of meaning of images as 'pictorial text', giving an example of how the relationship between colours, figures, and forms in each image combine to create a meaningful whole in the same way that text does. Semiotics offers a deeper exploration of the meanings that images create than compositional analysis (descriptive interpretation) or content analysis (quantitative approximations of meaning) do (Rose, 2001). Like IPA, semiology is often conducted in a detailed manner on a small number of images (Rose, 2001). Giving cognisance to the factors detailed above, I took notes on all matters of interest that appeared significant before moving to step 3.

Step 3

During step 3, the notes on significant areas of interest were assigned thematic labels to ensure the transformation into themes was supported by illustrative material. In a similar manner to Fassetta (2016), I coded any images by referring to the visual and/or the text, and then grouped the codes into key themes. Wu et al. (2018) also developed a coding tool to classify images from the media in their research about the coverage of vaccines. Bartlett (2012) analysed data manually from the flexible diary method (audio, photo, and written) using thematic and content analysis along with interpretive techniques. She classified photographs according to both how she saw their meanings but

also how participants interpreted them; coded the data; and then constructed themes to link the categories' relationships.

Interpretative analysis was employed to position young people's lifeworlds and conceptualizations of these within the wider empirical theoretical, social and cultural contexts, to reflect on the meaning of the data and offer a conceptual commentary and contextualisation of this in the resulting theoretical framework (Larkin et al., 2006). In developing personal experiential themes (PETs), judgement was required on my part as the researcher in interpreting participants' sense making in a way that accurately represented their experiences (Vicary & Ferguson, 2024). IPA purports the ethical portrayal of truth, therefore interpretation is recognised as the researcher's contribution to the findings, rather than the superimposing the researcher's views over the participants' (Bartoli, 2019). Ward and King (2020) recognise that thematic analysis works well for visual data, providing that the participants' voice is prioritised, and the researcher focuses on the themes rather than impressing their own meaning upon the visuals. Banks (2007) expressed similar concerns regarding the meanings that may be assigned to images by researchers when coding them.

Step 4

The connections across emergent themes were collated, including each superordinate theme, and the themes which it related to. Structuring the emerging themes during the analysis of data was supportive in evidencing rigour (Gioia et al., 2013), and allowed connections to be reviewed and interrelationships across the group to be established. The conceptual framework of the identify dial was used to support the developing map of the themes, leading to the creation of a thematic framework in a similar way to the second stage of framework analysis (Ritchie & Spencer, 1994). Consideration was given to using a Computer Assisted Qualitative Data Analysis software package (Denscombe, 2010) to identify the data corresponding to the themes by

coding or indexing (Silver & Lewins, 2014). The main benefit of this software is the speed and precision with which data can be sorted (Silverman, 2005), and its ability to manage images as well as text, linking data constructed through different mediums (Moss, 2008). However Smith, Flowers & Larkin, (2022) advise that the way specialist software treats codes can be unhelpful, so instead the data was explored in written and printed form (Vicary & Ferguson, 2024) by taking notes in the margins and physically cutting up the data to allow it to be collated into emerging themes.

Step 5

Following the cyclical nature of IPA, the process was repeated with the next participant's data, whilst modifying, discarding, reintroducing, or maintaining themes. This has similarities with the fourth stage of framework analysis (Ritchie & Spencer, 1994) where data is charted by taking it out of context and placing into a matrix of the themes identified. Twells (2018), who used mixed methods research in a youth offending service with young people and professionals, created two thematic maps to illustrate the data for each group of participants.

Step 6

To achieve a structured approach to analysis, cumulative coding (generating patterns of meaning within transcripts), and integrative coding (generating patterns of meaning across a set of transcripts) were utilized as part of the IPA approach (Larkin et al., 2006). This afforded both the presentation of shared themes and collective experience (convergence), but also the individual nuance of how these themes were experienced (divergence) as described by Smith (2011). Moving between the emic and etic in this way (Pietkiewicz & Smith, 2014) evidenced both the participants' experiences, and my construction of these experiences as the researcher (Smith, Flowers & Larkin, 2022) as I made sense of the data in parts, and as a whole (Vicary & Ferguson, 2024). This was supportive of the development of higher-level theories, without being

reductionist. It has similarities with the final stage of framework analysis, mapping, and interpretation, (Ritchie & Spencer, 1994) where findings are analysed to offer a higher-level synthesis (Gray & Malins, 2004). I created a schematic diagram of the associations between the themes, and this guided me in identifying concepts and developing explanations for these using a narrative analysis (Bagnoli, 2009).

This section has drawn on others' frameworks to detail the steps taken in my analysis of the data. This leads us to explore considerations in the writing up of the data, in the next section.

Write up

Some young people had less to say than others. This has influenced the volume of data constructed, and the number of themes identified. Smith, Flowers and Larkin (2022) recommend the use of co-production to mitigate some of the impact when using IPA with people who may be less articulate, and this research project was co-designed as outlined above. Carey's (2019) research with six autistic young people living in low secure wards which used semi-structured interviews combined with an art-based activity, was analysed using IPA. Despite participants' tendency to give short, one-word responses, this method of analysis was found to be suitable. Rose et al.'s (2019) review of the use of IPA in research with people with intellectual disabilities concluded that it was a suitable methodology. To alleviate concerns they advise researchers increase transparency about sampling with detail on the characteristics of samples, and develop more detailed analyses. '…if IPA is applied appropriately, verbal articulacy should not be a stumbling block' (Rose et al., 2019, p.1014). As advised by Smith (2011), the rigour of analysis was upheld through simultaneously attending to both the breadth and depth of the themes identified, and being clear about the prevalence of each theme.

In writing up the findings, careful consideration was given to how the young people's words and images would be used. There is no 'correct' way to write up IPA as it is a creative process, however Smith, Flowers and Larkin (2022) advise ensuring voice is given to the full range of participants by allocating a large percentage of the write up to transcript extracts, and exercise caution against relying solely on more articulate contributors. As well as the extracts enhancing transparency of the evidence base, 'an IPA narrative represents dialogue between participant and researcher and that is reflected in the interweaving of analytic commentary and raw extracts' (Smith, Flowers and Larkin, 2022, p.113). The development of understanding of the data, and simultaneously the understanding of IPA, were both an iterative process for me, resulting in meaning being created in layers over time. Reflexivity is an important part of this process (Vicary & Ferguson, 2024); throughout the analysis consideration was given to who I, as the researcher, am as a person, and the ways in which this influenced the analysis and inclusion of data. For example, my preference for clear structures and patterns influenced the way in which I originally organised the data. When I reflected on this, I was able to make alternative decisions that better served the data, as discussed in the section on Group Experiential Themes below.

Whilst recognising that there is no 'right' way to do IPA, given the significance of young people's voice in this research project consideration was given to including the participants' personal experiential themes (PETs) in the body of the thesis. It was felt that the group experiential themes (GETs) offered a comprehensive reflection of what young people wanted to express, both in terms of commonalities and differences, and the weight of their narrative was not lost in these. However, it was important to me to amplify each young person's voice and allow others to experience their world as closely as possible. Therefore, I have presented the participants' personal experiential themes (PETs) in separate 'findings and analysis' sections for each young person in the appendices (see appendix V), highlighting the PETs in bold with their integrated

subthemes in italics. This allows the reader direct access to what young people told me in greater detail, and offers assurances on the rigour of analysis.

Nizza et al. (2021) suggest that strong experiential accounts are a marker of high-quality IPA, as is the use of narrative as it is a continuation of the hermeneutic circle. In writing up each young person's PETs I have included not only the narrative of my interpretation, but also as much of the transcribed data as possible, including for one young person who was able to offer only a very small amount of data. What that young person told me, as with what all young people told me, was significant, and ethically it felt important that their experience not be excluded from the findings simply because of volume. Connections are made between young people's PETs in the findings chapters which follow, by exploring group experiential themes (GETs) to show convergence and divergence (Nizza et al., 2021) and making links between these and the existing literature.

Banks (2007) warns against using images merely as an illustrative function. 'That images are multivocal, and 'speak' to different people in different contexts in different ways, is an axiom of visual research itself' (Banks, 2007, p.94). Equally, Gray and Malins (2004) argue that the sole use of language as a means of expression is restrictive, and I was clear about my desire to employ creative methods in the 'write up'. In a manner related to how research participants with disabilities, or those who are of a young age, are now worked 'with' rather than 'on' (Thomson, 2008), Banks (2007) suggests working with the visuals, and allowing them to speak for themselves. Difficulties with this relate to concerns about anonymity (Bryman, 2008), ownership of the images (Banks, 2007), and interpretation (Punch, 2002; Ward & Shortt, 2018), as have been discussed elsewhere in this thesis. In a similar way to which McNeill (2019) weaves the photographs taken by research participants through his book, alongside an illustrative short story and

related musical productions; or Douglas et al. (2019) present alongside their paper multimedia stories in the form of videos created by autistic people and their carers, intended to reconstruct autism; I have presented images produced by the one participant who chose to use visual methods in the chapters that follow. I understand the young person to have ownership of the images (Banks, 2007), and they consented for the images to be used in this way, as outlined above.

Care was taken to protect young people's anonymity in the chapters that follow, using pseudonyms (Wiles et al., 2008), and the removal of the details of the names and any identifying features or practices of the units. However it was recognised that there are other factors that may make young people identifiable, such as the content of their images. Specific details that were considered to increase the chance of young people being identifiable, such as features of pets, siblings, and locations of events, have been redacted. Consideration was given to using pen portraits to introduce each young person, however this was decided against as it may have increased the chance of young people being identifiable. Gender neutral pseudonyms were chosen for young people, to further protect their anonymity and reflect the gender variance across the autistic community (Strang et al., 2014; Janssen et al., 2016). Two young people chose their own pseudonyms (these happened to be the same, so a spelling variation and an initial letter have been used to differentiate). Mannay (2016) suggests that whilst anonymising images may be desirable in the dissemination of research findings, in participatory approaches it can be aligned with silencing the participants' voice. She suggests translating it into another format such as poetry, to both retain anonymity and the impact of the data. However I was cautious about the process of translation from one medium to another, as this can result in a loss of impact (Gray & Malins, 2004). This led to further exploration of alternatives. In 2019 one of the secure centres in Scotland held a 'Looking Ahead Event' (The Good Shepherd Centre, 2019) with a variety of interactive and experiential workshops for key

stakeholders, and supported by a LEGO® Serious Play® facilitator (Faulkner, 2019), a storyboard artist (Ogilvie, 2019), and a videographer (McAlpine, 2019). Inspired by this, and graphic novels such as that by Mackesy (2019), I strove to present the findings of this research in a manner that largely allowed the visuals to do the talking.

As a result of the above considerations, I employed the use of a rich picture (see figure 8, presented at the end of the discussion chapter) to offer a visual narrative (Banks, 2007) parallel to the academic narrative necessary for the purposes of this thesis. Rich pictures are similar to storyboards, which originated from the animation film industry's visualisation of written scripts to provide a visual shorthand, where multiple sketches assembled in a linear manner depicted the movement of objects and characters to capture the key elements of a scene, although their use has expanded in recent times (Rousseau & Phillips, 2013). As well as offering a visual representation of the key findings of the research, the use of a rich picture was also intended to make the research findings accessible to the young people who participated (Banks, 2001). Working with the freelance illustrator (Shorrock, 2025) was an iterative process that supported me in thinking through the findings and identifying the key themes it was important to convey.

Others have used storyboards in their projects, particularly recently so in secure care ('From me, for me, with me' (in Scottish Government, 2019c); The Good Shepherd Centre, 2019); in research with marginalised groups (Mitchell et al., 2011); including with autistic young people (Bottema-Beutel et al., 2017); or those who are care experienced (Vaswani, 2018); and to explore identity (Ball, 2020). Similarly, Banks (2001) describes the use of the 'photographic essay' in the presentation of research findings. Write up of IPA generally leads to a narrative account which includes both the participants' experiences in their voice, and the interpretative commentary of the emic perspective

(Pietkiewicz & Smith, 2014; Smith, Flowers & Larkin, 2022). This is often followed with discussion by reflecting on the themes, relating these to existing literature, and considering the limitations and implications for future (Pietkiewicz & Smith, 2014). A rich picture was therefore an ideal fit for the presentation of this, as speech and thought bubbles could be used to present multiple participants' voices and experiences (Lomax, 2011), with captions to express the researcher's accompanying dialogue for each scene.

This section has detailed the factors that were given consideration in the writing up of young people's data, and the rationale for this decision making. That brings us to the final section of this chapter, in which the Group Experiential Themes (GETs) are outlined and mapped to the Personal Experiential Themes (PETs) and subthemes.

Group Experiential Themes (GETs)

Before exploring the first theme I wanted to lay out an overview of the Group Experiential Themes (GETs) as a whole, and the ways in which these relate to the Personal Experiential Themes (PETs) and subthemes explored (see appendix V) for each young person, as well as the research project's aim and objective. As explained above, the GETs were arrived at by working with the data in a cyclical manner to move between the emic and etic, and create codes. Paper copies of the data and my notes were worked with to explore patterns across the data, with the predominantly emerging themes becoming GETs, and smaller but related themes becoming subthemes for each (see appendix W). Table 5 below should help to orient the reader and offer assurances on the rigour of analysis (Smith, Flowers & Larkin, 2022) by providing an overview of the GETs mapped against the PETs.

Table 5: *Table of GETs with PETs mapped*

STRUCTURE	
Secure care as structured routines	Ziggy
Routines in secure care helpful	Ziggy
Daily routines are helpful	Lindsay
Structure and routine beneficial	Sammy
Daily routines are helpful for supporting to know what was happening	Bobbie M
Secure care as a punishment	Ziggy
'Good self' incompatible with societal construction of children who are deprived of their liberty	Lindsay
Secure care shouldn't be for autistic young people or those with mental health needs	Andi
Secure not appropriate for young people with mental health needs	Andi
Societal perceptions impact on sense of self	Bobby D
Limited autism awareness of others	Bobby D
Internalised society's response	Bobby D
SCARED	
Overwhelm made it difficult to process or retain information	Charley
People not telling them what was happening	Bobby D
It can be difficult to process the admission to secure care	Charley
Secure care is experiential	Andi

Secure care presents an unknown structure	Bobby D
Secure care as a fear of the unknown	Sammy
Future admissions are easier	Sammy
FLEXIBILITY	
Different young people had different rules	Andi
Secure care as an inconsistent environment	Ziggy
Consistency across the secure centres	Ziggy
Inconsistencies in staff practice	Sammy
Inconsistency in implementation of the rules can be confusing	Bobbie M
Secure care reduces your autonomy	Bobbie M
Should be more flexibility with rules, based in young people's age and how much support they need	Bobbie M
Blanket rules are confusing and unhelpful	Lindsay
CARE	
Difficulty making sense of the rules	Ziggy
It can be difficult to make sense of the rules in secure	Lindsay
Secure rules make sense to keep us safe	Andi
Sense of containment through the use of boundaries	Andi

Struggle to understand the routines and rules	Sammy
Secure care as deprivation of liberty	Bobby D
Deprivation of liberty element different	Bobby D
Deprivation of liberty element challenging	Charley
Using 'secure criteria' to try and make sense of admission	Lindsay
Tangible constructs are more easily identifiable	Lindsay
RESTRICTION	
Restrictions both kept them safe and deprived them of their liberty	Lindsay
Inconsistencies between the way the environment looked, and what this meant in terms of feeling safe	Ziggy
Environmental rules made sense	Andi
Restrictions of the environment form part of the rules	Lindsay
Lack of consistently felt safety	Bobby D
Secure care as physical safety	Lindsay
Felt like a safe place	Lindsay
Secure care as physical containment	Charley
Secure care as emotional safety	Sammy
Secure felt like a safe place	Sammy
Physical space was supportive	Sammy
Sense of community and nurture	Andi
Experience of staff contradicts the fear and uncertainty	Bobby D

NURTURED	
Food was not good	Bobby D
Food was an important feature	Ziggy
Quality of food helps to feel nurtured and well cared for	Bobbie M
Sense of calm as a result of their time in secure care	Ziggy
Normal family activities and experiences helped to create a sense of home	Andi
Secure care as a nurturing setting	Bobbie M
Relaxed atmosphere helps to unwind and feel calmer	Bobbie M
Able to engage with activities that were important to them and enhanced identity	Bobbie M
Limited access to exercise or other preferred activities	Andi
Miss being outdoors in the fresh air and countryside	Bobbie M
Noises from the day of admission were significant	Andi
Relational importance of key staff	Sammy
Relational importance of staff	Ziggy
Secure care staff help me process how I'm feeling	Bobbie M
Staff were important in helping to feel safe	Bobbie M
Individual people were important	Bobby D
Secure care offers beneficial relationships	Charley

Enjoying relationships	Charley
Secure care offers a range of relationships	Lindsay
Felt better understood previously	Lindsay
LOSS	
Secure care changes relationships	Sammy
Loss of connection to family and pet	Andi
Maintain a relationship with their mum	Ziggy
Reduced contact with family and friends	Sammy
Relationship with mum interrupted	Lindsay
Secure care as the loss of key relationships	Andi
Sense of loss felt for key people	Andi
Difficult to be away from family	Bobbie M
Secure care offers transformational relationships	Bobby D
Secure care as transformative relationships	Ziggy
Self-reflection is difficult	Lindsay
Difficult to articulate own identity	Sammy
Struggle to articulate own identity	Bobby D
Difficult to process the impact of others	Ziggy
Did not view themself as having changed	Lindsay
Limitations of secure care to enact change	Sammy

Secure care had had a limited impact on their life	Sammy
BELONGING	
Secure care as shared experiences	Ziggy
Shared experiences with other young people helpful	Ziggy
Others' behaviours can impact on experience	Bobbie M
Reflection on relationships difficult	Lindsay
Shared experiences and supportive relationships with other young people create a sense of belonging	Andi
View of self influenced by others	Andi
Difficult to reflect on how others saw them	Bobbie M
Did not belong in secure care	Sammy
Not belonging	Bobby D

Table 5 takes each of the PETs, and locates them under the corresponding GET (shown in capitalised bold font). It uses colour to correspond with figure 11 (below), and support with identifying which PETs, and therefore aspects of which GETs, relate to the original aim and objective of the research (rules, residence, relationships and identity). Figure 11 accordingly takes the GETs to map them across these areas. A distinct number of themes can be found to overlap each area, as shown in table 5 above, and figure 11 below. As advised by Vicary and Ferguson (2024), it can be helpful at analysis stage to return to the focus of the study, and to use this as a framework for the findings. Therefore I began by writing up the themes around the structure of the original aim and objective, using relationships, residence and rules as a structure; however this felt disjointed as so many of the themes were intersecting each area.

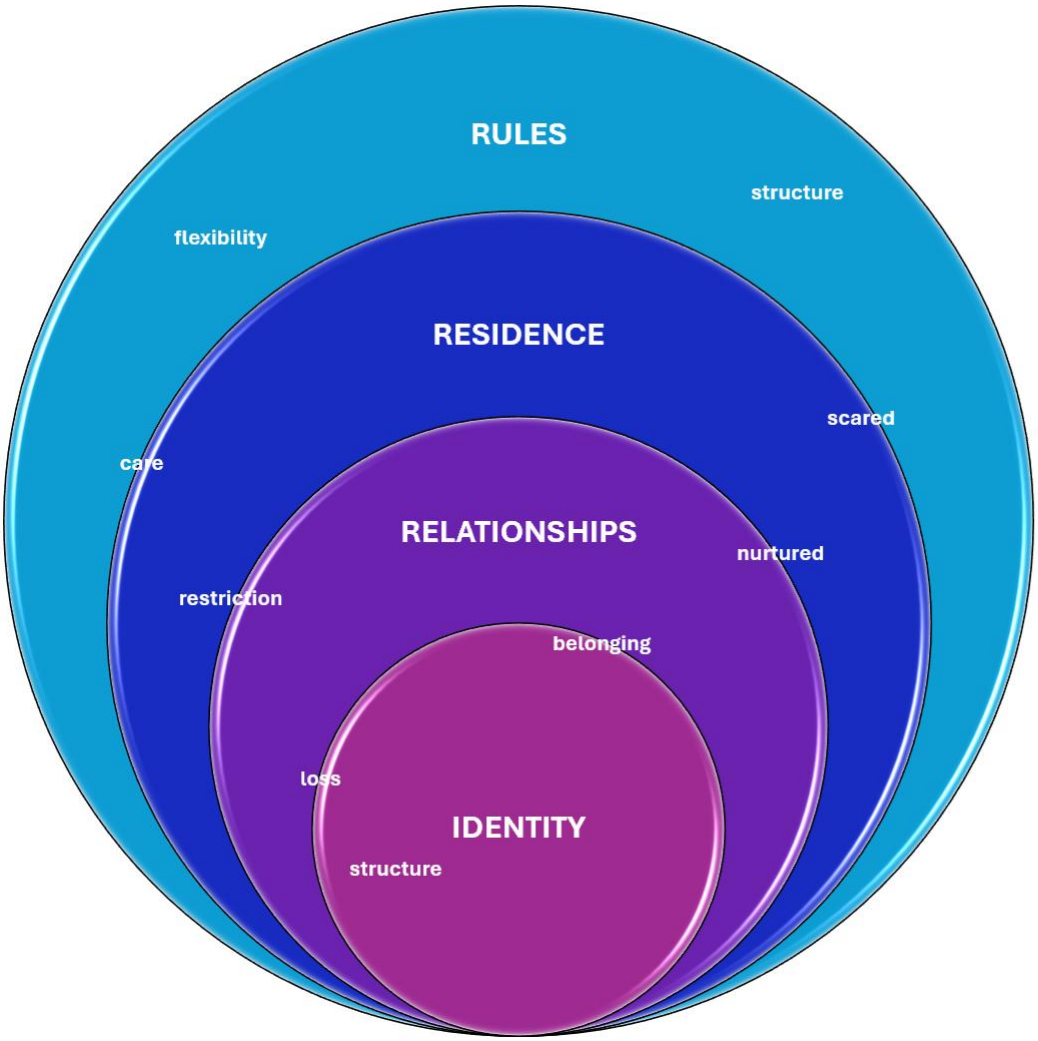

Figure 11: *Identity dial with GETs mapped*

The lack of fit led me to restructure by printing out and cutting up each of the original three chapters by theme, using colour coding so I could relate each section back to the original chapter if required, and writing the heading of each theme down the side to make it easily visible (see appendix X). I laid them out by theme according to each original chapter, and began to group the themes that overlapped chapters together. I could instantly see that some themes were much bigger than others. Almost immediately I was struck by the disparity between some of the biggest themes. It seemed that secure care had the potential to be simultaneously a positive and negative impact on young people's lives, sometimes both at the same time as a result of the same experience.

This is reflected in the GET titles which are more succinct than would traditionally be seen, to ensure the full range of young people's experiences are accounted for.

I couldn't have reached the conclusions I did without physically working with the findings by cutting them up. I experienced a reticence to doing so, finding I had to be in the right frame of mind, however, once I did the connections were immediately apparent to the point that I questioned why I hadn't noticed them sooner. It may have been that the more embodied experience of working with physical paper, rather than the disembodied approach to working with findings on screen, facilitated access to this. Herrity (2024, p.3) similarly noted that 'attending more closely to the sensory brings us nearer to our actual processes of empirical understanding'. This focus on the embodied sensory experience is key to IPA, in being able to reach the reality of people's lifeworlds (Vicary & Ferguson, 2024). There is a parallel here with autistic people's sensory experiences, namely that working with paper over electronic copies offers a more present, sensory experience (Mueller & Tronick, 2020).

Once I had identified the predominant themes (see appendix X), I began to restructure the subthemes that sat underneath them. For example, I created a new theme heading 'restriction' to sit in opposition to 'care', and underneath this I positioned 'safety' and 'containment' which previously sat under 'incongruence'. I made the decision to remove 'incongruence' as a theme, in the same way that I hadn't included 'sense making', as it seemed to me it was threaded throughout all the themes. To assist me in restructuring, I cut up the original tables so that I could rework these more easily (see appendix Y). This revised structure felt like a better reflection of the gestalt of participants' experiences, and offered a fidelity to the data (Levitt et al., 2017), rather than trying to force it into a structure that it did not fit. I felt a sense of comfort from the process, which sat in opposition to the discomfort I had previously felt

about the original structure. The revised structure also supported coherence and therefore offered methodological integrity (Levitt et al., 2018). It is important that the structure serve the analysis, in order that the analysis makes an offering which provides further insight for the reader (Levitt et al., 2017; Vicary & Ferguson, 2024). This revised structure better serves this function.

In the chapters that follow, the GETs make links to the original aim and objective of the research project, without being structured around them. To ensure voice is given to the full range of participants, rather than relying solely on more articulate contributors (Smith, Flowers & Larkin, 2022), fewer quotations than might typically be seen in an IPA thesis are included in the GETs chapters. Instead, I have made use of paraphrasing and a more infrequent use of direct quotations, again these quotations tend to be shorter than those that might typically be seen. For ease of reference, each chapter opens with a table of the relevant GETs, and associated subthemes.

This chapter has discussed in some detail the research design; methodological approach; rigour; engagement and methods; researcher identity and influence; ethical considerations; data storage; data analysis; the write up; and Group Experiential Themes (GETs). It has provided robust discussion of my decision making in each of these areas, grounding this in existing literature and previous research. This concludes the methodology chapter, moving now into the first of the findings chapters.

Chapter 5: Findings and analysis – care vs restriction

This chapter will explore the Group Experiential Themes (GETs) that I identified in the data, in relation to care and restriction. Beginning with a table (table 6) of the relevant GETs and associated subthemes, it proceeds by exploring each of these themes in detail, supported by evidence from the data.

Table 6: *Care vs restriction GETs and subthemes*

CARE
Home
Ambivalence
Staff skills
RESTRICTION
Freedom
Secure criteria
Symbolism
Containment
Safety

Care

Home, ambivalence, and staff skills were all subthemes of care as they highlighted the ways in which young people experienced care, and to what extent they felt cared about and cared for.

Home

Young people drew on the similarities and differences between life in secure care and life at home. For example, Sammy, who advised that the rules in secure care made the environment feel 'more like a prison and less like a home'. Aspects of the physical environment that young people felt made secure feel more, or less, homely, related to a combination of flexibility in the application of rules (as will be discussed in the following chapter on flexibility), and provision of items that might

commonly be accessible at home but are often restricted in the secure environment. Examples of this can be seen in Andi's discussion about the installation of LED lights in their bedroom: 'Like even your bedroom you can't do much with it like in [most recent secure unit] I had LED lights and all that in my room…' and Bobbie M's reflections on the provision of plastic cutlery:

> Yeah, someone's age and someone's needs as well. I'll give you another example right, in our unit we have plastic cutlery, in case some people pose a risk to, pose a risk to you-know-what, erm, but I don't have that risk. Other people in the unit don't have that risk. But because one person has the risk, everyone had to - do you know what I mean? That kind of thing? […] Yeah I've got flexibility with my bedroom coz I don't have that many, I don't have many risks for me personally, of - to the stuff I can get. So I'm quite lucky with my bedroom, but it's still restrictions on what you can get in and what you can have in your room.

Andi referred to secure care as feeling 'more homely' than the community setting they had moved on to following their time in secure care, and supported this with examples of rules being 'usual things that would happen if you were at home' and activities 'you'd usually do in the house'. However Andi also advised that they missed being at home, showing their ambivalence in how they felt about this. Bobbie M echoed this, expressing that the thing that had the biggest impact on them was 'not being home'. It is easy to see how difficult creating a homely feel in secure care might be. As Sammy advised, 'A lot of control of my life has been taken away from me.'

Ambivalence

There was a sense of ambivalence in the way young people reflected on their relationships in the context of secure care. For example, whilst several young people commented on the quality of staff,

they did so in the context of previous residential placements. For Bobby D, their experience of staff seemed to contradict the fear and uncertainty they felt about being secured. They noted that 'the staff were nicer than where I lived before'. This challenges the dichotomous or 'black and white' thinking commonly associated with autistic people as they were able to think about their experience as both bad and good at the same time. Lindsay seemed unable to identify particular people of importance and found reflection on relationships difficult. They advised that people made them feel 'good' and that they could talk to staff, however expressed that they did not feel well understood by staff and had felt better understood in their previous placement.

Ziggy's ambivalence was particularly visible as they provided conflicting responses about who they spent time with, what had impacted on them, and what they would miss most, suggesting that they felt uncomfortable disclosing how important staff really were to them. Ziggy noted that they spent time with staff, that the staff were better than where they had lived before and that they were 'mair motivated, not as pisstaking, don't just care about the money […] They're more understanding' however at other times Ziggy indicated a dislike of staff: 'some staff just shouldn't be allowed to work in this place.' In contradiction to this, despite reflecting positively on some individual members of staff, as will be discussed later, Sammy refers to relationships being 'forced', and to staff as 'these people get paid to care for me', as though indicating that in some way dilutes the authenticity of relationship.

Despite numerous positive reflections on their experience of secure care, Bobbie M showed a level of ambivalence, advising 'the good things, sort of overrule the bad things' as a way of levelling up and balancing the experience.

Staff skills

Despite the positive relationships they had formed with key members of staff, Bobby D advised their experience may have been improved if staff skills had been better placed to understand autism. They reflected on the limitations of autism training:

> I also hate all the very stereotypical autism awareness stuff and all the puzzle pieces, like it's stupid [pause]. I don't like when neurotypical people think they know everything about autism just because they did some training or they read something online and they think that applies to everyone.

These limitations are exacerbated as autism training is unregulated and can therefore be delivered by anyone. Bobby D was unsure who they wanted to know about them being autistic. This uncertainty appears to have been based on their life experience of others not talking to them once they became aware Bobby D was autistic, leading them to feel potentially marginalised or excluded by society.

Bobby D reported that they didn't really talk about being autistic with anyone, and gave a firm 'no' in response to being asked if they spoke to any staff about it. Bobby D demonstrated a lived experience of stigma, in the ways in which they were responded to by others, both through the lens of autism and through an allistic lens. The communication barrier these perceptions create suggests an impact on their formation of relationships and on their sense of self. This was increased further by Bobby D's sensory needs varying daily depending on arousal levels, which made it harder for others to understand. Other young people illustrated differences in the way they communicated and processed information, for example in Ziggy and Bobbie M's literal interpretation of the research questions: 'What will stay with you when you leave here?' ('My phone'); and 'Describe the unit in three words' ('Not too bad').

Restriction

Freedom, secure criteria, symbolism, containment, and safety were all subthemes of restriction as they offered examples of the ways in which young people experienced restriction in secure care.

Freedom

Some young people appeared to find it difficult to make sense of their placement in secure care. In relation to the physical environment, it is of no surprise that the environmental restrictions, which deprived them of their freedom, had a significant impact on how young people conceptualised their experiences. The way young people made sense of being deprived of their liberty can be seen reflected in the language they used to articulate their experiences. For example, Bobby D and Charley both referred to the 'locked' elements of the service, with Charley stating, 'Bad thing - having to be locked in rooms after 9.30pm.'

Sammy's use of the word 'forced' is of particular relevance in the context of secure care, and the restrictions this places on young people's lives: 'Forced to live with people I don't like […] Relationships and friendships are forced…' Despite this not being a word used by me, it is a word that Sammy made repeated use of, as though to amplify the impact of how this made them feel. Sammy advised that living in a non-restricted setting meant: 'I get to do what's important to me. I have more control over what happens in my life […] More to do when I am bored. I feel a sense of purpose and feel less trapped.' Similarly, Bobbie M's use of 'being kept from' is illustrative of the restrictive element of the environment:

> It's not being home I'd say. It's being in here. It's being in - being kept from my family I'd say, that I find difficult. That's all I can think of [pause] I do regularly see my family [pause]. Yes, I'd say probably my biggest difficulty I'd say.

Lindsay articulated secure care as 'taking someone's freedom away', but as will be discussed later, appeared to find it difficult to make sense of their loss of freedom. They described: 'You're behind locked doors […] And staff have to [pause] secure's very restrictive I would say [pause] staff have to follow you when you go […] That's different compared to residential, the staff didn't need to follow you.' Lindsay expressed that there was not much they would miss when they left secure, again relating this response to their loss of liberty as a concrete construct: 'Erm not very much, I'll be glad that my freedom's back.' Similarly, Ziggy advised they had 'no freedom', and that there was nothing they would miss: 'if I was in the community then I could just do my own thing'.

It was clear that there were elements of secure care practice that didn't make sense to young people, and this will be explored further later. However some young people were able to articulate their reflections around sense making more explicitly. At a fundamental level, some young people struggled to make sense of their placement in secure care. For example, Lindsay spent a lot of time talking and asking questions about 'loss of freedom'; perhaps finding it difficult to make sense of what this meant as an abstract concept: 'And how do you know it's taking someone's freedom away when they're in secure? And how do you know that?'

It appeared that Lindsay found the concept of their liberty being deprived, a difficult one to accept: 'What, like your freedom of liberty is away that they've taken away when I lived here? [...] But they won't decide whether I get out of here or not?' This is particularly apparent in their use of 'get out of' and 'taken away' as illustrations of being held against their will.

Secure criteria

Lindsay had learned the 'secure criteria' (as defined by regulations and set out in the introduction chapter above) by rote, and used this to try and make sense of their admission. The notion of 'secure criteria' can provide a helpful structured way of processing secure admission for an autistic young person as it offers a clear set of 'rules'. However the uncertainty about length of stay meant that young people didn't know how long they would be living there for. This is particularly true in the context of autism where it can be helpful for people to be informed about what is happening. As Andi said: 'Mm probably upset because you don't know when you're gonna get out.' The secure criteria also didn't help Sammy, who found it difficult to make sense of why young people who can't keep themselves safe are placed with young people in conflict with the law:

> I've always thought being in [previous secure unit] and here, I thought like the mixture of people that have like committed serious crimes and the people that just can't keep themselves safe, I think it's a bit unfair and a bit stupid to put them all in the same place - I've always felt like that. A separate place, yeah. Somewhere that was more like tailored to the needs of them people that have broke the law and people that just can't keep themselves safe, rather than putting them all under the same roof and having the same rules for everybody.

Andi was of a similar view; that better early intervention was needed, to prevent admission to secure for young people who can't keep themselves safe:

> Um I feel like yes and no. Coz I felt like obviously I shouldn't have been put in there, as in like for my behaviours, coz I feel like kids with mental health issues and all that, like secure shouldn't really be a thing for them. I feel like they should try something and see if it works and if it doesn't then obviously secure's like the next thing

> but they didn't do that with me they kinda just like put me at home with no support and then I was like - and then obviously I went off the rails – started kicking off and doing things and then obviously they put me in secure straight away and I'm like well they could have at least tried me with like mental health support and all that, just things to help me get better. But no, they didn't try that they didn't give me support at my dad's - I had to go home – for about - I got put in care when I was [age] so I didn't get to go home full time till I was [age] and that was three years until I got to go home, well four basically until I got to go home, and then obviously like I went home with no support and I was like 'well that's a bit rubbish' coz they didn't give me any support or nuffin.

It appeared that both Sammy and Andi were trying to make sense at a more macro level of the lack of congruence across these pieces of social policy and young people's actual experiences. There was an ambivalence about the way these young people were experiencing care within the context of the wider macro system, with a big gap between the rhetoric and reality. Andi built on this by advising of the importance of appropriate mental health support for young people in the community.

Symbolism

Returning to the ways in which young people attempted to make sense of their deprivation of liberty, some made use of symbolism to support their own understanding and description. For example, Lindsay referred on repeated occasions to 'the big, locked doors' as a symbolic physical representation of their loss of liberty. Ziggy offered further examples of symbolism:

> It's crap TVs are in boxes. So they're trying to make it look safer, but it's not… Naw it's more like they're trying to cover up - making it look safe, but it's not… Aye, they TV boxes are breakable… I just

dinnae like that they have stuff up that makes it look safer, but it's not.

This may be related to Ziggy's construction of truth as an autistic person. Due to the differences in theory of mind to the allistic population, the inconsistency of the setting may feel dishonest, with the 'TVs in boxes' (typical practice in a secure care environment) offering a symbolic concrete example of this. Bobby D offered a further example of symbolic physical representation, that the food that was 'not good' 'comes in a big yellow trolley from the kitchen', as will be discussed in chapter 7.

Containment

Like Sammy, Lindsay also struggled to understand the rationale for the differences between the rules they were accustomed to in a care home setting, and the more stringent ones in place in a secure setting. However Andi constructed secure rules as containment through boundaries applied as part of normal parenting. Andi appeared to tacitly apply containment theories, particularly in the context of the 'bedtime rule' (procedures relating to what time young people were expected to be locked in their bedrooms by in the evening) which other young people found it difficult to make sense of as will be discussed in chapter 6: 'There's not much rules you need to go by just like bedtime's at a certain times, just like usual things that would happen if you were at home basically.'

Andi used this construction to show an understanding that rules were informed by young people's risks, and that as a result, they helped to keep young people safe. Consequently the restriction of certain items made sense to Andi, in terms of the provision of a safe environment in the containment of young people's unmanageable behaviours:

And then, they said to me that was in case you bring like things to [pause], like lighters, sharp objects and all that, or like, like vapes

> and all that, you can't bring any of that in… Yeah. Coz some people do silly things when they get upset and then they regret it afterwards.

> I actually prefer it [most recent secure unit] to being in here [community setting]. Like it's just a lot more calmer kind of like - see in here, the kids have more opportunity to like wreck - like ruin it for themselves basically. In [most recent secure unit] you don't get really get the chance to do that coz you're always, like you're not allowed going out and in the community and like doing things to like put yourself in that position that's bad for yourself just like.

Other young people were also able to show that they understood the risks associated with restricted items, and from this perspective were able to make sense of search procedures as a containing function which helped to keep people safe. For example, Bobbie M advised it was to 'make sure you not got anything' whereas Lindsay and Ziggy used concrete examples of some of the restricted items, such as Lindsay: 'Glass? […] Knives?' and Ziggy: 'Aye if they've got any weapons, drugs, contraband, vapes. That sorta stuff. Stuff that we weren't allowed.'

Like the theme of safety which will be explored below, containment in terms of the physical environment of secure care was viewed by young people simultaneously as positive and negative. As will be discussed below, Lindsay expressed a sense of positive containment from the physical security of the building, with their use of 'you can't leave the building, that's why it's safe'. In contradiction to this, Charley constructed secure care as physical containment, in their use of 'having to be locked in rooms' which they positioned as a 'bad thing'.

Bobbie M advised that the relaxed atmosphere of secure care comprising a combination of the physical environment and staff attitudes

helped them to stay calm and feel contained: 'The relaxed - the relaxed - I feel like the attitude of the secure [name of unit] is fairly relaxed and it's helped me unwind from the tension of where I was before…' Similarly, Sammy spoke of the sense of emotional safety that secure care had provided. It afforded freedom of expression for them without fear of repercussions:

> It's a lot more like structured and it's a lot more like rules and people around [pause] and when it's just my mum, she found it very difficult and very different, and difficult just to see eye to eye all of the time, yeah. Because it's your mum it's harder isn't it, because you don't want to upset her whereas if it's the staff sometimes you don't mind.

This appeared to influence an improved relationship with their mum as a result, thus promoting a positive sense of self. It may have been that secure was more containing than home for Sammy if some of the structure and routine Sammy benefitted from (as will be discussed in the next chapter) as an autistic young person had been lacking at home.

Safety

There were other contradictions in the environment, that appeared to be experienced by young people as incongruence. One key theme that arose was that of safety. In this research project young people appeared to find it difficult to make sense of their own feelings of safety in secure. It sounded to me like young people really struggled to make sense of their thoughts around being 'locked up' but feeling the safest they had ever felt (Andi). For some, the feelings of safety and nurture were not ones they seemed to be accustomed to. It is likely this influenced their feelings of ambivalence discussed above.

For example, Andi was clear that they felt safe in secure, and that the rules made sense to keep them and other young people safe. Bobbie

M largely echoed this view. Bobby D however, recognised that secure 'not always, but most of the time [felt safe]'. This lack of consistently felt safety was sometimes connected by the young people to a connection with the perceived absence of information about what was happening. In Bobby D's case, they may have felt a sense of uncertainty due to the conflicting experiences which, at the same time, helped them to feel safe and not safe. This contradicts the dichotomous or 'black and white' thinking commonly associated with autistic people. Like Bobby D, Sammy advised that secure felt like a safe place, however as discussed previously, also expressed that the rules made it feel like a prison rather than a home. This suggests that Sammy did not feel safe all of the time, or perhaps, that safety was at the expense of homeliness.

Lindsay confirmed that secure felt like a safe place, expressing that this safety was found in the physical security of the building: 'You can't leave the building, that's why it's safe.' However they appeared conflicted in their views of the security of the building, recognising that the restrictions both kept them safe and deprived them of their liberty. Lindsay's ambivalence and difficulty with making sense of this can be seen clearly when talking about the 'big, locked doors': 'Probably help to keep me safe, but you can still go through them, still knock it down.'

Ziggy was similarly ambivalent, perhaps even more so than Lindsay, with conflicting responses provided at different times. Ziggy noted that they had 'no freedom', and that the environment and furnishings were different to where they lived before. When asked if secure felt like a safe place, in the written response completed with staff Ziggy simply responded 'yes'. However in the verbal response, with no staff present, Ziggy was able to reflect on the inconsistencies between the way the environment looked, and what this meant in terms of feeling safe. As discussed above, Ziggy illustrated this beautifully by drawing on the example of TVs being secured in boxes. This aligns with the earlier discussions around ambivalence; I could feel Ziggy's discomfort with the

lack of alignment between something that they were being told was safe, but did not feel safe to them. I can see how it would be difficult to make sense of why, if it is a safe environment, the TVs need protection by being in boxes (this is typical practice in a secure care environment).

This chapter has presented the Group Experiential Themes (GETs) that arose from the data in relation to care and restriction. Drawing on evidence from the data, it has explored how this created each GET and associated subthemes, and discussed what this meant for young people.

Chapter 6: Findings and analysis – structure vs flexibility

This chapter will explore the Group Experiential Themes (GETs) that I identified in the data, in relation to structure and flexibility. Beginning with a table (table 7) of the relevant GETs and associated subthemes, it proceeds by exploring each of these themes in detail, supported by evidence from the data.

Table 7: *Structure vs flexibility GETs and subthemes*

STRUCTURE
Stigma
Ambivalence
Routines
FLEXIBILITY
Individuality
Inconsistencies
Blanket rules
Age

Structure

Stigma, ambivalence and routines were subthemes that demonstrated the significance of structure in young people's lives.

Stigma

A significant feature of young people's stories related to structure. This applied both in relation to macro structures such as power and agency, and micro structures such as routines and a lack of flexibility. In terms of young people's identity, societal structures and stigma played a large part in influencing both how young people viewed themselves, and (where they were able to) how they conceptualised others' views of them. Alongside the stigma of experiencing secure care as will be discussed shortly, young people described the stigma of autism. Sammy, for example, described finding it difficult to accept autism as a part of

their identity, which is suggestive of a rejection of labelling and deficit constructions of autism:

> I just say that I dinnae have it all of the time, even though I know I probably do I just like to disagree with everybody [pause]. Yeah kinda [I don't like to talk about it]. When they say that's because of your autism, I say 'shut up, I don't even have that!' even though I know I probably do but I don't care. I just like to disagree with everything everybody says.

Bobby D described being physically labelled, as the result of wearing a sunflower badge (designed to show they were autistic):

> I don't like when, sometimes like when people find out about my autism they don't talk to me they talk to the person I'm with [pause]. Coz sometimes I wear a badge when I go out, my sunflower badge, but then if I wear it then people won't talk to me they talk to who I'm with but if I don't wear it then they talk to me and I don't reply straight away and I'm thinking about what to say they think I'm being rude. If I don't wear it.

This shows Bobby D's lived experience of stigma as a result of societal constructs, both through the lens of autism and through an allistic lens. Bobby D showed a good understanding of their own autism, and of the limited autism awareness of others:

> Mmm yeah I don't like it when people say ASD […] Because it means disorder which makes it seem like there's something wrong but there's nothing wrong with having autism - it doesn't mean there's something wrong with me [pause].

Interestingly Bobby D did not complete this reflection with the anticipated 'there's nothing wrong with me'. It may be that they did

identify as 'having something wrong' but this could have been related to their admission to secure care and the impact this had on their sense of self, or it could be that they had internalised society's responses to them.

Alongside the stigma of being autistic, young people described the stigma of experiencing secure care. For example, Andi's ambivalence as to how they felt about secure care was seen through their use of both 'I felt like I belonged' and 'I didn't deserve to be there'. It could be Andi had heard from others that they 'didn't deserve to be there' as a form of stigma which had become internalised. This was in the context of the shared experiences and supportive relationships with other young people that had created a sense of belonging for Andi in secure care, which will be discussed further in a later chapter.

However secure care was also viewed by Andi through the societally constructed punitive lens and therefore felt like a punishment. This was compounded by their previous placement breaking down due to the actions of others. This created a dichotomy of being let down by people and systems, but then experiencing secure as a safe haven and a place Andi fitted:

> And then when I feel like I'm not supported - well - and then there's times where I'm like 'yeah, I'm' - I felt like I belonged in secure kind of - coz the kids just like really welcoming, as I said, like even the staff they were like 'yes, yeah', and we used to like do baking and all that but on the side like I didn't deserve to be there, just like, they should have helped me a lot more than just putting me in the deep end and basically I always say this to my social worker 'you put me back to the start' coz obviously when I got taken out of [previous secure unit] that was like my fresh start after being in secure, like behaviour wise and all that, and I was doing well.

The sadness and confusion Andi describes for their younger siblings led me to wonder whether this was how Andi felt about the moves, but positioning it on their siblings perhaps felt like a safer way to look at it. Although Andi described trying to make sense of the placement moves for their siblings, this may be a way of Andi trying to make sense of it for themselves:

> …like every time they come back they're like 'Oh you've moved again' coz I'm always getting moved back and forth placements and they're like 'Oh what happened to your old home? What happened to that? What happened to that?' and I'm like 'well, um' and I kinda have to explain that like what happened - like it's for a place for people that are struggling and all that but in their head it's like bad people, but it's not bad people, it's just people that are struggling. And then obviously they just - it's just sad seeing them move - me move about all the time, and they get confused coz they don't know where I'm gonna be next time they come and see me.

Young people who participated in my research showed a view of secure care through a punishment lens. Ziggy further illustrated the 'good vs bad' discourse introduced by Andi above, with their reflection on how they are responded to by society being 'ooft, the government hate you.' They offered a view on whether they were 'deserving' of this, when asked if they felt like they belonged in secure: 'Yes at start, no at end I didn't deserve it, I had been good […] Yeah. Not towards the end but […] Coz I didn't feel like I needed it.'

The view that they didn't belong conflicted with the sense of identifying with other young people Ziggy expressed, which alluded to a shift in their sense of belonging over time, and will be explored in a later chapter. Lindsay also showed a conflict between the construction of their loss of liberty and their view of their self. As discussed in the previous

chapter, Lindsay found it difficult to make sense of their loss of liberty. This difficulty may have been exacerbated in the context of their expressed views of themself as a good person who does well. This view of a 'good self' is incompatible with the societal construction of children who are deprived of their liberty, and likely created a sense of incongruence for Lindsay. If secure care is seen as a place for 'bad kids' then it may create an illusion for young people living there that they are, therefore, bad. For those who felt a sense of belonging there, that sense of being bad may have been even stronger.

Ambivalence

The ambivalence of how they felt about their time in secure care can be seen in both Sammy and Andi's responses, with Sammy's use of 'yeah, some positives' and Andi's use of 'I feel like yes and no'. This may be reflective of the wider societal ambivalence around residential child care as seen through the attitudes of policy makers and the public. Within this, there is a particular ambivalence around the locking up of children with the backdrop of care being the primary task; specifically to care for these autistic young people and meet their needs. These young people's experiences are symptomatic of the tensions between care and risk as discussed in the conceptual framework chapter above.

Other young people expressed ambivalence over how they felt about the rules in secure care. Bobby D's ambivalence was such that they were unable to offer any detail in either a positive or negative manner, perhaps because they were simply unable to make sense of the experience. Ziggy advised that whilst they understood why the rules were in place, they found them to be unfair and unhelpful. Ziggy expanded on this by offering examples of rules that they found unfair and that didn't make sense to them.

This inability to make sense of certain rules shows an ambiguity which was echoed by Bobbie M, who reported there weren't really any

rules they didn't understand, but then contradicted this by saying 'one that I'm a bit hazy on'. This contradiction in reflections offers further evidence of young people's ambivalence on the rules. Ambiguity appeared to be addressed where young people had a better understanding of the rationale behind the rules. For example, Andi advised that understanding the rationale for rules helped to make sense of them, even if they didn't feel applicable to Andi as an individual. Similarly, despite advising that they understood the rules well, Bobbie M found some of them to be annoying. This sense of annoyance at the rules that Bobbie M displayed was echoed by Ziggy and Lindsay.

The restriction of the power of conscious freedom in a secure setting, as described by Andi, Bobbie M, and Ziggy here, appeared to present greater concern for young people than the restriction of their physical freedom through deprivation of liberty. This may be because it is a more abstract concept for autistic young people to make sense of; one that cannot be understood in terms of concrete concepts such as locked doors.

Routines

A key thread of young people's reflections on what they found helpful about life in secure care was the routines. In the context of this research project, it bears particular relevance when viewed through the lens of autism due to autistic children's reliance on routines and resistance to change, and may have helped young people to make sense of daily life in secure care. For example, Sammy was also able to recognise that 'some [of the rules] are good for structure and routine'. Andi expanded on this, by saying:

> Probably the routines getting up at half eight and then school at nine and then showering every morning, just getting yourself ready for the day. And then you could have [pause] just [pause]

> yeah probably just the morning routine because you would just like wake up, shower, school.

Andi illustrates the repetition of the morning routine through the use of repetition in their response. Lindsay mirrored this almost exactly, by outlining their own daily morning routine: 'The routines. When I get up in the morning. Eh I go for my shower […] Going for a shower […] When I go to school […] Yeah.' It is likely that the repetition of routines offered a sense of safety for young people. The concepts of containment and safety were explored in the previous chapter.

Like Andi, Bobbie M also made use of repetitive language, in their use of 'set time/s'. However Bobbie M went a step further by both outlining their full daily routine, and reflecting on the impact of this; that it helped to keep their sleep patterns in sync and 'things like that':

> Um, ooh, the fact that there's set times for things to happen, the fact that there's a set time for lunch, that there's a set time for dinner, that there's a set time um you go to your room, and like get up in the morning on school days. That's good. It helps keep, it helps keep a routine so that my sleep patterns can stay in sync, things like that.

In contradiction to the other young people, Ziggy expressed a dislike for the routines. They did this in an implicit way, through their tone and facial expression, rather than explicitly through the words they used. It may be that Ziggy experienced the routines in an ambiguous manner, if they seemed unclear or open to interpretation. This was suggested in their use of 'they might sound strange'. The implicit, rather than explicit, way Ziggy expressed their dislike of the daily routines in secure care may be reflective of their understanding of the beneficial impact of them. This shows an ambivalence from Ziggy as they reflected both positively and negatively on their experience of the daily routine.

The concept of ambivalence will be explored further throughout this chapter and the ones that follow. This conflict between something which young people experienced as both bad and good may have been difficult for them to make sense of, but is also reflective of wider conceptions of good versus bad within the context of secure care, as discussed above.

Ziggy went on to acknowledge that they were less stressed due to the impact of the sameness of the routines which echoes others' responses. Importantly Ziggy advised that they didn't have any of their own routines, which meant the structure imposed on them by secure care life was a new concept for them, but one which appeared welcome:

> Better routine. Generally better routine. You know what's happening every day, it's not complaining, it's not a challenge. […] Coz it's the exact same every day, you know what's coming. […] It's easy to deal wi'. It's easy to deal wi' coz you've got less shit.

It appears that routines have a particular significance for people who live within institutions, either because of their lived experiences, or because of the nature of living in this type of setting. However for my participants it may be that routines were of increased importance, due to the significance of routines for autistic people as discussed in the literature review.

Flexibility

Individuality, inconsistencies, blanket rules, and age were all subthemes of flexibility as they offered examples of the extent to which young people experienced flexibility in secure care.

Individuality

Another recurring aspect of the rules was the element of flexibility, in terms of the implementation of policies and procedures. For example, Bobby D advised that they were able to keep their own rules for things that were important to them most of the time whilst living in secure care, whilst Andi recognised the individuality of environmental restrictions and that these were dependent on young people's ability to demonstrate their level of regulation. Andi acknowledged the complexity of having different rules for different young people:

> Um. Sometimes I was like 'oh they're unfair' when I didn't understand them at first, like I would ask for like things in my room that 'no, you're not allowed that' and I'd be like 'pfft' like raging at them. But then like, then they would explain why and I was like 'oh well that kinda makes sense' but I was like 'but that's some people, not me' but they're just like 'nah'.' and 'Sometimes. Coz some kids needed more rules than others. But some of the other kids thought it wasn't fair.

There are parallels here with research on legitimacy and moral performance of prisons and prison officers. Sammy reported a sense of unfairness in having the same rules for everyone: 'Some just don't make any sense and makes this place feel more like a prison and less like a home […] Some of them I think are just total and utter stupid, and some of them are alright I guess.'

When the rules in secure care varied to take account of individual young people's needs, this felt inconsistent to young people participating in my research, which they then deemed to be unfair. The concept of fairness is often an important one to children, however some young people were developmentally better placed to make sense of this than others. For example, thinking about whether the variation in rules was fair, Bobbie M was able to rationalise this. They gave examples in relation

to items allowed in the bedroom, education classes, or recognising that sanctions could vary for different young people:

> …it's different young people for example things you can have in your room. Um what you do at school, what courses you do depending on your education and what level you're working at. Um how long you can be, whether you can have recreation or not, whether you have - what time you go to bed for example if you don't go to school. Young person doesn't go to school they don't get recreation, they get an early bedtime. Things like that the rules can vary for one person who's been to school all day and someone who hasn't - the rules will be different.

Andi also recognised that there was flexibility in the rules dependant on the risks young people presented with:

> Um when you first go in it's a bit like 'oh you can't have certain things in your room until you prove to us you can, like you're safe with stuff in your room' so, and you also get, you're not allowed out of the actual building, like out in the community, so you have to build up to that as well. So like some of the rules can be changed depending on you, as like a young person yourself, you have to like show them that you can cope.

Inconsistencies

Whilst Bobbie M acknowledged that the rules were rigid, they recognised that they could vary for individuals. This suggested that either there was some flexibility in the rules dependent on individual young people's risks, or that there were inconsistencies in the way the rules were applied by staff. The latter is suggested in their use of 'Just a couple of things that can depend, vary on person to person' and 'one person interprets one thing different to another person':

> I think the rules are very fixed, um, depending between person to person the rules might vary a little bit. One person interprets one thing different to another person, but um, the baseline rules are very much the same, and I think I've learnt probably the majority of them by now.

There was an ambiguity in the way young people received the rules, where it seemed to them that the rules were unclear or open to interpretation. Andi echoed this, observing that some rules in secure care were fixed, such as certain items that were not permitted, but noted that some staff were more rigid with the implementation of these rules than others, which evidences possible inconsistencies in practice. Andi demonstrated the way in which staff perceived the importance of this:

> But if we have tinfoil out in the living room we're not allowed having it in our room, like you have to put it in the bin or like give it to staff before we go to our rooms. But some of the staff are more stricter than others, some of them are more just like 'I don't care', just like 'as long as I get it back, like I don't care'.

This is reflective of the staff' ambivalence in relation to how they implement the rules; their internal conflict, uncertainty and discomfort. This may be as a result of staff absorbing young people's projected ambivalence; the entanglement of public and private spaces within residential child care settings; or conflicts within the wider macro system which will be discussed below.

Ziggy offered a stronger view; clearly stating that they saw inconsistencies in the level to which rules were enforced depending on who was on shift. This inconsistency is illustrated in Ziggy's response as they shift from 'all staff, some staff', 'staff would – some staff', and 'would disagree, would agree':

> All staff, some staff are more lenient depending on what it is […] Aye we've all got the same rules […] Yeah and no. Yeah certain young people would disagree with a rule. But staff would - some staff - would disagree, would agree with them, but then other staff would gie them. Staff hated it, change on one shift mate, oh my god [pause]. Aye depends on the shift.

Ziggy advised 'the rules are just stupid […] The rules aren't fair, understand why they are in place but don't see the point in them […] They just don't help the situations.' Ziggy didn't articulate a view on how this inconsistency felt for them, but other young people were able to. For example, Bobbie M noted that the inconsistency in implementation of the rules could be confusing. Congruence can be seen in the struggle that all residential child care organisations have in aligning the various parts of the organisation and the practices within it to consistently and coherently act in the best interests of the children they support.

The impact of incongruence can be seen with Sammy, for whom the inconsistencies suggested a reduction in felt safety, as they didn't like, and therefore didn't approach, the staff they identified as being inconsistent for support: 'I don't like a lot of the staff because I hate how inconsistent they are but I do have three staff that I go to.' As discussed in the literature review chapter, the flow of congruence from 'above' may impact young people's daily experiences. I would suggest this may not just be from higher levels of management within the service, but also impacted by wider structural influences within social care, and this will be explored further below.

Young people's accounts reflected a more macro level inconsistency of practice across the secure sector. Both Andi and Ziggy noted inconsistencies in the environment and procedures of the secure estate. For example, Andi noted: 'Like in [most recent secure unit] I had

LED lights and all that in my room but in most secure units you don't get anything like that.' Whilst Ziggy expressed:

> Aye but they weren't, the centre's stingy. I'm sorry, every other secure does [particular protocol relating to safety] except in here. Every other secure's got a [particular piece of exercise equipment] except here [pause]. Since I've been here there's been twenty young people that have done the tour. Of secure, in Scotland. Here, [another secure unit], [another secure unit], n [another secure unit] [pause]. They've all said, this is one of the first things they've said was - in here, in any of the others you get [particular protocol relating to safety]. In here you don't, you get [particular protocol relating to safety]. And every other secure's got a [particular piece of exercise equipment] except here.

This is significant when considered in the context of readmission rates for young people in secure services as discussed in the literature review. Inconsistencies of practice at a macro level means that any experiential benefits as will be discussed in the next chapter will be limited for young people moving between services.

Blanket rules

In contradiction to the benefits of standardisation of practice is the flip side - of policies and rules being applied indiscriminately. As discussed in the literature review, this is known as blanket rules or restrictions. It could be argued that these offer consistency of practice, however they fail to take account of individual risks, and often restrict a person's rights including their liberty. Lindsay gave three clear examples of blanket rules in relation to kitchen access: 'Like you should be allowed unsupervised in the kitchen and that. That could be changed'; internet access: 'Erm YouTube and that. Yeah internet access. Yeah. You're allowed it in 'resi's', but you cannae in secure'; and the use of earphones:

> Strict […] Silly like you're only allowed to have one earphone on. That's quite silly […] Because you should be allowed to listen with two […] Because in case staff shout on you but you can still hear them with two.

This type of blanket rule may increase frustrations for young people who enjoy listening to music, with a potential impact on their behaviour. It may be distinctly unhelpful for those who immerse themselves in music as a calming strategy when dysregulated, which has particular applicability for autistic young people. Whilst young people express a desire for consistency, they simultaneously have a desire to be treated as individuals and have their needs responded to in a tailored way. Congruence, as introduced above, offers a way of managing this tension. Like Lindsay, Bobbie M also used a specific example to illustrate their point about blanket rules in the secure setting:

> One thing I would say I find difficult would be the mandatory - the level of strictness on mandatory school for older young people. Um, say for example, say for example you have to go to school six periods every day, six periods every day for all young people, all young people have to go to school. If they don't then there's consequences like I mentioned earlier like the rec and early bedtimes and I feel like if a young person over 16 years old who doesn't legally have to be in school there should be less restriction, there should be less restriction on the - not necessarily whether you go to school or not but the quantity of what you do. So you should be able to have more freedom of choice on subjects that you do. It shouldn't be rigid for everyone - it shouldn't be as one size fits all if that - if you know what I mean.

They noted that it hadn't been 'enough of an issue' that affected them personally to raise it, however it was 'enough of an issue' for them to report that it was something they found difficult. This shows that the

principle of it was perhaps of more importance to Bobbie M. It also suggests an element of seeking justice, by advocating on behalf of other young people. Lindsay reported that they hadn't been able to explore the rationale for blanket rules with staff, and Ziggy's response suggested there was no route to challenge existing rules. Enabling young people with a mechanism through which their feedback is seriously considered has intrinsic benefits. If used to influence the practice of blanket rules young people would be empowered through the process of having their voices heard and practice would be informed by lived experience. In a similar way to Bobbie M, Ziggy also spoke on behalf of other young people, using 'we' rather than 'I'.

Ziggy expressed a view of unfairness at overly strict rules: 'Annoyed. They were […] too strict man.' This was reiterated by Sammy who voiced a sense of injustice in having the same rules for everyone. Their sense of injustice may be related to their status as people society views as different. It is possible there is learning for the sector here from the research world. There may be learning, for example, in Sammy's perceived disproportionality in the unit's responses to harm to self, which led them to feel overly restricted:

> …like for example if someone was to take one thing off me because I had misused it that's fine, but then they would just take literally everything, everything off me, ban me from every single room in the place, yeah it just doesn't really make any sense, I just think it's a bit stupid.

Age

Bobbie M and Ziggy were of the view that rules should be changed. Bobbie M advised rules could be better informed by young people's age and how much support they need, for example if they have a disability. It is possible that the increased independence and autonomy Bobbie M

suggests would offer a more supportive transition for young people moving on from the service and may in turn reduce readmission rates:

> Erm, it's just a case of I understand why they have such rules with younger folk, like if - 13, 14, but I feel like when you're 17, 16 or 17 and you're bordering being an adult there needs to be more flexibility on how you're treated. And how you're treated and the decisions you can make, er, based on your life in secure. […] I mean, I think people should be guided about what age they are, and given advice, but I think, and supported, but I think people that are older should be able to make their own decisions for their future because I mean you're almost an adult. It gets to a point where you - unless people have disabilities, um - when you're almost an adult it's the point where you, you, you've developed your own kind of intuition if you know what I mean.

It may also have a positive impact on young people's stress levels and sense of identity (for example being worthy or capable of making decisions) or distressed behaviours because of decreased associated stress and frustration. Other young people seemed to have particular difficulty with the 'bedtime rule', such as Charley, who said: 'Bad thing - having to be locked in rooms after 9.30pm.' And Lindsay, who said:

> When we have to go to bed early […] Ehh, going to bed at quarter to ten. Yeah […] Like why do you need to go to your bed at like so early in secure but in residential you can stay up till like 11/12 o'clock […] No, I just dunno why you can't just stay up till 11/12 o'clock but. I don't get that.

Ziggy reported that the 'bedtime rule' didn't make sense, and Bobbie M expressed concerns about insomnia and reduced autonomy:

> There are some rules that are fixed, but I think there should be flexibility on them. Um, I'll give you an example. Um, the power for your TV, the power for our TVs gets turned off at midnight, erm, I understand why they do that for someone who's younger but again, I feel like if you're 16 or 17 you should be able to take your own responsibility for the sleep you get, and, if you wake up in the middle of the night and you can't sleep and there's nothing else to do, you know you need to watch - you need to have your TV - coz I've had that issue a lot coz I get insomnia, but erm I feel like that's a very firm rule that doesn't necessarily need to be as strict as it is.

My research suggested young people's independence and autonomy could be increased if rules were better informed by young people's age and associated risks. Autonomy is of relevance within the context of secure care, as it relates to a psychological aspect of freedom. In the context of the 'bedtime rule' this has specific applicability for autistic young people who may have disrupted sleep patterns. Bobbie M advised:

> I was very nervous to what - coz I'd heard rumours before that secure can be a little bit - get your independence taken away, that's what I was sort of concerned about when I came in that was like the vibe I was getting… Yes, I feel like you get more freedom in here, you get more like freedom, but where I was before you get more - erm, how do you say - like you're treated like your age.
>
> I don't know sometimes I feel like the way things go, the way things work in here is, er, a little bit demeaning for young people, for especially older young people, coz sometimes I'm made to feel a bit younger than I am if you know what I mean. […] But I feel like there's some rules that apply, that don't necessarily have to apply to us but they're still enforced. […] I think it's just a case of the staff

> being protective of the young people, is, when you get, when you have older young people it feels a bit insulting because they're always supervising you and there's always someone watching you and you feel like saying "I'm 17, I can, I can look after myself" if you know what I mean.

Sammy also expressed concerns about the lack of flexibility based on young people's age, and advised wanting: 'Can do what I want. I'm not treated like an infant […] I have independence and feel normal.' Sammy's other example related to wider systemic issues. Here, Sammy was talking about being forced to leave secure care due to their impending 18th birthday, despite an alternative suitable placement not having been found. Despite talking at relative length about this, Sammy's hesitancy is clear in the number of pauses taken:

> And I'll miss not being under 18 anymore as I'm worried I won't have the same support I have now […] I don't know coz a lot happened this week [pause] Mmm well something important that happened this week is that I got told I was leaving and where I was going and it stressed me out a bit [pause] I'm unhappy about where I'm going [pause] Well yeah, I think social work could have done a bit of a better job if I'm being honest, but they didn't [pause] Not even finding somewhere better, just finding somewhere at all, but they didn't so [pause] Yeah I'm going to hospital, I dinnae want to be going to hospital, I'd rather they found somewhere that was gonna be a bit better [pause] They've not managed to say [how long I will be in hospital for] [pause].

Sammy's move was due to the parameters of existing legislation which is due to change when the relevant provisions are enacted, to include young people remaining in secure care until their 19th birthday in certain circumstances. The intersection of age, blanket rules and injustice all have a potentially compounding effect that may often go

unrecognised. This policy development may be an example of macro-level recognition and response to this.

This chapter has presented the Group Experiential Themes (GETs) that arose from the data in relation to structure and flexibility. Drawing on evidence from the data, it has explored how this created each GET and associated subthemes, and discussed what this meant for young people.

Chapter 7: Findings and analysis – nurtured vs scared

This chapter will explore the Group Experiential Themes (GETs) that I identified in the data, in relation to nurtured and scared. Beginning with a table (table 8) of the relevant GETs and associated subthemes, it proceeds by exploring each of these themes in detail, supported by evidence from the data.

Table 8: *Nurtured vs scared GETs and subthemes*

NURTURED
Food
Sensory
Wellbeing
Culture
Staff relationships
SCARED
Fear
Admission
Frames of reference

Nurtured

Food, sensory, wellbeing, culture, and staff relationships were subthemes that illustrated nurtured, as each offered examples of the extent to which young people experienced feeling nurtured in secure care.

Food

Feeling nurtured can be symbolised in several ways, one of these being through food. It is of no surprise then, that food was a key theme for several young people. Ziggy, for example, advised that the: 'Food was terrible when I first arrived, it was always pasta and chips. Felt everything was deep fried, but it is much better now.'

When thinking about what they would change if they could, Ziggy related this to food and noted that the food was 'rubbish'. Part of Ziggy's concern about food was the lack of choice, and restricted access to food at particular times of day. Limited access to fast food was a key concern. Whilst takeaways were provided for young people, McDonald's was only an option if young people had access to the community, and this had initially not been an option for Ziggy:

> We don't get a choice. [I'd choose] a McDonalds or something […] Now that I can get outings I can get McDonald's yeah. If you've not got outings you cannae. You can get a chippy or a Chinese or an Indian brought for you in.

Food is a symbol of belonging, tapping into young people's memories and sense of identity. It may have been this, and the restrictions around choice and access to food, that created the significance for Ziggy; particularly if visiting McDonald's was an experience they associated with being cared for when they lived at home.

In contrast to Ziggy's experience, Bobbie M was overwhelmingly positive about the quality of food in secure care. In the context of talking about feeling nurtured in a caring environment, Bobbie M advised that the 'food's nicer as well'. The extent to which it was different to their recent experience of a young offenders institution is illustrated through the language used:

> Just sitting there eating fish and chips and I was like 'wow, this food is' - I couldn't believe, I couldn't believe what the food was like, it was, it felt like something else, it's like an Italian restaurant or something. Just like compared to what I was used to, it was, it was, first day in here it felt like a breath of fresh air.

Although in a show of ambivalence Bobbie M later advised (in a somewhat dismissive tone) that 'the food's alright'. While preparing food is a literal activity of care, food is also a symbol of being well cared for, and quality food experiences are often deemed to be significant in creating a nurturing, containing environment. The impact of this can be seen through Bobby D, who emphatically confirmed that the food was not good compared to where they lived before, and that 'the food comes in a big yellow trolley from the kitchen'. Bobby D makes use of symbolic physical representation here, of the food not being good. This is coupled with a sense of being othered through the stigmatising institutionalised way in which the food arrived.

Sensory

Another way in which young people constructed how it felt to be 'locked up' was through the sensory impact. This may be specific to autistic young people due to their differing sensory needs from the allistic population. Andi recalled the noises from their day of admission being significant, in particular that 'there was a lot of banging and noises, doors shutting behind you', which was perhaps a symbolic representation of feeling 'locked up' and the fear they felt that may have been exacerbated by sound sensitivity. Ziggy recalled the very specific 'sounds of the garage door'. Common practice has been for young people to enter secure care via a secure garage (Gough, 2017) and so the sound of this closing would likely have evoked similar feelings to those of Andi. Alongside this, Ziggy recalled from the day of their admission 'a strong smell of bleach/disinfectant'. Smell is a particularly powerful sensory experience due to its 'direct route' to the hippocampus and amygdala in the limbic system, where emotions and memories are based.

The sensory experiences from the day of admission will have informed young people's sense making as discussed in the literature review. When reflecting on others' autism awareness, Bobby D described how their own sensory needs varied daily depending on arousal levels,

which made it harder for others to understand: 'It changes quite a lot so sometimes I can be okay with people touching me and sometimes I might not. It changes all the time and on different days I can handle different amounts of sensory stuff.'

In contrast to this, Bobby D reported a positive sensory experience from their day of admission: 'I remember having a shower and it was a very, very nice shower coz I hadn't showered in like four days and I was very dirty and covered in blood so it was a very nice shower.' The experience of showering in a 'very, very nice shower' and simultaneously becoming clean by washing away the blood and dirt could be viewed as symbolic of being cared for. It also offers a potential therapeutic 'blue space' experience.

Wellbeing

Other aspects of wellbeing were present as a theme. Bobbie M advised that they missed being outdoors in 'the fresh air and the countryside'. It appears to me that there is something very symbolic about this being the opposite to having one's liberty deprived – the very antithesis of living in secure care. It is possible that access to the outdoors may have enhanced the feelings of calm that Bobbie M reported benefitting from. Sammy described restricted access to the outdoors and fresh air in their use of 'can't go on pitch or get fresh air if I don't go [to school]'. Similarly, Andi advised that the limited access to exercise or other preferred activities in secure care was difficult. Despite access to physical equipment such as a swimming pool, the ability to physically use this appeared to be dependent on others, which limited Andi's free choice:

> Probably just like you didn't really get much exercise because there wasn't much you could do [pause]. In there you're all just sitting about till - you can do activities in there like swimming and all that but not all the time. Coz there's only certain staff and

> young people, like you can't always just go to do things that you want.

Ziggy articulated concerns about the lack of availability of a particular piece of exercise equipment, which may have had sensory implications for them. Ziggy also described the mattresses in secure care as being 'bricks'. Despite this, Ziggy expressed finding a sense of peace in the garden, where 'I get to sit and relax. It's peaceful. It's quiet for a change'. And Sammy advised: 'But I do also benefit from alone time when things get too much.' This may have been a reflection of the sensory overload of the internal environment.

Bobbie M reported that the environment of secure was nurturing and helped them to feel cared for and protected. Bobbie M advised that they were not bored or deprived of things to do, and it appeared that their identity could continue to develop as they could take part in activities that interested them:

> Just er got doing some of my modelling projects, doing a little bit of my artwork still, keeping busy […] When I'm in my room at night I've got my TV, I've got my maths work and stuff like that that I can do. So I never feel, I'm not frequently bored of - and deprived of things to do.

This in turn helped them to feel known, understood, and valued, which created a sense of nurture. In contrast, both Ziggy and Sammy reported being bored. When describing life in secure care, Sammy's use of words like 'stuck', 'vicious' and 'cycle' paint a symbolic picture and help us to understand how life feels for them: 'Get bored very easily. Stuck in a vicious cycle.'

Culture

The significance of culture in residential child care settings is widely understood, and the dominant rhetoric in secure care has been that of a macho culture, as discussed in the literature review. However, in this research project young people articulated the presence of a more positive and supportive culture in secure. To some extent Ziggy was able to describe the way in which people impact on culture, in creating the atmosphere and informing how the environment feels:

> Happy, sad, depressing. Happy coz one minute it was happy. Next minute the group was unsettled and then it was depressing when we were all unsettled […] Didn't like it. Didn't like the young people. Didn't like the staff. And the atmosphere, it was horrendous.

Andi described the sense of community and nurture they felt from the secure unit with the use of 'they're just like a big family'. The secure unit appeared to feel more nurturing than the community setting for Andi due to the staff presence, with their use of 'you always have staff about, and it's just – it feels more homely':

> And then you always have staff about, and it's just – it feels more homely than basically here. Like they try and say make this place your home, like I'm here, but I'm like 'no', coz I always say every single day 'I'd rather be in [most recent secure unit], I'd rather be in [most recent secure unit] like I would always rather be in [most recent secure unit]. It's strange for me to say as in a young person that's put in secure but I actually prefer it in [most recent secure unit] …

Similarly, Bobbie M suggested that the increased number of staff in secure helped them to feel safe, possibly due to feeling that others were looking out for them and helping them to feel cared for:

> You feel like there's more people - you feel like there's *more* people taking into account you know your safety and things like that and you're a lot less - there's a lot less survival needed in here than where I was.

Andi described secure care as 'it's not bad people, it's just people that are struggling' and 'in there they're just like a big family basically'. This is likely reflective of a service that has created a shared narrative that promotes a more empathetic culture of mutual understanding between young people. Culture develops around staff, for example by modelling respectful behaviour and in this service this appeared to have occurred in a positive manner despite the low status of residential child care staff. However, Andi's experience in a community setting with the same provider seemed to be of a different culture: 'Out here you get picked on quite a lot… Out here, I struggle with like self-harm and all that, and the young people always just go 'why do you do that? why do you that?'' Therefore, despite overarching organisational policies, it seems this culture was specific to the secure care service, perhaps due to the influence of an individual leader.

Staff relationships

Most young people, except for Lindsay, advised that they felt well understood by staff relationships in secure, and observed that the quality of staff was better than that they had experienced previously. Ziggy noted that the staff were better than where they had lived before, and that 'staff would understand, staff would try to make things easy'. Bobby D advised that 'the staff were nicer than where I lived before'.

It is understood that autism impacts on the development of relationships, and some young people, like Lindsay, appeared to find reflection on relationships difficult. However people were a key theme of many young people's responses when reflecting on their time in secure.

For example, Charley noted that they had experienced 'good consistent relationships' and that this was a 'good thing'. For Ziggy, people were a significant feature of their memory of their first day in secure. They recalled 'meeting two staff who I get on with well now'. Ziggy advised that they spent time with both staff and young people, but that 'staff have had the biggest impact on me in a good way'.

It may be the relational connection discussed in the literature review that young people taking part in my research found beneficial, as they developed a sense of belonging and feeling loved. Where autistic young people feel accepted and connected with the relationship offered by staff, the ways in which autism is understood is just one element of this (as autism is just one element of their identity). For some young people, it was specific individual staff who had made the difference, rather than the staff team as a whole. Sammy described the importance of some, but not all, current and previous staff. Sammy connected this to feelings of safety and what can be interpreted as containment from staff:

> I also have a very strong and special relationship with my old keyworker from [previous secure unit] he visits often […] Rowan who was my keyworker became someone I could trust, that made things easier. Rowan since then has become a major part of my life. We still keep in touch via phone and visits, I really don't know what I would do without him.

Similarly, Bobby D reflected on the significance of some 'safe staff' and two young people, advising that 'they helped', and Bobbie M referred to 'particular members of staff I enjoy spending time with.'

Andi highlighted the importance of relationships when describing how it felt to be supported by their preferred people. Andi expressed a gender preference within this, and appeared to be close to articulating how it felt to spend time with people they liked, to be able to talk to and

hang out with them. Although Andi couldn't find the word for this, I had the sense that it made them feel valued and enhanced their sense of self-esteem:

> I had my certain staff as well coz I'm very, coz obviously with my autism I'm really thingied with some staff compared to others, like I don't like certain staff compared to like the way I am with others… I love spending time with people coz it just makes me feel like, I like talking to people and I like hanging about with people, I'm always like one of the main people to be like 'yeah me!'.

Andi was also able to draw out elements of preferred people's personalities that felt valuable to them, such as being crazy or funny, which suggests Andi found it important to be able to find fun and enjoyment in their life:

> And then, in [most recent secure unit] my favourite staff member, she was just a bit crazy as well. All the staff that I like are crazy, like we always call her Crazy Christy basically, that was her name. But she was, she's funny.

Scared

Fear, admission, and frames of reference were subthemes that reflected young people's experiences of being scared in secure care.

Fear

While the experiences captured above reflect nurture, the significance for young people was of how individualised they were. What is nurturing to one person may not feel nurturing to another. The flip side to this was that the start of young people's placements was particularly difficult, as they had limited experiential or other information on what to expect, resulting in them feeling scared. Ziggy advised that arriving in secure felt 'nervous, scary, excited'. For the young people participating in

my research, the sudden removal of their normal daily routines, coupled with the addition of an unfamiliar environment, appeared to create an increased sense of fear. For example, Sammy described their first admission to secure care with the 'struggle' experienced to make sense of the routines and rules:

> It was my first time ever in a place like that. I remember being angry and scared at my admission and after that it took months for me to fully understand the rules and routine. I struggled a lot when I was first put into [previous secure unit].

Bobby D articulated a similar fear, advising that the admission was 'very scary', despite this not being their first secure care experience. They believed this fear was due to people not telling them what was happening, and that if someone had been able to tell them what was happening this would have made it less scary for them. This again relates to sense making, and the lack of information available, meaning Bobby D could not make sense of their experience. There is an intersectional nature to the way in which fear manifests, is experienced, and impacts on autistic children's experiences of secure care.

It is likely any sense of fear was compounded by being in the presence of people who were not known to young people. Bobby D described their arrival in secure care as being 'scary coz there was a lot of new people.' It is likely this feeling of being surrounded by new people would have reinforced any sense that Bobby D had of themself as not belonging; a view commonly held by autistic people living in an allistic society which will be explored further in the following chapter. Lindsay offered a similar reflection; that it would be beneficial for young people moving into secure to know 'who people are', showing perhaps that they hadn't had this knowledge at the point of their admission.

Admission

For some young people, the level of stress created by admission to secure care appears to have made it difficult for them to process or retain information, with both Sammy and Charley advising that they didn't remember their first day and Lindsay struggling to recall being searched. Sammy advised: 'Mmm, I don't really remember much about my first day here, it was ages ago.' Whilst Charley stated 'I don't remember my first day'.

It appeared Lindsay was unable to remember exactly how they felt, with their use of 'I was probably scared'. This may have been due to a level of overwhelm that made it difficult to process or retain information including how they felt. These stressors may be experienced as mini-traumas, and have a cumulative impact on young people's wellbeing over time.

There was an experiential element to Bobbie M's reflections on the search procedures for admission to secure care. Having been searched previously appeared to give them a better understanding of what to expect during a search and helped them to make sense of the experience:

> Yes. Well they were very good um, they put the dressing gown on me, wand you down, make sure you not got anything. Fairly standard, um you know, I'm used to that sort of thing at that point so I didn't have an issue with it. Personally anyway.

Other young people were able to articulate the importance of understanding the rules and daily routines by saying that it would have been helpful to know this prior to admission, and that they hadn't had this information. This is illustrated by Lindsay, who advised it would be beneficial for young people moving into secure to know about the rules and 'how it works'. Lindsay advised that the lack of communication at the

point of admission meant that it had been difficult to understand what was happening and had impacted upon how they felt at the time.

In their use of 'how it works', it seems to me that Lindsay is articulating that there is a framework, a script of sorts that they have not had access to. Similarly, Bobbie M referred to this as 'the structure of the place'. This framework of rules offers the answers in some respects, that would support young people to make sense of why things are the way they are. There are strong parallels here with the way autistic people experience the social world, with its unwritten, unexplained rules, which are often difficult to make sense of.

Thinking about what a new young person moving in would need to know, Bobbie M advised that knowing the routines was important, and that they hadn't had this information pre-admission. They stressed the importance of knowing the routine by using this term twice:

> Um I think they need to know the routine. They need to know who the staff are. They need to know who their personal staff are. So their keyworker and case manager. Um they also need to know sort of the code of behaviour, so how to conduct yourself in front of other young people. Obviously don't be treating people like rubbish basically. Um just people they need to know um just the structure of the place, the behavioural patterns, the routine, um and just who they're working with and their peers.

Similarly Ziggy expressed that routines were the main thing they thought new young people moving in would need to know, which shows how impactful the routines were for them: 'I would tell them the routines of the house, although they might sound strange it's something that works in the house.' This is an aspect of practice that is applicable to all residential child care settings, as discussed in the literature review. It

may be especially important for autistic young people, given the more significant challenges with changes to routines discussed above.

Frames of reference

Lived examples of frames of references were seen in this research project, as through familiarity of alternative living environments and their associated procedures, subsequent secure experiences became easier for young people to make sense of. This can be seen, for example, through Sammy's use of 'I was used to it':

> When I got here I had already been in the secure part of [previous secure unit] twice so this is my third time in secure so I was used to it. Although some things here are different to [previous secure unit] most things are the same or similar.

Sammy illustrated this with a hand drawn response, using felt pen love hearts and a rainbow to present a more hopeful, happy, and loving experience (see figure 12). Sammy makes use of the gendered colour choices of blue and pink love hearts, with a broader spectrum of colours included in the rainbow, representing perhaps the range of influences on their secure experience.

Figure 12: *Sammy's rainbow*

Lindsay drew on their previous experience in other non-secure residential settings to try and help them make sense of their secure care

experience, making comparisons and citing differences. Ziggy, who like Lindsay didn't have a previous secure experience to draw on, indicated that there was an element of becoming accustomed to the situation that made their stay in secure care more manageable. Similar to Sammy, Ziggy described this as 'Just get used to it. Doesn't affect ye'. The experiential element of this may relate to their lived experience being their truth as an autistic young person. Andi also reflected that settling in to a secure unit can be dependent on age or previous experiences:

> Um the first time I got secured I think it was different compared to that one. Coz I was quite chilled in that one. But when I was like, I was like 12 when I got secured the first time so I was a bit more… not settling in well and just… not liking it, that one, as much as that one. Coz that one I just felt instantly I was like 'oh, I just wanna be' [pause], but then that one I was like 'mmm'.

It is likely that the second experience of secure care for Andi was informed by the first, as they had that experience to draw on. As an autistic young person informed by experiences, this may have meant Andi was better equipped for (and therefore, benefited more from) the second secure placement. However the macro level inconsistencies discussed in the previous chapter meant there were less benefits here than there could have been, as Andi described:

> I just felt scared that I was like 'I don't know what's going to happen in this one compared to like [previous secure unit] and all that.' Like I felt scared in [previous secure unit] too but then it seemed to be alright, like [previous secure unit] compared to [most recent secure unit] was like a big difference between the two.

This chapter has presented the Group Experiential Themes (GETs) that arose from the data in relation to nurtured and scared. Drawing on

evidence from the data, it has explored how this created each GET and associated subthemes, and discussed what this meant for young people.

Chapter 8: Findings and analysis – belonging vs loss

This chapter will explore the Group Experiential Themes (GETs) that I identified in the data, in relation to belonging and loss. Beginning with a table (table 9) of the relevant GETs and associated subthemes, it proceeds by exploring each of these themes in detail, supported by evidence from the data.

Table 9: *Belonging vs loss GETs and subthemes*

BELONGING
Group
Shared experiences
Masking
LOSS
Family
Staying connected
Change

Belonging

Group, shared experiences, and masking were subthemes entwined with belonging, as each had the potential to increase or decrease the sense of belonging for young people.

Group

Young people reflected on the experience of belonging, through the context of both the power of the group, and group living, highlighting the ways in which the challenges and benefits impacted on their identities. In thinking about some of the difficulties, Ziggy reflected on the impact of living with other young people who may often be dysregulated, and how this could result in something akin to a group sanction: '…how unsettled the group was when I arrived […] my outings changed and then got cancelled because of other young people being unsettled.'

Similarly Bobbie M advised that other young people's behaviours could impact on their experience, or that daily life could be unpredictable due to others' behaviour: 'Some people, some people how they can act or behave it makes me feel a bit down, but for the most part people make me feel happy and included.' This challenges some of the dominant theories of autism in how others' emotional experiences are understood, and will be explored later in the context of hyper-empathy.

Both Andi and Ziggy had a similar way to each other of categorising people, which may have been a way of trying to make sense of their behaviours, and make them more predictable. Andi used a range of descriptions in relation to young people, but they appeared to create two main categories. The first being those who were 'struggling', kept 'themselves to themselves' and didn't want to 'get involved'; and the second being those who were more energetic and showed increased interaction with others: 'the ones who were just like jumping about and trying to get involved with anybody'. Within this, Andi demonstrated an awareness of how other young people were feeling, appearing to offer a sense of empathy as to why they might be behaving in that way. Bobbie M also demonstrated empathy, for staff, in their expression of concern that not all young people respected staff:

> One young person in our unit, I won't name them, is often rude to staff. Erm doesn't have, don't have any respect for certain staff members, it's a case of if they don't provide a use to that person, then the person then, they won't show any respect for staff. And I think that's wrong, I think it goes two ways. It's a - I think it should be a 'you respect me, I respect you' basis, and I just - I hate to see staff trying to show respect to that person and them not returning - you know - not returning the gesture back.

Like Andi, Ziggy also divided people into two types, although separated out the 'types' for adults and young people. This may have

been a structured way of making sense of different people's behaviours for them: 'Yeah you got the strict staff, you got the different staff. Young people you got the two different types of young people. The wans that thought they were solid, the wans that were just cunts. That was it.' Interestingly Ziggy did not see themself as fitting either of these categories. This illustrates a sense of their self as being different from others, or an outsider perhaps, and this led me to wonder how staff promote relationships between peers.

Sammy advised:

> I had not done much group living before [previous secure unit]. I found that hard, I fought with a lot of young people mostly through me trying to stick up for younger peers. Living with others was new and strange but is also how I met my 2 best friends.

This showed an element of Sammy acting in a caregiving role, or advocating for social justice. Sammy noted a lack of friendship with peers in secure, and that they were 'forced to live with people I don't like'.

Whilst some young people articulated a sense of belonging with the group or secure community, others such as Sammy and Bobby D, expressed a feeling of not belonging. Bobbie M echoed this, although recognised they had 'been in worse places'. For Sammy, the sense of being an outsider seemed to be enhanced by the mix of young people they were living with who were placed on both welfare and justice grounds:

> I've always thought being in [previous secure unit] and here, I thought like the mixture of people that have like committed serious crimes and the people that just can't keep themselves safe, I think it's a bit unfair and a bit stupid to put them all in the same place - I've always felt like that.

Shared experiences

Young people articulated benefitting from a sense of community through shared experiences with other young people, potentially reflecting the importance of being with your own tribe or blending in. For example, Ziggy described young people 'sticking together': 'But then we'll all back each other up saying 'naw we didnae dae that.' Aye but we've done it but we're no telling anybody that we've done it.'

They rationalised this as being as a result of living with others who'd had similar experiences: 'It's just different having people that you actually get on wi. That they go through the exact same as you… The kids. We've all been through the same sorta stuff.' Whilst this alluded to a sense of belonging, Ziggy advised that they didn't spend time with other young people, and that they didn't feel like they belonged towards the end of their time in secure care, as 'I didn't deserve it […] I didn't feel like I needed it'. In thinking about their own dysregulated and self-injurious behaviour Andi echoed Ziggy's reflections on their similarities with other young people:

> Coz obviously you're all in there for basically the same things like compared to this house so they don't judge you. Other than out here like you don't know what each other's in for, like in here for, and all that like they're in here for stuff but everyone knows kind of the criterias of being in secure so all like 'we know you struggle with that' so they don't mention it kind of […] but in [most recent secure unit] you'd do something and they don't judge you for it coz they do the exact same things coz they struggle. Like everyone struggles and they can't help it like.

Andi advised that their behaviours had been influenced by the young people they had lived with in secure, in that they had learned coping strategies (such as swallowing batteries) from others. Andi

appeared to have internalised this in a way that impacted on their identity, shown through their use of 'that's the way that like I cope coz I was in secure':

> But they're, some of the kids like, I - they kind of changed my behaviours as well - so the kids, like some of them - like in [previous secure unit] some of them made it worse, some of them - like in [most recent secure unit] - most of the kids made my behaviours better, but in [previous secure unit], some of the stuff that the kids had done I still do it now. Because that's the way that like I cope coz I was in secure. Like I - when I self-harm, I don't like use glass or anything like that, I swallow batteries, but I learned that from the kids in secure. But compared to the ones in [most recent secure unit], they kinda just made me better about myself.

It is possible the significance of shared experiences, including a sense of shared trauma, had in some way supported Andi's healing despite risks caused by the batteries.

For Bobby D, people seemed to play a key part in belonging too. For example in their recognition that their day of admission to secure was 'scary coz there was a lot of new people'; and that over time 'The staff helped, specially my safe staff helped, and [two key young people] also helped'. Due to differences in theory of mind, where other young people's experiences do not reflect their own this may increase the sense of not belonging and dissonance for autistic young people, both of which are known to increase masking behaviours.

Masking

Sammy described changes in the way that they interacted with others, in order to make the experience of living in secure care more manageable: 'Although I find it hard to make and keep relationships I do

try build relationships with the staff here because it makes things easier.' There was a suggestion that the identity management adjustment in their own presentation impacted on their sense of self.

Similarly, Ziggy alluded to a sense of masking, or norm compliance to make life 'easier': 'We got on wi' each other because we knew we might as well just get on wi' each other, it made our days easier.' Whilst Andi described literal masking in relation to their appearance using heavy makeup:

> And then like, but I always get told like that I'm quite pretty and stuff like that, and, I think I am, when I put my make up on. I love my make up, I love doing beauty and all that…

Bobbie M recognised the significance of relationships in secure care, and demonstrated an understanding of being able to change their behaviour depending on who they were around, which may be another example of masking behaviour. Bobbie M advised it was important to get on with staff and young people, demonstrating how they had socially navigated the space and how they could help others survive by sharing their experience. They stated, 'if you get your head down, play the game how should I put it, of the way it works in here, then you will be alright.' It is difficult to determine whether these are learnt skills, an adaptation to the environment like masking, or a combination of the two. It is interesting to consider whether it is a skill which is transferrable once young people move on from secure care, and whether it has any lasting impact on identity constructions.

Some young people's identities were influenced by the views of others. For example, Andi demonstrated ways in which others' perceptions of their self and identity influenced their own view by drawing on descriptions they had heard of themself, such as 'coz everyone says I'm funny', 'they say that I'm sassy', and 'they said that I'm up for trying

things'. It may have been that Andi was trying on these masks to see if they fitted, or finding out about themself through the eyes of others. Similarly, Bobby D appeared to have internalised others' views of them as an autistic young person. In contradiction to this, Sammy advised that they couldn't know what others needed to know: 'What would they need to know? I don't know what they would need to know. I don't know.' And when asked (using questions such as 'How would you describe yourself?'), Sammy found it difficult to articulate their own identity: 'What does that mean? [pause] Not really […] I don't know! Eh [pause] I don't know, just fine [pause] Yeah, I like music and I like art.' Bobbie M likewise expressed being unable to predict what others thought of them:

> Ooh, that's something I struggle with, guessing what other people think about me, but. Hmm. I'd like to think people would say I'm fairly polite. Um I keep, I like to keep myself to myself a lot. Try to be, I like to try to be outgoing and speak to people, er speak to people you know, be friendly um. I like to think I'm… people don't see me as rude. Um, course I won't know, but it's just that's what I'd like to think anyway.

Lindsay also found it difficult to describe themself: 'Describe me […] I do well […] That's about it.' And 'Funny. I'm fun. And I like playing football. Trying to think what else. That's the only two I can think.' As discussed in the literature review, it may have been difficult for young people to know themselves in a context of people presenting fictitious versions of themselves. For autistic young people with differences in theory of mind, this may increase feelings of incongruence or create a sense of felt dissonance.

Loss

Family, staying connected, and change were subthemes relating to loss, as each of these brought the experience of loss into young people's lives.

Family

The theme of loss was key for most young people. For example, Sammy reported that prior to living in secure care on this occasion, they had lived with their family, which offered free choice in who they spent time with. The use of 'love' and 'genuinely care' in their responses are of symbolic relevance, and help us to understand that these are important constructs for Sammy: 'Live and cared by a family that love and genuinely care for me […] I get to choose my friends. Lots of time to spend with my family and I'm closer to my [siblings].'

This was reiterated by one of their hand drawn responses (see figure 13). The style of this image depicts a family unit or group of friends united in loving relationships. Sammy has reinforced this with the gendered colour choices of blue and pink, and childlike drawing style with use of felt pen as the media.

Figure 13: *Sammy's people*

Sammy described reduced contact with family and friends as a result of living in secure care:

> I only see my mum once a week for one hour and hardly see my dad, granny or [siblings] […] I'm also very close with my family and look forward to the one visit a week I get with my mum.

Sammy was able to provide positive examples of time spent with family members whilst in secure. However they were unable to have any contact with their pet, which they described as 'the most important thing to me'. This use of language appears to emphasise the significance of the severance of this relationship, and further highlights the lack of control previously alluded to. There was a real sense of loss evident from Sammy as they are locked away from all that is dear to them; the loss of freedom, loss of a pet, loss of friends and family including their close sibling. The loss of family may have been the biggest loss for Sammy during their time in secure care. To emphasise the connection Sammy felt to their family they illustrated this response with a hand drawn picture with felt pen (see figure 14). The string of hearts shows both the importance of loving relationships in their life, and the significance of that connection. The use of repetition of both the image and colour pattern reinforces this further.

Figure 14: *Sammy's hearts*

Andi described a loss of connection to their family, and how difficult it was not to be able to see them:

> Coz my family - I live in [Northern Scottish City], so my family's like five hours away from me, so I only get to see them every two weeks, which is a bit rubbish as well coz I don't get to see my [pet] either - I have a [pet] and she was like only a few months when I left to go in secure. But I don't get to see her either [pause]. Every single day I'm like phoning my dad like 'How's the [pet]? How's the [pet]? and he's like 'Fine, she's fat now' and then I'm like 'Oh, okay' and then like - it just feels so rubbish, see when

> you see your dad and then you just see him leave and you're like well that's just rubbish basically because like you see them for like what […] and I only get to see him for a few hours so when he leaves I get quite upset and I just go 'well that's rubbish, coz my dad's just left me' and it just feels like everyone's leaving me […]

The weight of this loss is reinforced by Andi's use of 'it just feels like everyone's leaving me', said in a saddened way. Andi further advised that they missed being at home and their family pet. This was particularly true as the pet was unable to visit them in secure care. Continuing the theme of loss, Andi recalled the severance of the relationship with their boyfriend, as a result of being accommodated in secure care.

> But my [pause] that's probably [pause] yeah I didn't really have much friends at home [pause]. I did have like a boyfriend before I went in secure but obviously because I was in secure for like two months he's got fed up and I was like 'that's rude' [pause] but I was like 'okay, bye'.

Bobbie M spoke of how difficult it felt for them to be away from their family, and that this was the thing that had had the biggest impact on them:

> It's not being home I'd say. It's being in here. It's being in - being kept from my family I'd say, that I find difficult. That's all I can think of [pause] I do regularly see my family [pause]. Yes, I'd say probably my biggest difficulty I'd say.

Their use of 'being kept from' is illustrative of the severance of this interrupted relationship. Bobbie M spoke of missing their family with the use of language that suggests this should have been obvious; that 'of course' they would miss their family: 'Yeah of course. My family.' However

not all young people mentioned missing their family, such as Andi, Bobby D, and Charley.

Lindsay advised that they missed their mum. They confirmed that they saw their mum sometimes, and that she was able to visit them in the secure unit, meaning that their relationship was interrupted but not entirely broken. Similarly, Ziggy didn't seem to have a great number of people who were important to them outside of the unit, but also missed their mum. Ziggy described ways in which they had been able to maintain a relationship with their mum:

> So had an outing with my mum in the community. Was really nice as I have not been out with mum since before I came in to [unit]. We got to go to [shopping centre] and although staff were there to supervise, they weren't on top of us, so I got to enjoy my mum's company. I really liked this as I have missed spending time with my mum.

Staying connected

Along with the loss of family and significant others whilst in secure, further losses were experienced as young people transitioned out of secure. Young people reflected on the challenges of staying connected to the people they had formed important relationships with, once they had moved on from secure. There was a theme of people coming into, and then going out of, their lives.

Such was the positive impact of support Andi had received from the secure unit, they felt a sense of loss now that they no longer lived there. This was shown by their use of 'I miss a lot of it to be fair.' Andi described how difficult it had been to stay connected to significant people since leaving the secure unit. There was a sense from Andi that it was important to be able to maintain these connections, but much of this was not in Andi's control:

> She [secure staff member] doesn't really come to see me anymore. She came to see me about a few weeks ago but I wasn't here, I was out at an appointment and then I came back and they were like 'oh she came to see you' and I was like 'no!' and then I was raging coz I missed her.
>
> And then, obviously, I had friends in there, in my first one. I still communicate with my friends from there. Erm, but yeah I don't speak to any of the staff from there [previous secure unit] anymore. Coz you can phone in and all that but I don't phone in, like now staff come and see me, and I always go to the windows to see them I'm like 'oh hi!' But see even the kids, we have a bit called the [outdoor area], em in that one [most recent secure unit], and you can just go up to the gate, you can see in through the gate and I'm just like 'hi' and then I just don't even have anything to do with that one.

At the point we met, Andi was living in a non-secure residential setting, provided by the same organisation as their most recent secure experience. This meant that secure staff sometimes supported in the house Andi now lived in, or that it made visiting easier. Andi further noted that the extent to which they kept in touch with people depended on how connected to them they felt, and that they had maintained contact with friends they made during their first secure care experience.

Bobby D identified that particular members of staff, and two key young people, had been significant relationships for them in secure care. It was these individual people who were important to them, and they missed the most once they had moved on from secure. When we met for the last time, Bobby D was living in a non-secure residential setting, provided by the same organisation as their most recent secure experience, like Andi was. Whilst relationships with staff were able to be maintained to a certain extent post-secure, this was not the case with the

young people. This was shown by their use of 'Sometimes I see the staff but I can't see [young person].' Whilst this is understandable from a risk management perspective, it creates an additional layer of complexity for young people moving on from secure care if they cannot maintain important relationships with peers.

Sammy recognised that some new relationships formed whilst in secure care, particularly with key members of staff, had had a positive impact on their life:

> The trust and relationships I had made, especially with my keyworker Rowan. But since leaving I still stay in touch with Rowan and Stevie […] I honestly won't miss much. I'll miss some staff… Xavier and Yvonne and Zoe (staff). Yeah that's it [pause] just people.

Sammy articulated a sense of emotional safety felt from one member of staff in particular, in emphasising the feeling of trust, and relational importance of him in their life. This relationship was of particular significance as it had been maintained since Sammy moved on from the service, and may have positively impacted on Sammy's own self esteem:

> I also have a very strong and special relationship with my old keyworker from [previous secure unit] he visits often and he has a newborn who came for a visit […] Rowan who was my keyworker became someone I could trust, that made things easier. Rowan since then has become a major part of my life. We still keep in touch via phone and visits, I really don't know what I would do without him.

So there is something really significant about forming close relationships based on warmth, trust and safety, however the impact of

these being transient must be given consideration. It may be that there are emotional benefits for staff to be able to maintain contact with young people post-admission, although related challenges over the long term would be potentially insurmountable in the current infrastructure.

Change

As discussed previously, some young people such as Sammy and Lindsay found it difficult to know themselves. This was illustrated through their challenges with articulating their own identity, particularly in relation to change**.** Bobby D also struggled to articulate their own identity. Describing themself as smart and honest, they had a better sense than others of their own autism, for example that 'it changes all the time and on different days I can handle different amounts of sensory stuff'.

There were conflicting views from young people over the benefits versus the drawbacks of being an unknown at the point of moving into secure care. For Andi, there was a sense that it was important to be around people who knew them well. In this relational context it was significant that Andi described how other people didn't know anything about them other than their gender before they arrived in secure care. This appeared to include staff as well as other young people:

> But they all knew that I was a new person coming, but they get told like [pause]. So like the staff, some of the staff don't tell them till like the last second before they come to the door, but some of the staff tell them - staff are like 'oh it's a [boy/girl]' but they don't know like my age or nothing, they don't know anything about, like the managers know all that stuff, so they have to wait till they can, like to know their name.

This could be seen as a loss of the benefits of being known. Bobbie M on the other hand positioned being unknown as 'a fresh start in a new

environment'. This appeared to lead them to construct secure care as a bridging, transitional, or transformative experience with their use of 'the step forward this has given me to better myself as a person'. It seemed that entering secure care as an unknown had given Bobbie M an opportunity to be a new person and change their life, which may have been related to their prior experience in a young offenders institution: 'Changed. I think I've changed a lot by the time I come in here in the first place, but I feel like I've still got room to change more and better myself for the community.' Similarly, Bobby D's reported positive sensory experience from their day of admission, of showering in a 'very, very nice shower'; becoming clean by washing away the blood and dirt, could be viewed as symbolic of washing clean as a fresh start.

Although Ziggy did agree that staff had helped them to look at their actions in a different way, their view was that staff hadn't helped. However Ziggy spoke of benefitting from the peace by sitting and relaxing in the garden and having 'space and time to think'. Ziggy was able to reflect that things were easier now, and that they were calmer and less stressed due to the impact of secure care. It may be that young people were drawn to the narrative of a 'fresh start' because they needed this narrative to cope with their time in secure care, or were reflecting a narrative given to them by others, however it seemed to me that for some participants their time in secure care really had been life altering.

In contradiction to this, Sammy articulated a sense of 'stuckness' and inability to change. This was shown by their use of 'they try, but it doesn't really work.' This may have been in relation to adolescence, or rigidity linked to autism. It may also have been related to Sammy nearing the end of their time in secure care, and therefore the 'fresh start' narrative feeling of less relevance for them, showing how young people feel about belonging in secure could shift over time. For young people placed in secure care there is a particular pressure for them to change, or they cannot move to a less secure environment. This is within

the context of a justice system that finds it difficult to meet the rehabilitation needs of autistic people as discussed in the literature review, therefore decreasing opportunities for desistance.

This chapter has presented the Group Experiential Themes (GETs) that arose from the data in relation to belonging and loss. Drawing on evidence from the data, it has explored how this created each GET and associated subthemes, and discussed what this meant for young people. The following chapter will proceed with a deeper exploration of the key themes discussed in these last four chapters, through a discussion which refers to what is already known, and begins to consider the learning from this.

Chapter 9: Discussion

In an IPA social work research project it is important not only to communicate the findings, but to also consider the learning from these (Vicary & Ferguson, 2024). That is what this chapter begins to do. Given the developing human rights agenda (Scottish Government, 2019b; Children and Young People's Commissioner Scotland, 2019; Children's Commissioner for England, 2019), issues related to autism, youth, and placement in secure care are of current political importance. However as evidenced in the literature review chapter, there is limited research and policy which has taken account of the intersection of these in a way which centres young people's lived experiences, and that was the purpose of this study. The aim was to explore the impact of secure care experiences on the identity narratives of autistic young people, using the concept of secure care as a containing environment being made up not only of the physical environment (the residence), but also the relationships, and the expectations, rhythms, routines, and responses (the rules) (Emond et al., 2016). The research questions were designed to explore this as follows:

What impact do secure care experiences have on the identity narratives of autistic young people?

- What role do relationships play in the impact of secure care experiences on identity narratives of autistic young people?
- What role does the environment play in the impact of secure care experiences on identity narratives of autistic young people?
- What role do the policies and procedures play in the impact of secure care experiences on identity narratives of autistic young people?

This chapter makes use of the structure of relationships, residence, and rules to examine the implications of the key themes that run throughout the previous chapters and what impact these have on young people's identity. It does this by simultaneously looking back to both the

aim and objective of the project, and the findings explored over the previous four chapters, and looking forward to what we can learn from this. Building on existing knowledge and theory as referred to in the literature review and conceptual framework chapters, I apply this to the findings of my research to reach conclusions about what this means for autistic young people experiencing secure care theoretically, methodologically, and empirically. Given the prevalence of intersectionality in young people with 'multiple minority identities' (see also Levine & Breshears, 2019) in this research project, some findings may be relevant to all young people, however some will be specific to those who are autistic, and I have tried to evidence where this is the case.

This research project sought to explore the impact of relationships, residence, and rules in the context of secure care, on the identity narratives of autistic young people. What the data has shown is that there was both a convergence and divergence within three areas of practice that have key implications for autistic young people. There was the potential for secure care to create barriers and facilitators in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). This contributes to filling a theoretical gap and has the potential to change future practice.

Where young people expressed ambivalence about their time in secure care, their references to 'I felt like I belonged' and 'I didn't deserve to be there' (Andi) or 'Yes at start, no at end I didn't deserve it (I had been good)' (Ziggy) (as discussed in chapter 6) sounded like these mixed feelings created a disconnect from a unified sense of self. This in turn appeared to have led to a state of incongruence with their own emotions and thoughts. Where these key tensions (communication and attachment, through relationships; sensory differences, through the residence; and need for structure and routine, through the rules) were

not in productive balance, the sense of incongruence appeared to increase (as discussed predominantly in chapter 6). Again, this appears to shed new light on the ways in which autistic young people are experiencing secure care. Incongruence was visible as a thread throughout young people's data as can be seen in the previous four chapters, with young people experiencing significant incongruence across the relationships, residence, and rules.

The use of 'versus' in the titles of the four preceding chapters is illustrative of the elements that sat in tension across all the key themes in the research findings. These tensions are explored further here using the context of paradox in order that we might better understand autistic young people's experiences of secure care. As discussed in chapter 3, care and control are themselves paradoxical (Myers, 2004; Hankivsky, 2014; Gormley, 2021). Further, autism is often described as a paradox due to the perceived strengths and deficits associated with autistic people (Baron-Cohen et al., 2011). That autism can be devastating, and that it is not a disease, can both be true. However as Miller (2015) advises, these truths seem to contradict each other and as a result they sit in tension. These tensions are of particular relevance to autistic young people, due to the dichotomous thinking commonly associated with autism (Suzuki & Hirai, 2023). As they describe it, dichotomous thinking is a type of binary perception, namely viewing things as either good or bad with no grey areas. They found a correlation with intolerance of uncertainty, proposing that dichotomous thinking may reduce uncertainty and therefore associated anxiety. In turn this creates a higher intolerance of ambiguity, which I have interpreted to mean that the tensions are more difficult to process than they would be for the allistic population. This does not previously seem to have been given consideration in the context of secure care, likely because it is a newly developing concept.

Relationships

This section explores the barriers and facilitators that relationships in secure care created for autistic young people. Interestingly, relationships were more significant for young people (Andi, Bobby D, Bobbie M, Charley, Sammy, Ziggy) participating in this research project than the residence or rules. Others have recognised the significance of relationships to young people in secure care (Shirk & Karver, 2003; Smith & Sloan, 2005; Harder et al., 2013) and the impact of the setting on the development of relationships (Lovell & Skellern, 2020). However this is a surprising finding given the dominant rhetorics of autism that include an inability to form and maintain attachments (Teague et al., 2017), or the significance of sensory needs (Robertson and Baron-Cohen, 2017; Singer, 2017). As can be seen in the four previous chapters, it was clear that when staff got it right, relationally, for young people, it really made a difference (Andi, Bobby D, Bobbie M, Sammy, Ziggy). This has been found by others, for example Bobbie M's view of staff is echoed by Thompson (2018). The key factors exerting influence on relationships in secure care which were identifiable in the data and will be addressed in this section are the importance of being known for young people; the implications of loss; and the power of the group.

Known

In her international exploration of secure care practices Thompson (2018) refers to the importance of the relational environment, with staff often cited as the best thing about being in secure, and the thing that helped young people to feel safe. There is no evidence to suggest that staff working in secure accommodation services are paid more than those in other residential child care settings; the qualification requirements for SSSC registration are no different; and training delivered is generally very similar to that of residential child care staff. However it appears that the skill level of secure care staff is on average higher than the rest of the residential child care workforce (Gough, 2016; Care Inspectorate 2023). This may be because those recruited have increased levels of

experience to appropriately meet young people's complexity of need. Induction in secure may be more robust due to the risk which may differ from open settings, or the delivery of new training may be prioritised in the secure setting. Relationships and meaningful connections can be an important source of hope (Garfat, 2003; Miller & Baxter, 2019), and the NES (2025) National Trauma Training Programme recognises that whilst trauma happens in relationships, it is also repaired by relationships (see also Kohlstaedt, 2010). However, staff in secure were sometimes also experienced as getting it significantly wrong, relationally (Bobby D, Lindsay, Sammy, Ziggy), and on these occasions this contributed to the ambivalence, incongruence and dissonance experienced.

There are likely not only less chances for autistic young people in secure care to experience reparative attachment relationships (see also Pearce, 2019) in their lives, but also more obstacles to staff getting it right (see also Ellis & Curtis, 2020). For autistic young people, communication had the potential to create an additional barrier to being known. As discussed in the methodology chapter, the allistic community place significant weight on a narrative exchange (Bell and Davison, 2013) due to normalisation principles explored in chapter 3. However verbal expression may not be autistic young people's preferred mode of communication (Grandin, 2009), and limiting access to alternative modes of communication (Thurman, 2009) may have implications for young people engaging in relationships (Anglin, 2004), as will be discussed below. This finding has some relevance for all secure care experienced young people, given that around 72% of young people who experience secure care have SLCN (Bryan et al., 2015). To account for this in my research young people were offered a variety of communication modes of engagement, and chose to communicate verbally, in written form, and through the use of drawing, as discussed in chapter 4. Additionally, visual formats of consent forms were offered, and on every occasion all young people bar one chose the form with supporting visuals, which offers learning for future research.

Identity is shaped by relationships (Bagatell, 2007), as shown by the research of McMurray et al. (2011). Within the context of relationships, it was important for young people, as it is for many of us, to feel known, valued, and that they matter (see also Donati, 2011), as discussed in chapter 3. In my research, I aimed to support young people to matter and feel known by enabling engagement with the project in ways which best suited them, and ensuring terminology used reflected their preferences, which offers learning for future research. Often, when young people arrived in secure care, they arrived as an unknown into a new environment (Andi, Bobby D, Bobbie M, Sammy). For some young people, this presented an opportunity to be a new self (Bobbie M), to create a new identity (Andi). In line with theories of cognitive flexibility and context shifting (Lacroix et al., 2024), it may be that the removal of the young person from the external context offered a restorative, healing-centred process for growth and self-development. Or it may have been the creation of a false version of their self, by masking as discussed in chapter 3, with a sense of loss for their previous self.

Relationships are the primary vehicle for mattering to occur, and the significance of reflexive practice in residential child care is widely recognised (see also Chapman, 2011; Garfat et al., 2018; Carvalho et al., 2023) as discussed in chapter 3. It can be difficult to truly know someone who perhaps is only just starting to understand themself and doesn't yet know who they are as a person. However, it seems to me that this could be a reciprocal exchange. In the process of getting to truly know young people, staff may come to know themselves better too, enabling an increased level of authenticity, and in turn leaving them more emotionally available to young people. This reciprocity would align with the findings of Doré et al. (2017): that helping others to emotionally regulate increases regulation of the helper's own emotions, which in turn improves their mood. In a doubling of the hermeneutic circle, the undertaking of this research project and making sense of young people's

experiences enabled me to better know myself, which in turn better enabled me to make sense of young people's experiences. This echoes Smith (2007, p.6) who, in the context of IPA, describes being 'irretrievably changed'.

Being known appeared to help young people to know themselves (Andi, Bobbie M, Sammy, Ziggy) meaning they may well have left with a more authentic identity. For this to occur there needs to be a genuineness to the relationship, which can be difficult to achieve when staff enact emotion management, and a 'guarded side' (Ellis & Curtis, 2020) which Sammy referred to. Despite this, staff can become emotionally invested in young people, showing there is authenticity to the relationships (see also Ellis & Curtis, 2020). This is a further example of the tension that exists in managing 'appropriate boundaries' in residential child care, in simultaneously being close enough, but not too close (Steckley, 2020b; Carvalho et al., 2023).

Donati (2011) advises that individual relations are a performance of individual minds, which aligns with Goffman's (1959) dramaturgy, with people acting in 'front stage' behaviour. However Donati (2011) asserts that the relational reflexivity emerging from social relations reflects reality. He suggests that this reality is more powerful than any individual or group as it reflects onto individuals. Whilst he recognises that contradictions and tensions may exist as part of the interdependencies, he advises that only in extreme situations are relational entities dichotomous or ambivalent. Given the strength of ambivalence and dichotomy in my findings, I wondered if secure care was the sort of 'extreme situation' he had in mind.

Where relationships are experienced as incongruent, this creates an additional barrier in the therapeutic relationship. Whilst Goffman (1959) believed that we were all acting inauthentically to a certain extent by hiding parts of ourselves, Rogers (1961) believed that congruence was

key to a successful therapeutic relationship. This is another tension, as in a context of inauthenticity it is difficult to establish trust or to be known. Therefore, the absence of congruence creates a barrier, particularly when we give cognisance to the significance of relationships to young people in secure care (Shirk & Karver, 2003; Smith & Sloan, 2005; Harder et al., 2013).

However, as Anglin (2002) believed, the struggle for congruence is ongoing as it is never fully achieved. Even well performing care services with a good 'flow of congruence' from managers through staff and to young people, struggle to attain full congruence, as it is always in flux. Anglin suggests instead, aiming for 'good enough' congruence. Alongside this sit the tensions between what is deemed professional in residential child care. Steckley (2020b) gives examples of tensions around boundaries, stigma, fear, use of touch, love, and maintaining contact. These dichotomous discourses (Steckley, 2020b) exert influence on adults' and young people's experiences of authenticity in relationships, and therefore also on a service's struggle towards congruence. These complexities illustrate the paradoxical nature of relational practice (Ruch, 2018), that seemingly opposing elements, for example of care and control, are required to maintain equilibrium.

Folman Hadjidemetriou (2023) recommends that undertaking cognitive assessment at the point of admission to secure care could be supportive in ensuring a comprehensive profile of each young person which would allow support to be better tailored to meet their needs. This may be one way of strengthening staff teams' understanding of what is needed to build authentic relationships with young people, enabling young people to feel known, and would support Andi, Sammy and Bobbie M's recommendations around support being tailored to meet young people's needs, including support based on both the age and specific needs of each young person.

Opportunities for young people taking part in my research to experience positive attachments were reduced (Andi, Bobby D, Lindsay, Sammy) due to the relationship limitations of residential and secure environments (see also Ellis & Curtis, 2020). Some of these limitations have the potential to change as practice develops over time, for example by challenging outdated dominant discourses about how professional relationships should look. As Steckley (2020b, p.7) advises, 'A different conceptualisation of professional boundaries, one less preoccupied with distance and risk avoidance, is necessary for practitioners to form the kinds of significant and enduring relationships that are identified by growing evidence as efficacious.' Other limitations, such as managing contact outwith the service, are necessary. In these instances it is important staff are supported to manage the tension in order that they can help young people to navigate it too, through the 'flow of congruence' (Anglin, 2002) described above.

Loss

There are additional relationship limitations in secure care due to the temporary nature of placements in this setting (Gough & Lightowler, 2018; Thompson, 2018), combined with expectations of a transformative experience (Paul, 2014) as discussed in chapter 3. And once relationships have been established, either with staff, other young people, or external to the service, they are often then severed due to placement moves (Andi, Bobby D). Paradoxically if young people's outcomes improve whilst in secure care, they no longer meet the criteria for being placed in secure and are therefore moved on more quickly. This is in conflict with the concept of relational practice and from my perspective seemed to add layers of loss for young people: the loss of people and animals they knew before they lived in secure (Andi, Bobbie M, Sammy); the loss of their previous life and self (Bobbie M); and the loss of the people they had connected with during their time in secure (Andi, Bobby D).

The impact of loss is likely of increased significance for autistic young people due to potential differences with attachment styles (Schore, 2013) as discussed in chapter 2. The impact of relationship rupture is likely amplified for autistic young people where the navigation of social relationships is already difficult. Thompson (2018) acknowledged the impact of loss as children transition in and out of secure care, including within this the loss of identity if young people's and others' perceptions of them have changed because of their time in secure care. Herrity's (2024) research in an English prison echoed this. It is likely this will be of increased significance for autistic young people due to the particular complexities of transitions (Autism Network Scotland et al., 2017; Iemmi et al., 2017) as discussed in chapter 2. As autistic identity can impact on social identity (MacLeod et al., 2013), if young people come to understand their autism better because of their time in secure care there is the potential for this to impact on how young people see themselves and how they are seen by others. This may offer opportunities for them to open up their 'back stage' worlds (Goffman, 1959), with a decrease in identity management behaviours such as masking or camouflaging (Lai et al., 2017; Hull et al., 2019; Pearson & Rose, 2021), and associated increase in positive self-identity and authentic life (Bagatell, 2007; Cooper et al., 2017; Bradley et al., 2021; Perry et al., 2021).

Group

Group living provided a similarly contradictory experience, offering both a supportive environment with the opportunity to benefit from shared experiences (Andi, Ziggy), and a challenge in the form of living alongside others whose life experiences may be very different (Bobbie M, Sammy). In terms of developmental phases, adolescence can be seen as a significant transition period, as young people develop greater independence away from familial relationships and place greater importance on peer relationships (Carey, 2019). Emond's (2002; 2004) research highlighted the disparities between the fear of the group and the positive potential of the group in residential child care, showing that

young people offered each other support, advice, and knowledge on a variety of pertinent topics. Murphy et al. (2017) recognised the increased incompatibility for autistic people living in high-secure psychiatric care, compared to the allistic population. The challenges of relationships and finding a 'tribe' was a key theme in the findings of Halsall et al.'s (2021) research which explored the masking behaviours of autistic girls in education settings.

The power of the group in residential child care settings has long been recognised (Emond, 2004), along with a recognition that young people need to be given consideration as part of the group, accounting for the harms as well as the benefits (Emond, 2002). As Cooley (1902) notes, people do not exist in exclusivity from others, but permeate each other. This is of relevance to how we consider identity, as relational views influence how we see ourselves (Cooley, 1902), and the way in which we understand others' perceptions of us impacts on our identity formation (Blumer, 1969; Huang et al., 2017). This was apparent in my findings as young people's self-views were influenced by others (Andi, Bobby D, Sammy), illustrating how language can shape identity. Other studies have evidenced altered self-processing (Lee et al., 1994; Heerey et al., 2003; Hill et al., 2004; Crane & Goddard, 2008; Mundy et al., 2010; Mul et al., 2019) and self-reflection (Robinson & Elliott, 2016; Huang et al., 2017) in autism, as discussed in chapter 3.

Where secure units were structured in a way that offered young people the opportunity to benefit from shared experiences (Ziggy), there was the potential for enhanced belonging and connectedness with their 'tribe' (Andi). Brady and Gilligan (2018) describe the impact of interdependent friendships in relation to the life course perspective (Elder, 1994) and how these shaped the experiences of young people who had been looked after. Roesch-Marsh and Emond (2022) explored the significance of friendships for the wellbeing of care experienced young people, and how barriers to this can be reduced.

There is an argument to be made that autistic people better understand autistic people than those who are allistic, for example with regards to lack of social motivation (Fletcher-Watson & Crompton, 2019). This has parallels with Milton's (2012) double empathy problem. The structure of units may go some way towards offering young people this opportunity to benefit from shared experiences, to developing a strong autistic identity, and to mitigating a few of the potential adverse impacts of the sometimes oversimplified approach to inclusion of neurodiverse young people in services (see also Myers, 2004; Warnock, 2010). Shiltz et al. (2024) in their research on loneliness in the autistic community, recommend professionals supporting autistic people to develop and maintain social connections. Where units are structured in a way that supports this it may be that this is one of the benefits of secure care for autistic young people, as described by Andi and Ziggy in chapter 8.

It is possible that young people's sense of identity is further impacted as a result of being part of the secure care group of young people, as suggested by social identity theory (Tajfel & Turner, 1979) and models of intersectionality (Levine & Breshears, 2019). It may be that the experience of living in secure care offers a comparable intensity of shared experience to the shared experience of being autistic. This led me to consider parallels with the young people participating in my research, and how their experiences of relationships and modelling of others whilst resident in secure care impacted on their developing identities. It seemed to me that seeing ourselves reflected in others validates our identity and increases our sense of belonging; when we are part of an intersectional minority the chances of finding this are decreased as the numbers of people who represent us are lower.

I got the sense that there were real opportunities for secure care to offer transformative experiences where they got it right with matching decisions. For example where young people were located in a social

milieu which surrounded them with others they felt a connection with (see also Deci & Ryan, 1994). This is of particular importance for autistic young people, who may have had limited chances to feel like they belong. It offers opportunities for positive impacts on agency and identity (see also Habib & Ward, 2019) and for inclusion to be reimagined. Schinkel (2015) found that where imprisonment was constructed as a transformational experience this was due to a need to give the sentence purpose, giving examples of the way the imprisoned men told stories of hope; at times contradicting themselves if they hadn't quite cemented the narrative. The changes were attributed by prisoners to the relationships with staff; increased discipline and confidence (for example through accessing the gym); or the space and time to think. As discussed in chapter 3, the inclusion agenda has led to children feeling emotionally excluded even where they are physically included (Warnock, 2010) which can impact on their sense of self. Autistic children accommodated in secure care have been the 'minority within the minority' (Myers, 2004), and more widely autistic people have experienced difficulties with feeling included due to sensory differences that are not accounted for in the environment (Davidson, 2010).

Along with the benefits of group living, young people were concurrently exposed to others' dysregulation, and the high levels of trauma present in secure care (Andi, Bobbie M, Ziggy). Andi and Bobbie M's demonstration of empathy was interesting, as empathy is not often associated with autistic people as discussed in chapter 3 (Baron-Cohen, 1989; Douglas et al., 2019). However Kimber et al. (2023) challenge this autistic empathy deficit narrative in their research, which found a high proportion of hyper-empathy amongst the autistic population. This led me to wonder how hyper-empathy impacts on young people's developing identities, particularly when exposed to the high levels of trauma present in secure care. For autistic young people who may experience hyper-empathy (Kimber et al., 2023) this is likely to increase their own levels of dysregulation and distress (Leonard & Willig, 2021).

This is a finding which does not appear to have been given previous consideration in secure settings, likely because our understandings of hyper-empathy are relatively new and still emerging. There are implications here for the ways in which we account for Milton's (2012) 'double empathy problem', that those who are not autistic do not consistently empathise with autism as a way of being. Namely how we understand how autistic young people make sense of their secure care experiences, and how they may be influenced by group living experiences more widely.

It is worth considering whether the way the units are structured, when thinking about young people's placements, has any impact on peer relationships. The three types of freedom identified by Hillery et al. (1977) related in different ways to concepts of cohesion and alienation within group settings, with group structures playing a part in the relationship between the type of freedom and perception of cohesion or alienation. In secure care settings, this could translate to the way admissions of new young people are identified for particular units. Organising group structures in a way that allows young people to live with others who have similar needs may support a sense of belonging, and promote the type of friendships described by Brady and Gilligan (2018) and Roesch-Marsh and Emond (2022), in turn positively impacting on young people's identities.

Residence

This section explores the barriers and facilitators that the secure care environment (the residence) created for autistic young people. As discussed in chapter 3, the concepts of home and belonging are inseparable from the development of identity (see also Saunders & Williams, 1988; Dupuis & Thorns, 1998; Blunt & Varley, 2004) and there are opportunities for recognition to enhance inclusion (Honneth, 2004). Ziggy's views on the incongruent environment echo Sammy's reference

to staff's presentation of 'false self' (see also Ellis & Curtis, 2020); this makes it harder to know what is real and may exacerbate issues with trust. While this is potentially true for all young people experiencing secure care, it is likely exacerbated for autistic young people with differences in theory of mind who already find the navigation of unspoken social rules and relationships difficult. If young people are vigilant to how the environment is presented and the ways in which it may be false, this may increase confusion and subsequently a sense of felt dissonance.

Authenticity is of relevance to our narrative identity, 'the evolving life stories that connect one's past with the present and imagined future' (Wilt et al., 2019, p.8). As numerous other studies have shown, an inauthentic identity has a negative impact on mental health (Bagatell, 2007; Bradley et al., 2021), and ambivalence itself has been associated with depression (Raulin & Brenner, 1993) and obsessive compulsive disorder (Bhar & Kyrios, 2007). If one is unsure how one feels about something, or thinks that something is both bad and good without being able to integrate the two, it can be more difficult to get a sense of who one is as a person and thus develop an authentic identity. This is particularly true if that person doesn't have the capacity to manage contradicting emotions or experiences, which can be the case for children experiencing care, but also for autistic people (Conner et al., 2021). The key factors exerting influence in the secure care environment which were identifiable in the data and will be addressed in this section are stigma, symbolism, and sensory implications.

Stigma

To return to societal attitudes towards autism, the lack of recognition of cultural differences has resulted in stigma and discrimination of disabled people through ableist constructs and prejudices in society (Hudson, 2002; Friedman & Owen, 2017), including in the physical environment. This means levels of ability and capacity have become inextricably linked to how we are valued as people, and

how well we fit a normative model of humanity (Goodley, 2014). For example, risk is often used as a framework to attempt to change young people's behaviours, rather than addressing their underlying needs and applying environmental adaptations. It was explored in chapter 3 that autism is viewed concurrently as a tragedy (Douglas et al., 2019), a disease (Belek, 2019), a gift (Murray, 2008), and an identity (O'Dell et al., 2016; Hattenstone, 2021). I propose it may be a projection of this that young people who took part in my research were absorbing in a similar way to how feelings may be transferred onto others (see also Alvarez & Reid, 1999).

The conflicting sense of being both bad and good appeared to me to reflect on young people's developing identities intersectionally (see also Thiel, 2012) to create an ambivalent self, shown in young people's difficulty with articulating their own identities (Andi, Bobby D, Lindsay, Sammy). Children who live in residential care environments have been stigmatised, seen as lacking recognition, value and importance (Colton, 2002) and have been left feeling 'othered' (Independent Care Review, 2020) with associated labels generating negativity (Urquhart-Stewart & Wylie, 2021) as young people try to make sense of constructions of themself as either a child in danger or a dangerous child (Rose, 1998; Enell & Wilińska, 2020). This reflects the tensions of risk (Gough & Lightowler, 2018; Clear & Cadora, 2001; Hudson, 2002) and circuits of exclusion (Rose, 2000; Tyler, 2020) discussed in chapter 3.

The stigmatisation that may be occurring for young people as a result of this labelling has the potential to erode their sense of agency as discussed in chapter 3. There are implications here for how we understand secure care experienced young people's developing sense of self, which may enable alternative ways of supporting this in future. Whilst the level of ambivalence they displayed may be true for all young people experiencing secure care, I have not been able to find other data that suggests this. Additionally, and as discussed throughout the four

previous findings chapters, it is likely that this level of ambivalence is of particular relevance for autistic young people. The implications of this will be discussed further in the following chapter.

The stigma and shame of living in a secure care environment intersectionally compounds the stigma of being labelled autistic, with a 'limited sense of self' (see also Schriber et al., 2014). For some young people (Andi, Bobby D, Sammy) as discussed in chapter 6, the experience of secure care appears to become entangled with their identity, reinforcing existing stigma they were exposed to, or creating a new layer of stigma resulting in a 'spoiled identity' (Goffman, 1963). This was evidenced through young people's use of 'it's like bad people', and 'I didn't deserve it'. Schneid and Raz (2020) recommend using the environment to reduce autism-related stigma rather than relying on normalisation principles (Pada, 2017) that force autistic people to fit into pre-existing structures. There is a recognition that these adaptations can be of benefit to all (Milton et al., 2016; Thompson, 2018) as discussed in chapter 2, and as I write this I am listening to 'brown noise' through noise-cancelling headphones. Environmental adaptations to dismantle barriers (Thomas, 2004) as discussed in chapter 3 include consideration of acoustics or soundproofing, spatial sequencing, varying lighting, escape spaces, compartmentalisation, transition spaces, sensory zoning, and careful use of colour and pattern (Simpson, 2016; Thompson, 2018; HOK, 2019; National Autistic Taskforce, 2019; Mostafa, 2020; Matusiak, 2024; National Autistic Taskforce, 2024). It is important these factors are given consideration if there is the potential for masking to be reduced, given the implications of masking and it's impact on identity as will be discussed below.

Symbolism

The research led me to wonder about the ways in which autistic young people may communicate through symbolism (Steckley, 2018), and how staff make meaning out of this. In the context of the residence,

incongruence was experienced by young people in the conflicts of symbols in the physical environment as concrete reflections of the level of perceived risk (see also Lovell & Skellern, 2020). The big, locked doors, which helped to keep them safe (Lindsay). Being told it was a safe environment, but being unable to correlate this with televisions being secured inside protective boxes (Ziggy). The food, which should have provided a nurturing experience, but arrived in stigmatising yellow trolleys (Bobby D). These taken-for-granted elements of the residence became powerful symbols exerting influence over the meaning young people were making of their experience. Most of these don't appear to be conducive to positive identity formation and most are probably overlooked, in terms of their power. These are further illustrations of the tensions of risk (Gough & Lightowler, 2018; Clear & Cadora, 2001; Hudson, 2002) discussed in chapter 3, and are what Herrity (2024, p.52) describes as 'sensory components of stigma'.

Young people tried to make sense of their placement through symbolism or semiotics (see also Layne, 2000; Trifonas, 2015) and sensory experiences (Andi, Bobby D, Lindsay, Ziggy), which in turn had the potential to impact on how recognised they felt with a resulting impact on identity as discussed in chapter 3. Of particular difficulty to make sense of, was the conflict young people felt between the level of care and nurture experienced and how safe they felt, combined with the level of restriction enforced on their lives (Andi, Bobbie M, Lindsay, Ziggy). Frames of reference allow us to understand that 'previous experiences always play a role in how we initially interpret current experiences' (Garfat, 2004, p.12). This is due to the personal interpretive frame we each develop over time to make sense of the world (Bruner, 1990). In my research, additional processing time and the opportunity to make sense of what was being asked was afforded by providing young people with the questions in advance, which offers learning for future research. The experiential model of participation (Wilson, 2012, as cited in Wilson, 2016) recognises that to participate in a meaningful way

children first require to be informed by experience. This creates a contradiction in the context of secure care due to the lack of opportunities to visit or experience the environment prior to admission, and may increase the likelihood of young people using symbolism to make sense of their experiences instead.

It is interesting to consider the ways in which the symbolism found in secure impacts on young people's perceptions of self, and their interpretation of others' perceptions of their self (Huang et al., 2017). Concrete symbols of the environment (such as 'big, locked doors', or 'TVs in boxes') may be better understood by autistic young people experiencing secure care than abstract ones. Autistic young people are also more likely to process information visually than the allistic population (Grandin, 1995; Kana et al., 2006) as discussed in chapter 3. Symbols are often used as an Augmentative or Alternative form of Communication (AAC) (Bondy & Frost, 1994; Tobii Dynavox, 2020) for autistic people, as a method of supporting abstract concepts to become more concrete. Symbolic interpretation of the environment may support autistic people's understanding of abstract concepts such as loss of liberty, and safety, in a similar way, as 'symbols can be thought of as physical or material representations of something that can often be considered invisible' (Emond, 2016, p.38).

Day (2022) found that the environmental stressors of justice settings had a disabling impact on neurodivergent young people, and it is possible this is what young people were reflecting in their descriptions of being scared (Andi, Bobby D, Lindsay, Sammy, Ziggy). Young people like Bobby D expressed a sense of being othered through the stigmatising institutionalised way in which the food arrived (Hubert, 2025). Food is a symbol of belonging, tapping into young people's memories and sense of identity (Kohli et al., 2010). Quality food experiences are often deemed to be significant in creating a nurturing, containing environment (Emond et al., 2014). Dorrer et al. (2010, p. 247) in their research on food

practices, determine residential child care as 'a three-fold space which combines characteristics of 'home', 'workplace' and 'institution''. They explored how the dissonance between these three settings created an ambivalent context with ambiguous practice in relation to food, as staff tried to manage competing demands.

Sensory

The displacement from home communities and environments they were familiar with called young people's identity into question (Andi, Bobby D, Sammy), as it would for any of us. Being immersed in different accents, eating different foods, seeing different sights, and listening to a different radio station, because of living somewhere different can lead one to question if one is still the same person. All the senses are implicated, which I believe has enhanced consequences for autistic young people who may experience the world in a heightened sensory manner. Put simply, the impacts may be more profound and disorienting. It would appear this is a new finding, which may have implications for practice. Enhancing access to sensory language may help to reduce the communication barrier (see also Cosslett, 2025) as referred to above and in chapter 2.

Sensory input had the potential to help young people, either by attending to and mitigating the difficult experiences, or by creating or increasing the positive ones. Music, for example, can access memories through its direct connection with the hippocampus (Shariatmadari, 2025), and Herrity (2018, p.40) described ways in which people in prison spaces use music to restore their identity, survive daily prison life, and 'stitch the self together'. Similarly, smell has a straight route to the limbic system, so connects directly with emotions and memories (Walsh, 2020). Sensory experiences therefore offer the kind of opportunities for young people to connect with a more authentic sense of themselves, build more positive identities, and may reduce the sense of environmental displacement.

De Jaegher's (2013) participatory sense-making is relevant to young people's sensory experiences. In acknowledging the challenges for autistic people in engaging with their environment and the people around them, whilst taking account of their sensory and processing differences, he proposes an inextricable link between autistic sense-making and autistic embodiment. In other words, the particular ways an autistic person perceives the world, affects the way they are in the world and how they make sense of it. While this is arguably true of the allistic population, it may strengthen understanding around autistic young people's developing sense of identity.

In making sense of their physical loss of liberty, young people's accounts reflected confusion (Bobby D, Lindsay, Sammy, Ziggy) and stigma (Andi, Ziggy). Whilst Andi and Ziggy expressed a sense of belonging, they were simultaneously of the view that they didn't deserve to be there. Others (Bobby D, Bobbie M, Sammy) were clear that they did not belong, with a strong implication that to belong there meant to be a bad person who was being punished. With Garfat (2004) in mind, it may be appropriate for staff in secure care to support young people's developing understandings of their loss of liberty. Mueller and Tronick (2020) suggest that meaning making is informed by sensory processing, and Herrity (2024) describes the rhythms and routines being bound to, and defined by, the prison soundscape. As discussed in chapter 2, autistic individuals experience neurobiological differences to the allistic population in the reactive and perceptive processing of sensory information (Schaaf & Lane, 2015), with 60-70% of autistic people having a sensory processing disorder (Adamson et al., 2006) which presents as hyper or hyposensitivity, sensation seeking, and avoidance behaviours (Barkham et al., 2013; National Autistic Society, 2024). This means that autistic people may construct meaning, including that which relates to concepts of freedom, in a way that is more informed by sensory experiences than the allistic population.

The sensory experiences described by my participants in the section above and chapter 7 appeared to strongly contribute to young people's difficulties with making sense of the environment, and with their loss of freedom more broadly, as will be discussed below. Young people participating in the research appeared to be hyper-alert to meaning making, and were referring to all of their senses in this process. This offers a new contribution to our understanding of how autistic young people make sense of secure placements, allowing us to consider how this understanding can be better supported going forward. Given what is already known about how autistic people make sense of the world through sensory experiences (Adamson et al., 2006; Schaaf & Lane, 2015) and symbolism (Bondy & Frost, 1994; Kana et al., 2006), and given how stigmatising the meanings they appear to have been making in relation to symbolic and sensory elements of the secure residence were, it would seem that these findings are particular to the autistic population of young people experiencing secure care.

Rules

This section explores the barriers and facilitators that the rules in secure care created for autistic young people. Rules, in this context, encapsulated the policies and procedures of both the setting and the broader secure care 'system'. Rules included the expectations, rhythms, routines, and responses (see also Emond et al., 2016). In secure care, rules are commonly implemented as a response to risk. Rules featured strongly in young people's responses. Whilst young people were able to recognise the beneficial impacts of reliable structure and stable daily routines, they experienced difficulties with making sense of flexibility and inflexibility in policies and procedures, often positioning this as inconsistent if they were unable to make sense of the rationale. As a result, this section is strongly centred on young people's ambivalent and incongruent experiences, as this is what the data related to rules

represented. The final subsection here addresses masking, as this relates to macro rules such as societal stigma.

Ambivalence

In my analysis of the data, and as can be seen throughout the four previous findings chapters, it seemed to me that secure care rules had the potential to have both a positive and negative impact on young people's lives, sometimes simultaneously as a result of the same experience (Charley, Lindsay). This tension may be one of the contributory factors to young people's ambivalence, which was visible throughout the data. Ambivalence etymology is from the Latin 'ambi', meaning 'both, on both sides', and 'valentia', meaning 'strength' (etymonline, 2025). This concept of both sides is illustrated by Bobbie M, when they said, 'the good things, sort of overrule the bad things', showing both the bad side and the good. This notion of the bad and the good pervaded in other ways too, as discussed above.

Bobbie M's ambivalence in weighing up 'the good and the bad' may reflect the power dynamics at play in secure care; the control of their life lost through deprivation of liberty, and the control of their life gained through emotional and physical containment (see also Bion, 1962). In my research, I aimed to shift the power balance by offering young people control over how and when we met, and the ways in which they constructed data, which offers learning for future research. Within secure care it seems to me that conditional freedom is the most relevant of Hillery et al.'s (1977) three types of freedom, given the rules and limitations placed on young people by their circumstances and other individuals, and the resulting decreased levels of independence and autonomy as discussed in chapter 6. Further, these 'highly structured environments' may result in reduced opportunities for promotion of personal agency (Evans, 2007). This would help explain why young people perceived their deprivation of freedom (see also Fennell, 2002) so acutely (Bobby D, Charley, Lindsay), despite the potential benefits they

also described in terms of predictable routines, as their freedom is conditioned by both their environmental circumstances, and the people around them whose job it is to enforce policies.

Secure care could be viewed as an extreme form of containment (Steckley, 2018); given the associated deprivation of liberty it could be seen as the 'ultimate container', and this has the potential to offer positive and negative experiences for young people, even when that care is of high quality. Risk control in the form of containment offers a certain level of comfort to society (Clear & Cadora, 2001). Similarly, feeling contained may increase young people's felt sense of safety, which may in turn impact on their ability to self-regulate (see also Bion, 1962; Winnicott, 1965). However there are limitations; for children who have not previously experienced appropriate boundaries and rules the sense of containment may feel threatening, and therefore increase the likelihood of distressed behaviours (see also Ward, 1995). This may offer a further explanation, in part, for young people's ambivalence.

Comfort (2008), writing about secondary prisonisation, describes ambivalence in the face of larger power dynamics amongst the partners of male prisoners. There was a tension between what it took from them in terms of time and financial resources, and what it gave them in terms of safety and emotional security with their partners being better 'controlled'. There are parallels with young people's ambivalence around safety and nurture (Andi, Bobby D, Bobbie M, Sammy, Ziggy) with Ellis and Curtis' (2020) research in an English secure children's home, which young people often positioned as the 'best children's home ever' (p.333). The tension between 'instinctual drives and frantic attempts of the superego to hold these in check' (Hacker & Geleerd, 1945, p.626) may be one of the contributory factors to young people's ambivalence, which was visible throughout the data, particularly so in relation to rules.

Autism and ambivalence have a long-shared history, dating back to the early 1900s when Bleuler (1951) coined both the terms 'autism' (to turn inwardly) and 'ambivalence' (to have simultaneous conflicting ideas) to refer to presentations of schizophrenia. Bleuler categorised three types of ambivalence: volitional (inability to decide on an action); intellectual; and emotional (opposing attitudes towards the same thing). In the context of my research project, emotional ambivalence is of greatest relevance, as young people (Andi, Bobbie M, Ziggy) both loved and hated secure care and its rules. This is illustrated by Bleuler (1951, p.423): 'Some of our ideas, particularly those strongly feeling-toned and thus most prone to elicit autistic thinking, are ambivalent, that is, accompanied by both positive and negative feelings.' Additionally, gender ambivalence has a higher prevalence amongst the autistic population (George & Stokes, 2018).

In fact, given the variation in societal attitudes towards autism, it could be argued that autism is constructed ambivalently by society, and this is reflected both in autism neuroscience research (Fitzgerald, 2014), and the ways in which people identify with disability identity (Tarlo et al., 2022). As discussed in chapter 3, the ways in which disabilities are viewed and constructed by society impact on the ways in which they are experienced, with labels applied as a way of locating the problem with the individual (Milton, 2012) becoming adopted by individuals and developing into deep aspects of their identity. This may explain the lower prevalence of self-identification, and of the lack of concern with pronouns, as discussed in chapter 4. It may be that young people are avoiding being labelled in additional ways (Bobby D, Sammy), or simply that there are other priorities in their lives which limits their ability to give this consideration. If it is the latter, this would be more widely applicable to all young people experiencing secure care in terms of natural identity development.

Incongruence

The provision of reliability and daily routines (see also Dupuis & Thorns, 1998), and the sense of belonging (see also Blunt & Varley, 2004) for some young people may have helped to create a feeling of home. However whilst the structure and stability of the secure setting were grounding for young people, they appeared to struggle with both the flexibility and inflexibility in rules (Bobbie M, Sammy, Lindsay, Ziggy) resulting in a sense of incongruence. The intersectional impact of not existing as a specific policy group means that policies are not consistently employed (Myers, 2004), with the weight given to each characteristic varying across situations and context (Anthias, 2013). Young people saw an injustice in the rules being different for others, but also in them not being adjusted according to individual age and need, and as a result sought participatory parity (Andi, Bobbie M, Lindsay, Sammy, Ziggy). The significance of voice and participation of young people is an area that has been highlighted by others in relation to youth justice settings (te Riele et al., 2023), and critical autism studies aim to embrace lived experience and emphasise autistic voice (Broderick & Roscigno, 2025) as discussed in chapter 3. Challenging authority and circuits of exclusion (see also Rose, 2000; Tyler, 2020) in this way supports young people to assert their individuality and develop a moral integrity, both of which are key to the formation of an authentic identity.

Young people's experiences of inconsistency are of particular relevance when viewed through an autism lens in the context of finding consistency helpful. Congruence, as discussed above, offers a way of managing the tension in rules, as the provision of coherent rules are known to provide a sense of predictability and safety for autistic people and therefore support increased cognitive consonance. Autistic people often find consistency to be of benefit, as it offers a form of predictable routine and structure which helps the world to make sense and in turn can reduce levels of anxiety (Wing, 1996). Whilst it could be argued that consistency is also beneficial to the wider population, it may be more

difficult for allistic individuals to understand the particular benefits of consistency with regards to the autistic experience. This is due to what Milton (2012) coined the 'double empathy problem', however historically this has been located as a 'problem' with autistic theory of mind and empathy (Baron-Cohen, 1989). Robinson et al. (2020) suggest that practitioners making use of alternative humanistic methodologies such as person-centred counselling and contact reflections in their interactions with autistic people may find increased psychological connection. This could be a way in which allistic practitioners increase their empathy for autistic people's experiences, rather than the more often employed solution focused methods. This in turn could increase the provision of practice which is of importance to autistic people, such as consistency, positively impacting on their identities.

The level of incongruence experienced as a result of the rules was often reported as creating what could be described as a sense of dissonance for young people (Bobbie M, Lindsay, Sammy, Ziggy). Whilst this may also be true for all young people, for those who are autistic, the disconnect between experiences and what is known to be real can be confusing to the extent that it is painful and distressing. There appears to be limited research on this, however available information suggests that autistic people have a reduced capacity for cognitive dissonance when compared with the allistic population (Bettin, 2024). This is particularly true given that it is known that dissonance increases masking behaviour in autistic people (Pearson & Rose, 2021), and this would align with the findings of my research due to the significant level of ambivalent experiences present in the data and the resultant impact on felt dissonance. Identity management behaviours such as masking or camouflaging (Lai et al., 2017; Hull et al., 2019; Pearson & Rose, 2021) increase in correlation to autism-related stigma with a resulting impact on identity, such as pressure to conform with allistic social conventions (Perry et al., 2021), or a loss of acceptance of self (Bradley et al., 2021).

Masking

Sammy, Ziggy and Andi's reflections on masking offer parallels with Turcotte and Fenchel's (2024) research in a Canadian secure unit and Abrams et al.'s (2005) research in an American juvenile correctional facility, which both found that young people faked agreement and compliance to expedite their release. This corresponds with Hilppö et al.'s (2016) research which found a connection between agency and structures, and Evans' (2007) research which found that 'highly structured environments' resulted in reduced opportunities for personal agency. As discussed in chapter 3, acting inauthentically suppresses natural responses which results in diminished personal agency to know what one's true preferences are.

Ellis' (2018) research in an English secure children's home also found that young people learned to act compliant as staff were more likely to be responsive if they thought young people had 'changed their ways'. This then got in the way of young people learning new skills, and could be seen as a form of disguised compliance (see also Leigh et al., 2020). In these scenarios, young people were acting inauthentically to comply with the rules and 'play the game' as Bobbie M described it, to fulfil prescribed roles. In my view, this inauthenticity likely impacted on the level of congruence experienced, with a potential impact on their developing sense of self and identity as discussed above. This adds a further layer to the already challenging nature of learning how to know and conduct oneself from the sense of an authentic self. Disguised compliance is relevant to both autistic and allistic young people but with likely more significant impacts for those who are autistic given the intersecting features of their status as an autistic child in secure care (see also Pearson & Rose, 2021).

The parallels between disguised compliance and masking bring us back to Goffman's (1959) dramaturgy, with young people acting in 'front stage' roles and hiding their 'back stage' selves. Whilst no literature could

be sourced that drew parallels between disguised compliance and masking, Schneid and Raz (2020) explore the difference between masking and impression management. They align impression management with Goffman's (1959) dramaturgical approach, as a range of strategies employed to influence how we are viewed by others, with masking being a very specific form of impression management that operates under normalisation principles of power and exclusion (Rose, 2000; Tyler, 2020). Masking relates to the ability to hide autistic traits, specifically those that others may perceive in a negative manner. Schneid and Raz (2020) advise that masking in social situations elicited experiences of inauthenticity, leading to a sense of conflict and fatigue as individuals hid a part of their identity.

As Tyler (2020) argues, Goffman's (1963) construction of 'the normal' and 'the stigmatized' are social roles, in contrast to the blackness of someone's skin which is a fixed property of the person and is therefore not subject to change in the same way a social role can be. Similarly, autism is an integral part of an autistic person's identity as discussed in chapter 3, although it is not necessarily visible and is often referred to as a 'hidden disability' (Ripamonti, 2016) hence the use of sunflower badges (see appendix V). Tyler (2020) notes that Goffman (1963) indicates that people acquire stigma through social exchanges, namely socially conditioned responses to deviation from societal norms and rules. He fails to account, however, for the power imbalance within this. Goffman (1963) advises 'the stigmatized' make use of impression management to help reduce 'the normals' discomfort, for example using skin-lightening products as a solution to the stigma of black skin. Autistic people have absorbed this advice in the form of masking behaviour: hiding autistic traits (such as stimming, minimal eye contact, intense interests, sensory seeking or processing, communication differences, or repetitive behaviours (see also Hull et. al, 2019)) rather than the colour of their skin. Milton (2012) describes this internalisation of imposed views as an internalised oppression. It is possible that part of the significance of this

is that it is a form of self-stigmatising, and that internalisation of stigma might be even more damaging, especially at this time in young people's lives as they attempt to navigate their identity and role (see also Erikson, 1963).

This concludes the discussion chapter, which through the structure of relationships, residence, and rules, has explored key themes of sense-making, authenticity, ambivalence, incongruence, dissonance, and paradox. Through this exploration it has looked back to the aim and objective of the project; significant threads of the literature review and conceptual framework chapters; and the findings explored over the previous four chapters. The aim of this study was to explore the impact of secure care experiences on the identity narratives of autistic young people, using the concept of secure care as a containing environment being made up not only of the physical environment (the residence), but also the relationships, and the expectations, rhythms, routines, and responses (the rules) (Emond et al., 2016). The research questions were designed to explore this as follows:

What impact do secure care experiences have on the identity narratives of autistic young people?

- What role do relationships play in the impact of secure care experiences on identity narratives of autistic young people?
- What role does the environment play in the impact of secure care experiences on identity narratives of autistic young people?
- What role do the policies and procedures play in the impact of secure care experiences on identity narratives of autistic young people?

Use has been made of a rich picture to support understanding and accessibility of findings. This was developed iteratively with a freelance illustrator (Shorrock, 2025), and is designed to illustrate the key themes,

alongside young people's articulated experiences. It can be seen in figure 8 below.

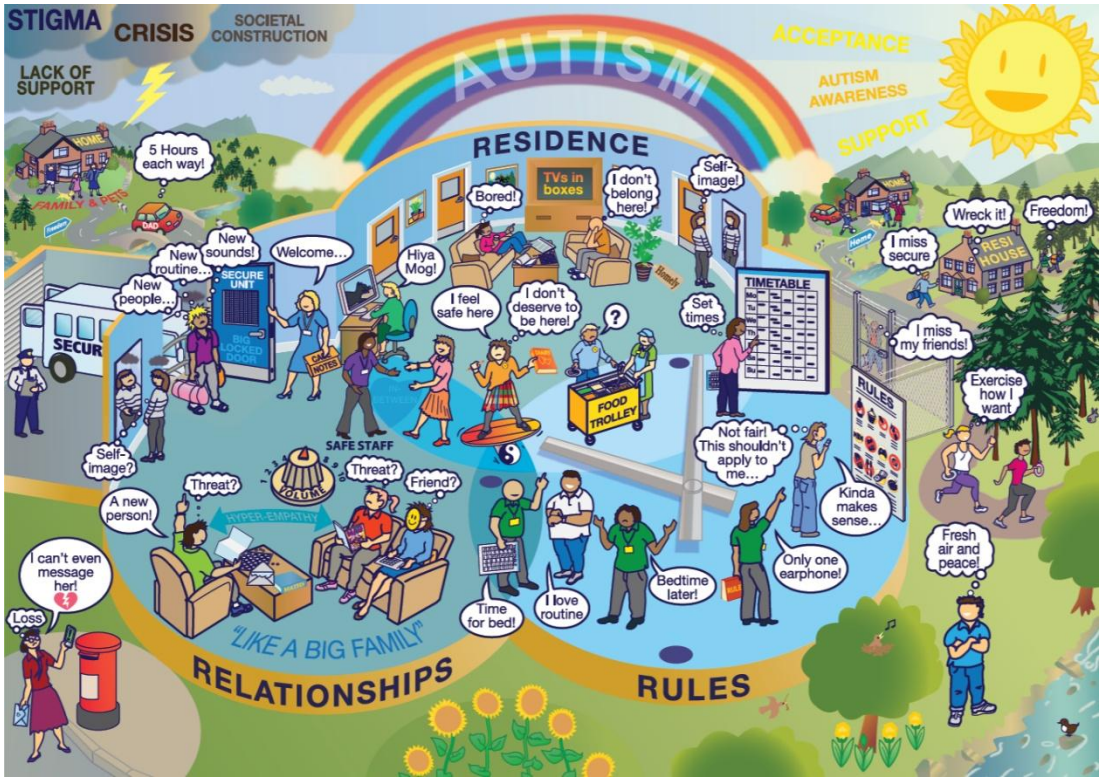

Figure 8: *Adjusting the Volume – Rich Picture*

Whilst it is recognised that my interpretation of the data will have been influenced by my own experiences, potential bias was carefully managed by really attending to young people's experiences through the hermeneutic process. This process was strengthened through the creation of the rich picture. Managing bias meant setting aside any preconceived ideas about what I may have anticipated to find, meaning at times I was surprised by the findings as they contradicted what I might have expected, or what other literature may lead us to believe. I have tried to highlight where this was the case throughout the findings detailed here.

Throughout this chapter I have evidenced where my findings have made an original contribution to theory, and I will now summarise this here. I have surfaced the convergence and divergence in secure practice

which results in the potential for secure care to create barriers and facilitators, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). I have shown that, due to the significance of dichotomous thinking for autistic people, their higher intolerance of ambiguity means it is likely autistic children's paradoxical experiences of secure care are more difficult to process than they would be for the allistic population. I have evidenced that autistic young people accommodated in secure care appear to experience difficulties in making sense of the secure environment as a result of the felt symbolic incongruence. I have demonstrated that for autistic young people placed in secure care there are particular challenges in making sense of ambivalent experiences due to a reduced capacity for cognitive dissonance. I have indicated that maintaining young people's sensory connections to their identity during their time in secure care may reduce a sense of displacement, and enhanced access to sensory language more broadly may help to reduce any communication barriers. I have proposed that for autistic young people who may experience hyper-empathy, the high levels of trauma present in secure care are likely to increase their own levels of dysregulation and distress.

This chapter has begun to signpost key learning points from the research, in relation to each of the predominant themes. The following chapter will draw out this learning further by giving consideration to what this means for practice.

Chapter 10: Recommendations and conclusion

Vicary and Ferguson (2024) advise that the findings of social work IPA may have a policy, cultural, social, wellbeing, or awareness impact. In the final chapter, the impact of this research project is given consideration as the higher-level contributions and their implications are unpacked. The learning from the previous chapter is applied to implications for policy and practice, with associated recommendations. The chapter will also identify areas for further research by considering the scope and limitations of this study, as advised by Vicary and Ferguson (2024).

Whilst not employing a particular narrative approach, this research project set out to explore the impact of relationships, residence, and rules in the context of secure care, on the identity narratives of autistic young people. By drawing on autistic young people's experiences of secure care, and the impact of these experiences on their identity constructions, the findings of this research have the potential to alter how we think about the practice of accommodating autistic children in secure care. This is an area which was not previously understood due to lack of research, as outlined in the literature review chapter. By drawing on theory from a variety of fields, my research brings together the micro and the macro to bridge theoretical disciplines and gaps in policy and provision experienced by autistic young people living in secure care, as shown in the conceptual framework chapter. In particular, the research challenges some existing narratives of autism, questioning their validity in the context of autistic young people's experiences of secure care. It offers a novel methodological design which may be of benefit to future research, in the form of flexible and creative methods, analysed through the use of IPA as detailed in the methodology chapter. As discussed throughout this thesis, the research provides us with a new conceptual framework with which to view people's experiences of secure settings, through the lenses of relationships, residence, and rules.

The research found that there was the potential for secure care to create barriers and facilitators, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). The recommendations in this chapter are therefore structured around these three areas which have been central to the research project. They offer considerations for ways in which the 'volume' of secure units can be adjusted to provide a greater focus on supporting autistic young people's developing identities. Whilst these recommendations are of particular significance for autistic young people, many of them are likely to also benefit young people experiencing secure care more broadly and I have tried to indicate where this may be the case. I would suggest a participatory approach, where feasible, to making and acting on these recommendations for policy and practice.

Relationships

1. The significance for autistic young people of feeling known and like they matter, and the impact of arriving in secure care as an unknown, were explored in this research under the themes of scared, loss, and known. Whilst arriving as an unknown offered the possibility of a restorative or transformative experience, becoming known enabled the positive development of a more authentic identity. Whilst the research focused on autistic young people's experiences, it is likely this is true for the broader population of young people experiencing secure care. It is therefore important that secure staff can consider engaging with young people in ways that enable them to feel known and like they matter, whilst taking account of their communication preferences. This requires a level of reflection and supervision to support the type of engagement individual young people can experience as congruent, and staff may benefit from training to support them in feeling confident with this. Any practice developments should also include procedures around maintaining contact once young people have moved on from the service.

2. The implications of ambivalence for autistic young people have been robustly explored in this thesis, particularly under the themes of care, structure, nurtured, and ambivalence. Whilst it is recognised that secure care will be a difficult experience for many young people to process due to the nature of being away from their family and deprived of their liberty, for autistic young people there are particular challenges in making sense of ambivalent experiences due to a reduced capacity for cognitive dissonance. Therefore, secure care should aim to offer autistic young people an experience that feels less ambivalent by ensuring their individual needs are appropriately met. It may be that opportunity-led (Ward, 2002; Ward, 2004; Ward, 2007) and/or life-space work (Keenan, 2002) that helps young people process and productively hold contradictory emotions and experiences would be of benefit, whilst recognising that for many autistic young people this may not be feasible. Despite this, they may be important aspects of identity work, in supporting all young people experiencing secure care to develop a more authentic identity, particularly if delivered in a sensory or holistic manner.

3. The potential for secure care to offer autistic young people the opportunity to benefit from shared experiences was discussed here under the themes of belonging and group. Where engagement with shared experiences was enabled, there was the potential for young people's enhanced belonging and connectedness with their 'tribe'. This is of particular importance for autistic young people, who may have had limited opportunities to feel like they belong, and offers an opportunity for inclusion to be reimagined. Therefore it is crucial secure services give cognisance to the significance for young people of belonging to the group when making decisions about admissions. However the limitations of admissions decisions where secure services are asked to accommodate emergency placements for children and young people from court are recognised. The significance for all young people of feeling a sense of belonging to the group might be given consideration through admissions

assessments; the ways in which units are structured; and how staff support engagement between young people. This may require training and education for staff around both this, and group dynamics and processes, to enable them to provide this.

4. The impact of hyper-empathy on autistic people was given consideration in this research under the themes of belonging and group. Notwithstanding the fact that what is known about hyper-empathy in the context of autism is still emerging, it is likely the high levels of trauma present in secure care increase autistic young people's own levels of dysregulation and distress. Going forward, secure providers should consider how they can mitigate the potential impact of hyper-empathy and any associated distress on autistic young people placed in their care. This may be through admissions and matching decisions as outlined above; risk assessment and care planning; or the consideration of appropriate interventions to respond to dysregulation and distress.

Residence

5. This research project has supported our developing understanding of how autistic young people make sense of their secure care experiences, and the significance of attending to semiotics in the design of the environment. This was discussed predominantly under the themes of restriction and symbolism, with young people experiencing difficulties in making sense of the secure environment as a result of the felt symbolic incongruence. Going forward, secure providers should continue to give increasing consideration to these factors in environmental design through a more congruent use of symbolism. This may mean ensuring that food is presented in a manner that looks and feels nurturing; that the latest technologies are utilised to limit the requirement for secure fixtures; and that environmental symbolism is given consideration more broadly, for example to support communication needs. Whilst of particular significance for autistic young people, there

are likely benefits here for the broader population of young people experiencing secure care.

6. The potential implications of masking for autistic young people have been recognised in this research under the themes of belonging, and masking. With masking being a form of impression management that operates under normalisation principles of power and exclusion, there is a resulting impact on developing identities. Therefore any work undertaken to develop secure care experienced young people's developing sense of self must support the challenge of any internalisation of imposed stigma. This may be in relation to autism, other minority aspects of young people's identities, or the intersection of these. This may require the delivery of training to upskill secure staff in feeling confident to enact this.

7. Whilst previous publications have referred to the impact of the environment on autistic people, it is recognised that environmental conditions that reduce autism-related stigma and therefore the perceived need for masking may support the development of an authentic identity. This was explored here under the themes of nurtured, belonging, and stigma. This may be a useful consideration for secure settings, particularly the significance of attending to sensory experiences in a secure environment. There may be learning here from other sectors in creating neurodiverse and autistic spaces, as referred to throughout the literature review, findings, and discussion chapters. Giving ever increasing cognisance to sensory experiences should include consideration of acoustics or soundproofing, spatial sequencing, varying lighting, escape spaces, compartmentalisation, transition spaces, sensory zoning, and careful use of colour and pattern. Whilst of particular significance for autistic young people, there are likely benefits here for the broader population of young people experiencing secure care.

8. Along with the sensory impact of the environment, the significance of autistic young people's sensory language was discussed in this thesis under the theme of sensory. Maintaining young people's sensory connections to their identity during their time in secure care may reduce a sense of displacement, and enhanced access to sensory language more broadly may help to reduce any communication barriers. Secure care centres may benefit from considering ways in which access to all young people's sensory language can be enhanced. Through consultation with young people this may include, for example, consideration of food, music, or environmental smells.

Rules

9. Dichotomous thinking, a type of binary perception of viewing things as either good or bad with no grey areas, is a newly emerging theory in the field of autism. This was examined here predominantly under the theme of care, and as a significant thread in the discussion chapter. Due to the significance of dichotomous thinking for autistic people, it is crucial that future practice is attuned to autistic children's paradoxical experiences of secure care. This means that any associated uncertainty, and resulting anxiety, should be reduced to a minimum. Autistic young people should be given additional support in making sense of ambiguity. To do so would offer a parallel process to that of dichotomous thinking, and would support increased cognitive consonance.

10. Much is already known about the significance of routines and structure for autistic people, with their presence providing a sense of predictability and safety. In this research, this was discussed under the theme of structure. Secure units should contemplate how important information such as daily routines and rules is communicated to young people. This may include consideration of what information is able to be shared with young people prior to admission and the range of accessible communication styles utilised to share this information, for example

photos or videos of adults who will be caring for them, the key worker if that's been established, their room, other rooms, the building(s) and grounds. Whilst of particular significance for autistic young people, there are likely benefits here for the broader population of young people experiencing secure care.

11. Along with the significance of routines and structure, the provision of coherent rules is known to provide a sense of predictability and safety for autistic people. The experience of secure rules was explored in this thesis under the themes of flexibility, scared, and incongruence. Considering the findings presented here, it may be that insufficient weight is given to how rules are experienced by autistic young people, instead giving weight to other presenting characteristics. With the increasing prevalence of autistic children in secure care settings, greater cognisance may need to be given to the ways in which autistic young people experience the rules in secure settings. This could be done through consultation with the autistic community using the Lundy Model of Participation (Lundy, 2007) for example. It is recommended that the implications of autism, for each individual young person, be attended to and reflected in care planning.

12. Several young people who participated in this research reflected on the impact of blanket restrictions, as discussed under the theme of flexibility. Blanket restrictions, the policies and rules that are applied indiscriminately regardless of individual risks, are understood to restrict a person's rights including their liberty. Whilst recognising the significant importance of risk management in a secure environment, consideration could be given to further individualising risk management strategies. Alongside this, risk assessments or behaviour support plans could be used to detail the strategies that young people find soothing when distressed; and identify steps to mitigate any associated risks (for example not being able to hear staff when they shout if listening with two headphones). Whilst of particular significance for autistic young people,

there are likely benefits here for the broader population of young people experiencing secure care.

Limitations of the study and implications for future research

The small numbers of young people who participated in this research project is recognised as a limitation. A total of 19 young people participated: 7 as part of phase 2, and 12 as part of phase 4. This equates to the participation of around 80% of autistic young people who were living in secure accommodation in Scotland at that time, however data was only able to be constructed from around 47% (7 young people). Therefore, despite the small numbers, the sample size was compliant with that suggested by Smith, Flowers and Larkin (2022) and deemed to be representative of this very minority group of young people.

Given the very specific focus of this research on the secure care experiences of autistic young people, the applicability of the findings to allistic young people experiencing secure care, or to autistic young people experiencing residential child care more broadly, are limited. Any future studies may wish to give cognisance to engaging with these broader groups of young people, or to carrying out a comparative study between the secure care experiences of autistic and allistic young people.

A further, related limitation is the exclusivity of focus on young people's experiences. The research purposefully did not seek reflections on the experiences of family members, staff, or external professionals. Whilst the value of this is recognised, particularly due to the very limited research in this area previously (Wilson, 2022), any future research may wish to triangulate young people's experiences with those of adults who are close to them and know them well.

Some of what I wanted to know about wasn't accessible to some young people to talk about or even think about. For example, sensory experiences were less prominent in the responses than expected, which

may have been because young people were less aware of them and their impact, sitting there in interview with me. This would be a limitation of having to abandon the design element of observation because of the pandemic as discussed in chapter 4. Learning from the ways in which young people engaged and didn't engage, any future research may wish to consider a co-designed participatory approach. This should involve participant observation to broaden and deepen our knowledge through naturalistic observation of the setting and culture, and developing a shared understanding and trust by 'hanging out' and spending time with young people, as originally planned in this research project.

Given the findings presented above and the original contribution to theory offered, any future research may wish to build on this. This would include further exploration of the following areas. The convergence and divergence in secure practice which results in the potential for secure care to create barriers and facilitators, in relation to communication and attachment (through relationships); sensory differences (through the residence); and need for structure and routine (through the rules). The significance of dichotomous thinking for autistic people, meaning the higher intolerance of ambiguity makes it likely autistic children's paradoxical experiences of secure care are more difficult to process than they would be for the allistic population. That autistic young people accommodated in secure care appear to experience difficulties in making sense of the secure environment as a result of the felt symbolic incongruence. That for autistic young people placed in secure care there are particular challenges in making sense of ambivalent experiences due to a reduced capacity for cognitive dissonance. That maintaining young people's sensory connections to their identity during their time in secure care may reduce a sense of displacement, and that enhanced access to sensory language more broadly may help to reduce any communication barriers. That for autistic young people who may experience hyper-empathy, the high levels of trauma present in secure care are likely to increase their own levels of dysregulation and distress.

As discussed in the methodology chapter, there are systemic issues facing researchers attempting to do this work. These include negotiating layers of gatekeeper engagement; limitations on professionals' understanding; complexities of physical access; and resource implications for gatekeepers. I reflected on these difficulties in a recent publication (Wilson, 2024), in order that others may be informed by my experience and that this learning may be given consideration in future research. Some of these reflections were specific to engagement with autistic or neurodiverse young people, whilst others are of relevance for research with the secure sector or residential child care more broadly. As discussed in chapter 9, these included accounting for young people's engagement style and preferences, the use of visuals, the use of terminology, and affording additional processing time.

As considered throughout this thesis, there are moral and ethical implications of amplifying the perspectives of autistic young people. Coupled with this are the potential benefits for young people taking part in research, as an opportunity to examine their developing self (Warharm, 2012) through creative reflection on their experiences (Thomson, 2008), or an increasing confidence and sense of relief from sharing feelings and reflecting on experiences. There is also the sense of empowerment that comes from knowing that their experiences shared may impact on future practice. As Bobbie M said, 'er, happy to contribute to any positive outcomes for future young people that come in to secure.'

Conclusion

This thesis set out to explore the impact of secure care experiences on the identity narratives of autistic young people, through the following research questions:

What impact do secure care experiences have on the identity narratives of autistic young people?

- What role do relationships play in the impact of secure care experiences on identity narratives of autistic young people?
- What role does the environment play in the impact of secure care experiences on identity narratives of autistic young people?
- What role do the policies and procedures play in the impact of secure care experiences on identity narratives of autistic young people?

Following a review of the relevant literature and analysis of key theories, it was determined that there was a gap in what was known about how autistic young people experience life in secure care. This was further illuminated by the lack of intersection of literature in relation to both justice and residential child care more widely, with autism or disability more broadly. Given the positioning of this group of young people as 'hard to reach', and my own moral and ethical standpoint on enabling accessible communication, the research employed a creative and flexible methodology to empower young people through engagement with the project. This was a significant driver behind the research design, as discussed in detail throughout this thesis, and demonstrable in the way the findings have been presented in a visual manner (see figure 8, presented at the end of the discussion chapter). This congruence between my knowledge, behaviour and values, by placing young people at the centre of the research, can be seen as an example of praxis (Steckley, 2020a).

Through analysis of young people's experiences as narrated by them, the impact of secure care on autistic young people's identity was viewed through the lenses of relationships, residence, and rules. The research found that a key theme was the paradoxical experience of young people, the tensions of which were illustrated through the use of 'versus' in the titles of the findings and analysis chapters: care versus restriction, structure versus flexibility, nurtured versus scared, belonging versus loss. These were stark examples of the ways in which participants

experienced secure care as both bad and good, and in turn informed how they made sense of their experience and how that sense making impacted on their identity construction. This sense making was explored further in the discussion chapter, through the lenses of relationships, residence, and rules. Paradoxically, the strength of young people's contradictory experiences was both surprising, as tensionality of experience had not arisen though the literature review or engagement with key theories; and unsurprising given the paradox of care and control, and the paradox of dominant autism narratives. When autism and secure care intersect then it appears that this paradox is strengthened, and it would seem that this finding is unique to the autistic population of young people experiencing secure care.

Too often, autistic young people's voices have been excluded and silenced. Just because they are not always verbally articulate does not mean that they don't have something important to tell us. As Bryan (Sky News, 2025) said recently 'non-speaking is not the same as non-thinking'. This research project aimed to adjust the volume to enable secure care experienced autistic young people's voices to be heard. I implore you to listen to them.

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Appendices

Appendix A: Phase 1 Initial Email to Secure Units

Hi X,

I hope you and everyone at Y are well.

I'm getting in touch as I am currently undertaking a PhD, looking at the impact of secure care experiences on the identity constructions of young people with autism.

I have yet to seek ethical approval from the University of Strathclyde, however I am really keen to involve Y in this research project, so I'm just getting in touch at this point to scope your initial thoughts on the matter.

Should you be agreeable to the research project being carried out in Y, I would like to assure you that no research would commence until ethical approval has been granted. I understand that your organisation may also have its own ethical approval process which I would be required to follow.

To reassure you, given the implications of COVID-19 on visits and contact, I intend to undertake this research remotely.

I'd be happy to arrange a call to speak with you if that would be easier than discussing this over email.

In the interests of transparency, you may also know me 'with my other hat on,' as I work for the Care Inspectorate as Service Manager for Children and Young People and Registration.

I look forward to hearing from you.

Best wishes, Charlotte

Appendix B: Phase 1/2 University Ethics Application Form

Please answer all questions

1. Title of the investigation
The effect of living in secure care on autistic young people – phases 1 & 2
Please state the title on the PIS and Consent Form, if different:

2. Chief Investigator (must be at least a Grade 7 member of staff or equivalent)
Name: Dr Laura Steckley
☐ Professor
☐ Reader
☒ Senior Lecturer
☐ Lecturer
☐ Senior Teaching Fellow
☐ Teaching Fellow
Department: School of Social Work and Social Policy
Telephone:
E-mail: Laura.L.Steckley@strath.ac.uk

3. Other Strathclyde investigator(s)
Name: Dr Anna Robinson
Status (e.g. lecturer, post-/undergraduate): Lecturer
Department: School of Education
Telephone:
E-mail: anna.robinson@strath.ac.uk
Name: Charlotte Wilson
Status (e.g. lecturer, post-/undergraduate): PGR student
Department: Faculty of Humanities and Social Sciences
Telephone:
E-mail: charlotte.h.wilson@strath.ac.uk

4. Non-Strathclyde collaborating investigator(s) (where applicable)

Name:
Status (e.g. lecturer, post-/undergraduate):
Department/Institution:
If student(s), name of supervisor:
Telephone:
E-mail:
Please provide details for all investigators involved in the study:

5. Overseas Supervisor(s) (where applicable)

Name(s):
Status:
Department/Institution:
Telephone:
Email:
I can confirm that the local supervisor has obtained a copy of the Code of Practice: Yes ☐ No ☐
Please provide details for all supervisors involved in the study:

6. Location of the investigation

At what place(s) will the investigation be conducted:

Contact will be remotely, primarily via email and Zoom. There are no plans to physically visit any of the sites at this point in time. The sites that remote contact is planned to be with are:

[redacted]

If this is not on University of Strathclyde premises, how have you satisfied yourself that adequate Health and Safety arrangements are in place to prevent injury or harm?

Contact will be remotely, primarily via email and Zoom. There are no plans to physically visit any of the sites at this point in time. A transparent discussion of the context will be provided in the report.

7. Duration of the investigation

Duration(years/months): 1 year 6 months in total. This ethics application form is for phases 1 & 2 of the study, which are expected to last around 6 months. Further ethical approval will be sought for phase 3 of the project, and no data will be gathered for this until ethical approval has been granted.

Start date (expected): 01 / 03 / 21 Completion date (expected): 30 / 09 / 22

8. Sponsor

Please note that this is not the funder; refer to Section C and Annexes 1 and 3 of the Code of Practice for a definition and the key responsibilities of the sponsor.

Will the sponsor be the University of Strathclyde: Yes ☒ No ☐

If not, please specify who is the sponsor:

9. Funding body or proposed funding body (if applicable)

Name of funding body: Care Inspectorate (50%)

Status of proposal – if seeking funding (please click appropriate box):

☐ In preparation

☐ Submitted

☒ Accepted

Date of submission of proposal: 07 / 11 / 18 Date of start of funding: 01 / 10 / 19

10. Ethical issues

Describe the main ethical issues and how you propose to address them:

For what follows to make much sense, I thought it important to offer a brief outline of the research project. This study aims to explore the impact of secure care experiences on the identity narratives of young people with autistic spectrum condition (ASC). It plans to do this through a three phased approach, with phase 1 making use of a quantitative email survey, phase 2 employing virtual focus groups over Zoom to offer an element of co-design to the participants, and phase 3 seeking qualitative data through creative methods. At this point, it is anticipated that phase 3 may utilise a flexible diary method to enhance accessibility, with two out of the four methods on offer being visual ones. The research design and methods will be discussed in detail under items 11 and 16 below.

The researcher has overtly and critically reflected on the ethical principles relevant to this research. This has allowed recognition of the ethical concerns, but an understanding that the benefits of the research outweigh any potential harm. Given that phase 3 of the research intends to use a creative, and largely visual methodology, the six categories in the Framework for conducting ethical visual research (Cox et al, 2014)[1] have been given due consideration as follows:

1.Confidentiality – protecting the privacy and anonymity of the participants and their products. The three main reasons for ensuring confidentiality are to encourage the participation of participants, to improve the honesty of their responses, and to protect their privacy. Research participants have a right to privacy and anonymity as detailed in the General Data Protection Regulation (GDPR), and as specified as a general ethical principal in the University's Code of Practice on Investigations Involving Human Beings Eighth Edition. Data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate from the confidential data. Every effort will be made to ensure confidentiality, and anonymity of participants, but the limits of this will be recognised. Prior to young people's involvement, clear statements on confidentiality and anonymity will be shared with young people in the Participant Information Sheet and Consent Form (see attached). This will include a statement confirming that if they disclose information that suggests a serious risk of imminent harm to themselves or to third parties then I may be required to pass the information on to the relevant authorities.

Whilst young people in secure care have access to technology such as smartphones and tablets to enable them to join Zoom meetings, many of them require to be supervised whilst using it to ensure their safety. Although there is a potential impact on their privacy here, there are also possible benefits from having a staff member present e.g. supporting to manage anxiety levels or communication. Potential participants will be made aware of whether they must have a staff member present for focus groups before making a decision on whether to participate, and if possible will be given agency over who that staff member is. As the initial focus groups will be used to inform the design of the

[1] Cox, S., Drew, S., Guillemin, M., Howell, C., Warr, D. & Waycott, J. (2014). Guidelines for ethical visual research methods. Melbourne: The University of Melbourne. Retrieved from: http://vrc.org.au/guidelines-for-ethical-visual-research-methods

research (rather than to gather personal data), there is a limited impact on young people's privacy.

Zoom meetings will be recorded, but as soon as the transcription of these is complete the recordings will be deleted. Care will be taken to ensure that participants understand that the Zoom sessions are being recorded. Ethically, this is enhanced by Zoom showing text that says 'recording.' Zoom provides additional features to support safe, accessible focus groups, such as the ability to prevent private chat, to turn off cameras and contribute through chat, or to offer the use of closed captions. An additional ethical concern for focus groups is the possibility of young people becoming reliant on them as a source of support. It will be made clear to young people at the outset that the purpose of focus groups is not to provide support. Other researchers have noted that young people have not always felt comfortable to speak freely in focus groups due to the formalities of recording equipment, however this is mitigated in this research through the use of Zoom which allows a less formal recording environment and offers communication through the chat function if this is preferred.

The data collected at phase 1 and 2 will be the survey responses and Zoom meeting transcriptions. Data collection, storage, and security are discussed further under item 18 below.

2.Minimizing harm – considering the potential benefits or harm to individuals from participating in the research. Research should benefit the participants as well as the researcher, and this should be the case increasingly so for participatory research such as this, by very nature of its design. There may be direct, indirect, intrinsic, or altruistic benefits for young people in participating in research, however it is important that they understand the potential impact of the research prior to taking part and this can be difficult to convey. Whilst the participation of children in research does raise questions about ethics, some have argued that the ethical approval pendulum has swung too far or that the rights of children have been overlooked in this. There is the need to weigh the probability and severity of the potential for harm (i.e. becoming upset) against the possibility of benefits (i.e. of increasing confidence and sense of relief from sharing feelings and reflecting on experiences; or of contributing to the research and having the potential for influencing other young people's future experiences). Potential distress related to the construction of data will be mitigated in the research to prevent the upset from

becoming harm. This will be done through the consideration of two routes to this distress, these being:

- Research which causes upset to participants by asking them to reflect on their experiences (e.g. if their usual coping method is a form of denial);
- Distress which is present anyway (e.g. due to bullying), but the research highlights it.

Ongoing engagement with gatekeepers will encourage them to share appropriate information with the researcher on how young people are feeling, and whether they are in a suitable frame of mind to participate.

Whilst young people will be advised that if they disclose information that suggests a serious risk of imminent harm to themselves or to third parties then I may be required to pass the information on, measures will also be negotiated with participants to support young people where disclosures raise concerns about wellbeing but do not meet the threshold of serious imminent harm. As the role of the researcher will not be to provide support to young people, this will be done by directing them as appropriate during each engagement to other individuals and services who are able to provide this support e.g. unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans and Childline.

Consideration has also been given to potential harm experienced by resident young people who are not invited to participate in the research (e.g. reduced opportunity to access technology, or no access to payments or other incentives offered). Young people who are not participating in the research will have alternative opportunities to access smartphones and tablets, so will not experience detriment by way of not being involved. The matter of compensation will be addressed under item 14 below.

3.Consent – not simply to participate and have data collected, but also for this to be analysed, and potentially presented and disseminated. It will be made clear in the information sheets that there will be no detriment if young people chose not to participate. The inclusion of vulnerable young people with ASC (and potentially learning disabilities (LD)), and their capacity to consent, is addressed under item 15 below.

4.Fuzzy boundaries – the blurring of roles between researcher and participant; the purpose of the data collated; and the research itself. The role of the research, and

relationship between the researcher and participants will be made clear at the outset and will be kept under review during the research project e.g. in relation to the use of focus groups. The researcher will hold herself ethically accountable to the young people who are participating in the research e.g. by consulting with participants throughout the process; ensuring transparency with regards to how the data will be analysed and represented; and being receptive to any concerns or suggestions raised by participants. A core ethical principle will be the way in which participants will be viewed as partners in the production of the research. To ensure equity of participation, other ethical related matters specific to this research such as access to technology and the Internet, will be discussed with gatekeepers prior to the research commencing.

5.Authorship and ownership – issues of ownership relating to the participants' contributions. Careful consideration has been given to how the young people's data will be used in writing up the findings, so that they are not given a merely illustrative function. Given that the young people are understood to have ownership of the data, using them in this way will be dependent on their consent (as detailed in item 15 below). Care will be taken to protect young people's anonymity, through the use of pseudonyms for both themselves and the secure units, however it is recognised that there are other factors that may make young people identifiable, such as the content of their data. This is further addressed under item 21 below.

6.Representation and audiences – attentiveness to how participants' life stories are visually represented. It is intended to present the findings of this research in a manner that will largely allow the data to do the talking. The use of storyboards will be employed to offer a visual narrative parallel to the academic narrative. As well as offering a visual representation of the key findings of the research, the use of storyboards is intended to make the research findings accessible to the young people who participated. This is further addressed under item 20 below.

Two of the organisations detailed above under item 6 require separate ethical approval to be sought through themselves, which will be done once ethical approval from the university has been granted. The researcher has familiarised herself with their ethical guidelines.

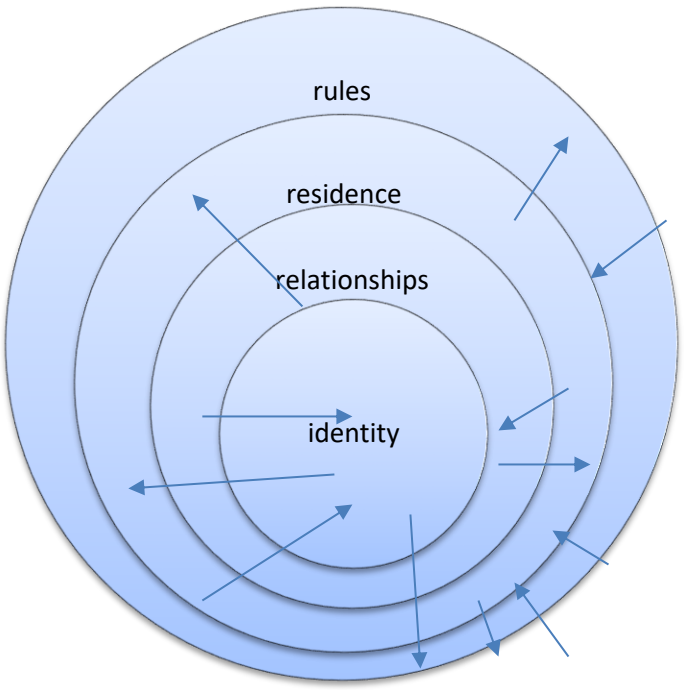
11. Objectives of investigation (including the academic rationale and justification for the investigation) Please use plain English.

The aim of the study will be to explore the impact of secure care experiences on the identity narratives of young people with ASC

The review of associated literature has examined the neurobiological basis to the communication and sensory differences experienced by the ASC community e.g. differences in the reactive and perceptive processing of sensory information presenting as hyper or hypo-sensitivity, and individuals benefitting from an approach in which all communication methods are respected. It has explored the notion that secure care could be constructed as a bridging, transitional, or transformative experience through the provision of alternative relationships, residence, and rules. It has observed that neurodiversity can be constructed as an integral part of an individual's identity and identified a theoretical gap in the impact that secure care experiences have on the neurodiverse identity. Therefore, the research questions have been designed as follows:

- What impact do secure care experiences have on the identity narratives of young people with ASC?
- What role do relationships play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role does the environment (residence) play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role do the policies and procedures (rules) play in the impact of secure care experiences on identity narratives of young people with ASC?

The identity dial below was created as a conceptual framework to emphasize the areas of importance for the study, and relationships between them. This has informed what will be explored with participants, as it provides a structure for the interrogation of the secure care experience on their identity narratives, and will allow their experiences to be explored through the lenses of relationships, residence, and rules.



12. Participants

Please detail the nature of the participants:

The participants are young people with autistic spectrum condition, living in secure accommodation services in Scotland.

Summarise the number and age (range) of each group of participants:

Number: 15 approximately Age (range) 12-17

Please detail any inclusion/exclusion criteria and any further screening procedures to be used:

Given the focus of the research, purposive sampling will be carried out on the basis of wanting to include participants who have experiences that are of relevance to the research questions to aim for internal generalizability i.e. that the findings will be applicable to that particular group of people.

Inclusion criteria: Participants will be comprised of young people with an ASC diagnosis, or those who have previously self-identified to gatekeepers as having ASC, living in secure accommodation in Scotland. Due to this being an already small population, and anticipation that 100% of young people may not participate, the entire population of young people with ASC who are living in secure accommodation in Scotland during the research period will be invited to

participate, rather than a subset of the population. Young people with either diagnosed, or previously self-identified ASC, both with and without a LD, will be invited to participate.

The academic rationale for this inclusion criteria is that people with ASC are a vulnerable and hidden population in the criminal justice system, who are often not diagnosed prior to admission (Equality and Human Rights Commission, 2020)[2], and this is an attempt to address that concern. Based on what is known about young people with ASC in secure care, it is unlikely that any of the participants will have a LD. However where they do, they will not be excluded from participating, to ensure the maximum sample size. Their capacity to consent to participate, and communication preferences, will be determined by the gatekeepers, as discussed under item 15 below.

In addition to inviting young people with ASC (diagnosed or self-identified) who are resident in secure care at the start of the research project, it is intended that an ongoing dialogue will be maintained with the five secure centres to ensure any young people with ASC (diagnosed or self-identified) who are accommodated by them in the proceeding year will also be offered the opportunity to participate.

Exclusion criteria: Young people who are living in secure care but do not have diagnosed ASC or have previously self-identified as having ASC, will not be invited to participate. Young people with ASC (diagnosed or self-identified) who are not living in secure care, will not be invited to participate.

The rolling approach to inviting additional participants throughout the year will be adjusted accordingly, depending on the number of participants, based on an awareness that a flexible approach will be required (Robson, 2011)[3]. From what is known about the secure estate currently, it is anticipated that the approach planned will result in around 15 participants. However, should the number of participants at the start of the research project exceed 20, additional young people will not be invited to participate as they are admitted to the secure units, throughout

[2] Equality and Human Rights Commission. (2020). *Inclusive justice: a system designed for all.* London: Equality and Human Rights Commission. Retrieved from https://www.equalityhumanrights.com/sites/default/files/ehrc_inclusive_justice_a_system_designed_for_all_june_2020.pdf

[3] Robson, C. (2011). *Real World Research: A Resource for Users of Social Research Methods in Applied Settings*. Chichester: John Wiley & Sons Ltd.

the course of the year. This will ensure that the research project does not suffer from data overload, or result in the gathering of data that will not be analysed.

13. Nature of the participants

Please note that investigations governed by the Code of Practice that involve any of the types of participants listed in B1(b) must be submitted to the University Ethics Committee (UEC) rather than DEC/SEC for approval.

Do any of the participants fall into a category listed in Section B1(b) (participant considerations) applicable in this investigation?: Yes ☒ No ☐

If yes, please detail which category (and submit this application to the UEC):

In addition to some of the young people potentially being under the age of 16, participants may fall into any of the following categories:

- are prisoners or young offenders, or are awaiting trial for a crime or offence that is relevant to the project;
- live in or are connected to an institutional environment;
- are unable to consent for themselves or have significant learning difficulties and/or serious mental health issues and/or cognitive impairment of a nature and extent that would affect their ability to give informed voluntary consent.

[The language used here has been taken directly from the University's Code of Practice on Investigations Involving Human Beings Eighth Edition, Section B: 1.2 Participant considerations]

14. Method of recruitment

Describe the method of recruitment (see section B4 of the Code of Practice), providing information on any payments, expenses or other incentives.

Using the email addresses of the registered managers for the five units, which are all publicly available on the Care Inspectorate website, I have approached the secure units and informed them of the proposed research. To date, three out of the five units have responded favourably, with an in-principle agreement to participate (see attached initial email and in-principle agreement). Once ethical approval has been granted by the university, ethical approval will be sought from

the required units as detailed in item 10 above. Through the use of Initial Information Letters and Participant Information Sheets (see attached) it will be made clear to the units that participation in the study is voluntary, and no detriment will be suffered to the service if they choose not to take part. Their consent to participate will be sought (see attached Consent Form). Following ethical approval, through a survey distributed via email to the registered managers of all five Scottish providers of secure accommodation services (as detailed above), I will seek (see attached schedule of questions for survey):

- statistics on the number of young people with diagnosed ASC (with or without a LD) currently living in secure care in Scotland.
- statistics on the number of young people who self-identify as having ASC but are not formally diagnosed (with or without a LD) currently living in secure care in Scotland.

Using these details, all young people identified as having ASC (diagnosed or self-identified) will be invited to participate via the secure units, using Initial Information Letters and Participant Information Sheets (see attached). If sent electronically, these will include a short video of the researcher talking about the project (see attached draft of the video which can be further amended). It is anticipated that the inclusion of an information video may help to improve the response rate, but importantly will also increase accessibility given the participant group and the variety of profiles across the autistic spectrum. To further enhance accessibility, the letters and information sheets will be individualised for young people, and those with parental responsibility. Two versions of Participant Information Sheets will be used for those with parental responsibility:

- Version 1 – for those with parental responsibility of young people under the age of 16, or over the age of 16 who are not deemed to have the capacity to give consent (as determined by gatekeepers and based on a diagnosis of a LD);
- Version 2 - for those with parental responsibility of young people over the age of 16 who are deemed to have the capacity to give consent.

This will be discussed in more detail under item 15 below.

Whilst some information to inform the individualisation of Initial Information Letters and Participant Information Sheets will be gathered through the survey, this will be developed further through engagement with the gatekeepers to ensure that both young people and those with parental responsibility receive the correct versions.

For young people, the letters use simple language and short sentences, written in a 'Social Story style,' accompanied with a personal approach. They will be further individualised by using young people's names, to make it clear the information is directed at them. Additional detail, such as whether or not young people will be accompanied to focus groups by staff, will be included. A visual option will be made available, with the language reinforced with photographs and pictures to support a range of communication styles. The letters clearly state that participation in the study is completely voluntary and will not impact on services received.

An ongoing dialogue will be maintained with the five secure centres to ensure any young people with ASC (diagnosed or self-identified) who are accommodated by them in the following year will be offered the opportunity to participate in the research project, adhering to the same recruitment procedures as above.

Consideration has been given to offering payments or incentives to participants as a reasonable and proportionate reimbursement for their time, whilst weighing this against the ethical implications for resident young people who are not invited to participate and therefore cannot access the incentive. It is intended that this will be explored with young people at the initial focus group to identify a suitable incentive. It may be appropriate that this is a shared or experiential reward. Young people's expectations in this arena will be carefully managed to specify that there will be a limited budget, and that the incentive cannot be something which causes conflict with other resident young people.

15. Participant consent

Please state the groups from whom consent/assent will be sought (please refer to the Guidance Document). The PIS and Consent Form(s) to be used should be attached to this application form.

For consent to be informed, participants must be aware of what will or may occur during the research and be able to understand what this means. Capacity to consent is often related to whether or not children are 'Gillick competent' i.e. whether they are defined as capable of consenting to medical treatment or decisions about their care. Critical disability studies and critical autism studies have sought to change the narrative from a deficit model to offer more positive interpretations of neurodiverse people's knowledge, skills and experiences.

Approaches to consent employed with very young children (Arnott et al, 2020)[4] are also of relevance to consider e.g. the use of an information video, narrative supported with visuals, or 'behavioural' consent for non-verbal children.

To ensure informed consent I will advise the participants on what will or may occur during the research process, how to withdraw, and offer support to understand what this means. This will mean providing clear information that is relevant for young people's understanding in order for them to make an informed decision about their involvement, including simple language, short sentences, photographs and pictures to support a range of communication styles and enhance accessibility (see attached Consent Forms for young people) accompanied with a personal approach. Due to the age and developmental range of the group, combined with the fact that the young people are 'looked after,' a three-pronged approach to consent will be used:

- For young people under the age of 16, consent will be sought from those with parental responsibilities i.e. from parents or Social Workers, in addition to the young people's own consent (see attached consent forms for young people, and consent forms for those with parental responsibility).
- For young people over the age of 16 who are deemed to have the capacity to give consent, the young people's own consent will be sought, and those with parental responsibilities i.e. parents or Social Workers will be advised of the research project through an information sheet (see attached consent form for young people, and information sheet for parents v2).
- For young people over the age of 16 who are not deemed to have the capacity to give consent (as determined by gatekeepers and based on a diagnosis of a LD), consent will be sought from those with parental responsibilities i.e. from parents or Social Workers, in addition to the young people's own consent (see attached consent form for young people, and consent form for those with parental responsibility).

[4] Arnott, L., Martinez-Lejarreta, L., Wall, K., Blaisdell, C. & Palaiologou, I. (2020). Reflecting on three creative approaches to informed consent with children under six. *British Educational Research Journal, 46*(4), 786-810.

To enhance accessibility, the consent forms will be individualised for young people (as detailed for the information letters and sheets in section 14 above), and those with parental responsibility.

I will put processes in place to support young people experiencing their decision of whether or not to take part as voluntary and free from coercion, and this will be discussed with gatekeepers as outlined under item 14 above. To employ a more relational model of consent seeking, a staged or stepped approach to consent will be utilised to allow young people to participate on an individualised basis e.g. by taking part in the research but not the focus groups. In addition, it will be important to operate under the notion of assent and on-going consent (i.e. that young people are accepting their involvement but can bring an end to this at any point if they choose to do so, including through their behaviour rather than verbally if this is their preferred communication style). Respondent validation will be sought (as detailed under item 16 below) and this is also regarded as good practice for consent.

Every effort will be made to ensure confidentiality and anonymity, but the limits of this will be recognised. Confidentiality is particularly difficult to achieve in qualitative research, due to the possibility of people being identified through data. Assurance will be offered to participants that the inclusion of phrases or images particular to individuals that might make them more easily identifiable will be avoided. Prior to undertaking the research clear statements on confidentiality and anonymity will be shared with the participants. These will include a statement confirming that if they disclose information that suggests a serious risk of imminent harm to participants or third parties then I will be required to pass the information on to the relevant authorities.

The above factors will ensure compliance with the University's Code of Practice on Investigations Involving Human Beings Eighth Edition.

16. Methodology

Investigations governed by the Code of Practice which involve any of the types of projects listed in B1(a) must be submitted to the University Ethics Committee rather than DEC/SEC for approval.

Are any of the categories mentioned in the Code of Practice Section B1(a) (project considerations) applicable in this investigation? ☐ Yes ☒ No
If 'yes' please detail:

Describe the research methodology and procedure, providing a timeline of activities where possible. Please use plain English.

The data will be constructed over three phases:

Phase 1 - a quantitative phase through the use of an email survey to gather statistics on the number of young people with diagnosed ASC or those who self-identify as having ASC (with or without a LD) currently living in secure care in Scotland. As well as providing a reliable measure of data, and offering an opportunity for initial engagement and negotiation with gatekeepers, it will inform the later phases of the research in terms of understanding the sample size of participants, and being sighted on young people's communication preferences.

Phase 2 - the second phase of the research will be delivered through the use of qualitative methods, with virtual focus groups being provided to add an element of co-design and inform the developing methodology.

A flexible approach is proposed to allow participants control over the participation and their stories, meaning methods will be employed which are likely to be more comfortable and preferred by participants. Robson (2011)[3] advises of the benefits of more flexible methods in being of bespoke design to answer the research questions and being responsive to the data construction phase.

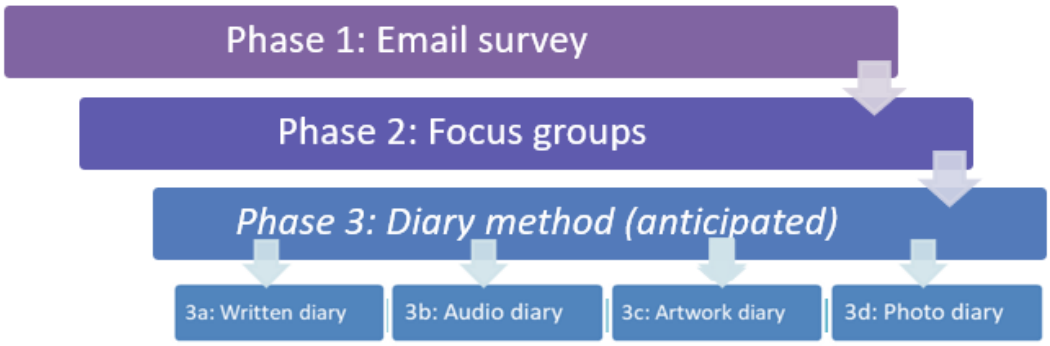
Phase 3 – the final phase of the research intends at this point to offer engagement through four variations of a diary method depending on young people's cognitive style to enhance accessibility. It is anticipated that this would be conducted over the course of one year, with monthly submissions accompanied by monthly drop-in focus groups. However young people's views will be sought on this (see attached questions for focus groups) as their preference may be to have more intensive involvement, for a shorter time period. This ethical approval form addresses phases 1 and 2 only. Further ethical approval will be sought for phase 3.

Participatory research aims to create knowledge collectively through a relational approach to research, and ongoing learning, reflection and action in a cyclical manner. This is achieved by involving the people whose experiences are central

to the research in decision making around the research questions, data construction methods, analysis of data, and dissemination of the research. Participatory research with children has gained traction alongside the progressively strong articulation of the human rights agenda with children being increasingly seen as actors in their own lives in contemporary conceptualisations of childhood. It recognises children as competent beings who experience life within wider societal and cultural structures, framed within this research as relationships, residence, and rules. There have been similar developments in the involvement of people with ASC in the creation of research, and implementation of its findings, using participatory methods. In this research, an element of co-design will be used to explore with the participants in a participatory manner the best ways to find out about their views and experiences. Aside from promoting a democratic, social justice model, participatory research provides added value due to the presence of participants' voices, providing this is not done in a tokenistic manner.

What specific techniques will be employed and what exactly is asked of the participants? Please identify any non-validated scale or measure and include any scale and measures charts as an Appendix to this application. Please include questionnaires, interview schedules or any other non-standardised method of data collection as appendices to this application.

The methods of data gathering have been informed by the participatory methodology as outlined above. The data will be gathered in a staged approach, with a planned quantitative phase to gather initial data, and a further two qualitative phases which will be informed by this data. The phases planned, and associated methods, are illustrated in the figure below followed by detailed descriptions of phases 1 and 2. Phase 3 at this point is anticipated, however this will be presented to young people with an openness to this to being reshaped and changed as appropriate.



Phase 1: Establishing a baseline

Through a survey distributed via email to the registered managers of all five Scottish providers of secure accommodation services, the following information will be sought:

- statistics on the number of young people with diagnosed ASC (with or without a LD) currently living in secure care in Scotland.
- statistics on the number of young people who have self-identified as ASC but are not formally diagnosed (with or without a LD) currently living in secure care in Scotland.

Method 1: survey

The use of a survey method will allow the researcher to gather a reliable measure of data and then analyse this information to extract patterns and make comparisons e.g. against secondary material, to consider if prevalence and admission rates of young people with ASC in Scottish secure care units align with national averages, or if they are a hidden population as suggested by the literature. It will also provide an opportunity to negotiate with gatekeepers and to highlight the benefits of the research to each of the units, mitigating some of the potential access difficulties.

Surveys offer a quick, cheap way to construct large quantities of data in a way that is convenient for participants. The inclusion of all five secure units will maximise the amount of data constructed to provide useful statistical information. Email surveys have been chosen to be suitable for this research due to the restrictions on physical contact of the time related to COVID-19, and the fact that registered manager's email addresses are all publicly available on the Care Inspectorate website. The disadvantages of surveys such as the inability to prompt, probe, construct additional data, or ask multiple, detailed questions are mitigated here by surveys only being used as part of a mixed methods approach. Consideration will be given to the form of questions used in order to ensure they are easily understood and answerable with the aim of increasing the response

rate e.g. keeping the survey short, with primarily closed questions with an intuitive design (see attached questions for survey). This is particularly important given the additional demands placed on care services during the COVID-19 pandemic.

Phase 2: Informing the design

Following introductory contact (as detailed above under item 14), young people will be offered the opportunity to join focus groups over Zoom, as an initial phase to inform the main data construction phase. The focus groups will be used to add an element of co-design to the research as discussed above, and to explore with participants the best ways to find out their views and experiences. Detail on the regularity of submissions, and on appropriate language to use (e.g. person first / identity first, and diary / scrapbook) will also be sought in these groups. The use of Zoom will allow participants to join in an environment they feel most comfortable with e.g. by turning their camera off, muting their microphone, or using the chat function, which may help to shift the power balance. This is especially important in the context of ASC, given the implications of monotropism i.e. the difficulty with distribution of attention such as looking and listening at the same time as being able to process information. There will be additional benefits for the researcher in recording and transcribing the focus groups via Zoom.

Method 2: focus groups

Focus groups have been used previously by researchers in secure care settings, and with the ASC community, however researchers have noted that some young people struggle to engage with the formalities of this and advise of a need for flexibility in the approach. It is intended that this will be mitigated in the research by focus groups only being used as an optional part of a mixed methods approach. Additionally, the use of Zoom will negate the need for the use of more formal recording equipment and will allow young people to contribute through the use of the chat function if they prefer. Care will be taken to ensure that participants understand that the Zoom sessions are being recorded. Ethically, this is enhanced by Zoom showing text that says ‘recording.’ Zoom provides additional features to support safe, participatory focus groups, such as the ability to prevent private chat, or to offer the use of closed captions.

This ethical approval form intends to address phases 1 and 2 only. Further ethical approval will be sought for phase 3 once this has had the opportunity to be informed by the focus groups.

Where an independent reviewer is not used, then the UEC, DEC or SEC reserves the right to scrutinise the methodology. Has this methodology been subject to independent scrutiny? Yes ☐ No ☒

If yes, please provide the name and contact details of the independent reviewer:

17. Previous experience of the investigator(s) with the procedures involved. Experience should demonstrate an ability to carry out the proposed research in accordance with the written methodology.

The researcher has a career background of 20 years that has centred around supporting young people with ASC in residential childcare settings and has been immersed in reflective practice and awareness of the impact of their own emotional and subjective reactions. This means that the researcher will be able to undertake physical activity, self-care, and make use of supervision to mitigate the effects of vicarious trauma by having a boundary of self without over-identification.

Additionally, the researcher has a good understanding of the discourses of residential childcare and the legislation surrounding this from both her time working in the sector and completing the MSc in Advanced Residential Child Care. The researcher completed research with young people with disabilities including ASC as part of her Masters dissertation. This required the use of a variety of augmentative and alternative communication tools, at which the researcher is well practiced in the use of, deployed through semi-structured interviews. The researcher has reflected upon this methodology and made an informed choice to employ an enhanced participatory approach in this research. From the review of the literature, the researcher has developed a good understanding of research methods, designs and techniques, and issues of consent and ethics.

Robson (2011)[3] suggests that to undertake research of a flexible design, the researcher is required to have an enquiring mind; good listening skills; the ability to be responsive and flexible; a solid theoretical grounding of the issues; and a commitment to managing their potential bias. For reasons explored throughout this ethics application form it is believed that the researcher does possess these qualities.

The supervisors of the research project have experience of supporting both undergraduates and postgraduates in their research and are familiar with the areas of specialism being explored by this research project. The supervisor/PI has experience of carrying out qualitative research on sensitive subjects with adults and children, including young people in secure accommodation, as well as supervising student research on the same. The supervisor with expertise in the field of research with people with ASC has provided feedback on the variety of information sheets and consent forms that have been developed for use with young people.

Reflective practice has been utilised to support the developing sense of the researcher understanding their self, and of their own identity. Consideration has been given to the researcher's own identification as neurodivergent; their experiences of working in residential child care settings; their adolescent experiences and how under different circumstances these could have led to a secure care experience; and how this particular combination of experiences may impact upon the meanings made of the data. Due to the researcher's understanding of ASC culture, they are potentially in a better position than other predominant neurotype researchers to both read the young people's data and present it in a way which will be accessible to the ASC community, thus reducing the risk of elements being 'lost in translation.' Caution will be applied to ensure that the experiences of less articulate people will both be heard and valued.

18. Data collection, storage and security

How and where are data handled? Please specify whether it will be fully anonymous (i.e. the identity unknown even to the researchers) or pseudo-anonymised (i.e. the raw data is anonymised and given a code name, with the key for code names being stored in a separate location from the raw data) - if neither please justify.

Outlook and Zoom will be used to allow data from phases 1 and 2 to be gathered electronically. The data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate from the confidential data. They will be kept in a separate, password-protected file, on the University's One Drive for Business site.

WhatsApp has been offered as a method for participants and parents of participants to return photographed copies of the consent forms, due to its 'end-to-end' encryption for security. The researcher has set up a WhatsApp account that is separate to her personal one, installed this on a password protected PC (and encrypted phone) and has set up two-step verification which means that it cannot be installed another device without the use of a 6 digit PIN. Media visibility (functionality which automatically stores data on the device), 'last seen' status, and read receipts have all been turned off. When consent forms are received they will be transferred to the University's One Drive for Business site, and then deleted from WhatsApp. This WhatsApp account will be deleted once the research project has concluded. The inclusion of WhatsApp for data collection or other research purposes has been deemed acceptable by the University's Information Security Team from a data security standpoint, and a copy of the correspondence confirming this can be provided to the committee if required.

A robust data storage system will protect the authenticity of the research. A data management plan has been prepared to outline how the data will be handled both during and after the research project, with the aim of ensuring data is well managed and an audit trail maintained. This has given due consideration to all aspects of data management, including the collection and storage of data; the generation of metadata; and the analysis and preservation of data. It evidences accountability, as detailed in Article 5(2) of the GDPR, and is of benefit in ensuring the integrity of the research, and compliance with the University's Research Code of Practice, in addition to the factors discussed above. The data management plan has been approved by the University's Research and Knowledge Exchange Services team, and a copy can be made available to the committee if required.

Explain how and where it will be stored, who has access to it, how long it will be stored and whether it will be securely destroyed after use:

To ensure compliance with the University's Data Protection Policy, the electronic data will be stored on the University's One Drive for Business site, accessed through a password protected PC. Young people's contacts will be stored under coded pseudonyms, and the key which identifies participants will be stored separately in a password-protected file, on the University's One Drive for Business site.

Only the named investigators and chief investigator will have access to the data. When storing the information gathered consideration will be given to the GDPR as it applies in the UK, tailored by the Data Protection Act (2018). It will be agreed that data will be held for no longer than five years and will be destroyed after that time period. Additionally, participants will be informed about their right to access information under the Freedom of Information (Scotland) Act (2002).

Will anyone other than the named investigators have access to the data? Yes ☐ No ☒

If 'yes' please explain:

19. Potential risks or hazards

Briefly describe the potential Occupational Health and Safety (OHS) hazards and risks associated with the investigation:

Physical hazards will be limited, as the research will be undertaken remotely, primarily via email and Zoom, however there is the potential for musculoskeletal pain due to excessive screen time. This will be mitigated by the researcher having previously undergone a DSE assessment and training and having suitable equipment to support this.

Psychological risks are not decreased by this adjustment to the methodology, and the research continues to pose a potential risk of harm to participants (as discussed under items 10 and 16 above) due to reflection on experiences, or reliance on focus groups for support. This will be mitigated by young people being directed to appropriate people / organisations for support. It will be made clear to young people at the outset that the purpose of focus groups is not to provide support (as detailed under item 10 above).

There is a small risk of legal harm if young people's anonymity is not appropriately protected (as discussed under item 10 above). This will be mitigated by clear statements on confidentiality and anonymity being shared with young people and their parents / guardians prior to research commencing (see attached information sheets). Consent to participate will be sought (as detailed under item 15 above).

There is a risk of social harm to both young people participants and other resident young people who are not invited to participate, as the provision of an incentive may result in conflict (as discussed under item 14 above). This will be mitigated by the provision of an incentive for participation in the research being discussed with young people at the outset of the research (as detailed under item 14 above).

There is the potential risk of social harm to the researcher, if her professional reputation were to be damaged as a result of the research. This will be mitigated by informal consultation being carried out with the units at an early stage, to ensure their views are given due consideration (as detailed under item 14 above).

Please attach a completed eRisk Assessment for the research. Further Guidance on Risk Assessment and Form can be obtained on Occupational Health, Safety and Wellbeing's webpages

20. What method will you use to communicate the outcomes and any additional relevant details of the study to the participants?

The aim is to use the findings of phase 1 and 2 of the research project, to inform phase 3. Once phase 3 has concluded, it is intended to present the findings of this research in a manner that will largely allow the data to do the talking. The use of storyboards will be employed to offer a visual narrative parallel to the academic narrative necessary for the purposes of the thesis. Storyboards originated from the animation film industry's visualisation of written scripts to provide a visual shorthand, where multiple sketches assembled in a linear manner depicted the movement of objects and characters to capture the key elements of a scene, although their use has expanded in recent times. As well as offering a visual representation of the key findings of the research, the use of storyboards is intended to make the research findings accessible to the young people who participated.

Others have used storyboards in their projects, particularly recently so in secure care; in research with marginalised groups; including with young people with ASC; or who are care experienced; and to explore identity. It is planned to use Interpretative Phenomenological Analysis to analyse the data, which generally leads to a narrative account inclusive of both the participants' experiences in their voice, and the interpretative commentary of the emic perspective. This is often

followed with discussion by reflecting on the themes, relating these to existing literature, and considering the limitations and implications for future. Storyboards are therefore an ideal fit for the presentation of this, as speech bubbles can be used to present participants' voices, and caption boxes will express the researcher's accompanying dialogue for each panel, with a 'splash' (full-page illustration) used at the end to portray the discussion.

21. How will the outcomes of the study be disseminated (e.g. will you seek to publish the results and, if relevant, how will you protect the identities of your participants in said dissemination)?

The outcomes of the study will be used to inform the thesis of the researcher's PhD. They will be further disseminated through publication and presentation at conferences. Careful consideration has been given to how the young people's data will be used in writing up the findings, so that they are not given a merely illustrative function. Given that the young people are understood to have ownership of the data, using them in this way will be dependent on their consent (as detailed in item 15 above). Care will be taken to protect young people's anonymity, through the use of pseudonyms for both themselves and the secure units, however it is recognised that there are other factors that may make young people identifiable, such as the content of their data. It has also been suggested that whilst anonymising images may be desirable in the dissemination of research findings, in participatory approaches it can be aligned with silencing the participants' voice, with an alternative being to translate images into another format, in order to both retain anonymity and the impact of the data (as detailed in item 20 above).

Checklist	**Enclosed**	**N/A**
Participant Information Sheet(s)	☒	☐
Consent Form(s)	☒	☐
Sample questionnaire(s)	☐	☒

Sample interview format(s)	☐	☒
Sample advertisement(s)	☐	☒
OHS Risk Assessment (S20) – available	☐	
as online form	☒	☐
Any other documents (please specify	☒	☐
below)	☒	☐
Initial information letter	☒	☐
Schedule of questions for survey	☒	☐
Schedule of questions for focus groups	☒	☐
Initial information video	☒	☐
Initial email to secure units		
In-principle agreement to participate		

22. Chief Investigator and Head of Department Declaration

Please note that unsigned applications will not be accepted and both signatures are required

I have read the University's Code of Practice on Investigations involving Human Beings and have completed this application accordingly. By signing below, I acknowledge that I am aware of and accept my responsibilities as Chief Investigator under Clauses 3.11 – 3.13 of the Research Governance Framework and that this investigation cannot proceed before all approvals required have been obtained.

Signature of Chief Investigator

Please also type name here: Laura Steckley 18/11/20

I confirm I have read this application, I am happy that the study is consistent with departmental strategy, that the staff and/or students involved have the appropriate expertise to undertake the study and that adequate arrangements are in place to supervise any students that might be acting as investigators, that the study has access to the resources needed to conduct the proposed research successfully, and that there are no other departmental-specific issues relating to the study of which I am aware.

Signature of Head of Department

Please also type name here Professor Ian Greener

Date: 19 / 11 / 2020

23. Only for University sponsored projects under the remit of the DEC/SEC, with no external funding and no NHS involvement

Head of Department statement on Sponsorship

This application requires the University to sponsor the investigation. This is done by the Head of Department for all DEC applications with exception of those that are externally funded and those which are connected to the NHS (those exceptions should be submitted to R&KES). I am aware of the implications of University sponsorship of the investigation and have assessed this investigation with respect to sponsorship and management risk. As this particular investigation is within the remit of the DEC and has no external funding and no NHS involvement, I agree on behalf of the University that the University is the appropriate sponsor of the investigation and there are no management risks posed by the investigation.

If not applicable, tick here ☐

Signature of Head of Department

Please also type name here

Date:

For applications to the University Ethics Committee, the completed form should be sent to ethics@strath.ac.uk with the relevant electronic signatures.

24. Insurance

The questionnaire below must be completed and included in your submission to the UEC/DEC/SEC:

Is the proposed research an investigation or series of investigations conducted on any person for a Medicinal Purpose? Medicinal Purpose means: ▪ treating or preventing disease or diagnosing disease or ▪ ascertaining the existence degree of or extent of a physiological condition or ▪ assisting with or altering in any way the process of conception or ▪ investigating or participating in methods of contraception or ▪ inducing anaesthesia or ▪ otherwise preventing or interfering with the normal operation of a physiological function or ▪ altering the administration of prescribed medication.	No

If "**Yes**" please go to **Section A (Clinical Trials)** – all questions must be completed
If "**No**" please go to **Section B (Public Liability)** – all questions must be completed

Section A (Clinical Trials)

Does the proposed research involve subjects who are either: i. under the age of 5 years at the time of the trial;	Yes / No

ii. known to be pregnant at the time of the trial	

*If "**Yes**" the UEC should refer to Finance*

Is the proposed research limited to: iii. Questionnaires, interviews, psychological activity including CBT; iv. Venepuncture (withdrawal of blood); v. Muscle biopsy; vi. Measurements or monitoring of physiological processes including scanning; vii. Collections of body secretions by non-invasive methods; viii. Intake of foods or nutrients or variation of diet (excluding administration of drugs).	Yes / No

*If "**No**" the UEC should refer to Finance*

Will the proposed research take place within the UK?	Yes / No

*If "**No**" the UEC should refer to Finance*

Title of Research	
Chief Investigator	
Sponsoring Organisation	

Does the proposed research involve:	
a) investigating or participating in methods of contraception?	Yes / No
b) assisting with or altering the process of conception?	Yes / No
c) the use of drugs?	Yes / No
d) the use of surgery (other than biopsy)?	Yes / No
e) genetic engineering?	Yes / No
f) participants under 5 years of age (other than activities i-vi above)?	Yes / No
g) participants known to be pregnant (other than activities i-vi above)?	Yes / No
h) pharmaceutical product/appliance designed or manufactured by the institution?	Yes / No
i) work outside the United Kingdom?	Yes / No

If **"YES"** to **any** of the questions a-i please also complete the **Employee Activity Form** (attached).

If **"YES"** to **any** of the questions a-i, and this is a follow-on phase, please provide details of SUSARs on a separate sheet.

*If "**Yes**" to any of the questions a-i then the UEC/DEC/SEC should refer to Finance (*insurance-services@strath.ac.uk*).*

Section B (Public Liability)	
Does the proposed research involve:	
a) aircraft or any aerial device	No
b) hovercraft or any water borne craft	No
c) ionising radiation	No
d) asbestos	No
e) participants under 5 years of age	No
f) participants known to be pregnant	No
g) pharmaceutical product/appliance designed or manufactured by the institution?	No
h) work outside the United Kingdom?	No

*If **"YES"** to any of the questions the UEC/DEC/SEC should refer to Finance (*insurance-services@strath.ac.uk*).*

For NHS applications only - Employee Activity Form

Has NHS Indemnity been provided?	Yes / No
Are Medical Practitioners involved in the project?	Yes / No
If YES, will Medical Practitioners be covered by the MDU or other body?	Yes / No

This section aims to identify the staff involved, their employment contract and the extent of their involvement in the research (in some cases it may be more appropriate to refer to a group of persons rather than individuals).

Chief Investigator		
Name	**Employer**	**NHS Honorary Contract?**
		Yes / No
Others		
Name	**Employer**	**NHS Honorary Contract?**
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please provide any further relevant information here:

Approval: UEC20/83: Steckley/Robinson/Wilson: The impact of secure care experience on autistic identity - phases 1 & 2

Tue 15/12/2020 08:55

To: Charlotte Wilson
Cc: Laura Steckley; Anna Robinson; Ethics

Dear Charlotte

ETHICAL AND SPONSORSHIP APPROVAL
UEC20/83: Steckley/Robinson/Wilson: The impact of secure care experience on autistic identity - phases 1 & 2

I can confirm that the University Ethics Committee (UEC) has approved this protocol and appropriate insurance cover and sponsorship have now also been confirmed.

I remind you that the UEC must be informed of any changes you plan to make to the research project, so that it has the opportunity to consider them. Any change of staffing within the research team should be reported to UEC.

The UEC also expects you to report back on the progress and outcome of your project, with an account of anything which may prompt ethical questions for any similar future project and with anything else that you feel the Committee should know.

Any adverse event that occurs during an investigation must be reported as quickly as possible to UEC and, within the required time frame, to any appropriate external agency.

The University agrees to act as sponsor of the above mentioned project subject to the following conditions:

1. That the project obtains/has and continues to have University/Departmental Ethics Committee approval.

2. That the project is carried out according to the project protocol.

3. That the project continues to be covered by the University's insurance cover.

4. That the Director of Research and Knowledge Exchange Services is immediately notified of any change to the project protocol or circumstances which may affect the University's risk assessment of the project.

5. That the project starts within 12 months of the date of this letter.

As sponsor of the project the University has responsibilities under the Scottish Executive's Research Governance Framework for Health and Community Care. You should ensure you are aware of those responsibilities and that the project is carried out according to the Research Governance Framework.

On behalf of the Committee, I wish you success with this project.

Kind regards
Angelique

Appendix C: Risk Assessment

Risk Assessment

ID: 3145: The impact of secure care experience on autistic identity phases 1 & 2

Section 1

1.1 Operation/ Activity

Location(s) of work

Research will be conducted from home via Zoom and WhatsApp

Description

This research is planned over three phases:

1. email survey to five secure units
2. Zoom focus group with young people to co-design the research
3. Diary method (written, audio, artwork or photo), submitted electronically

1.2 Person responsible for this work

Laura Steckley

1.3 Person conducting assessment

CHARLOTTE Wilson

Section 2

Work Task Identification and Evaluation of Associated Risks

Component 1

Hazards Identified Risk of physical harm due to excessive screentime	**Who might be harmed and how?** The researcher may experience musculoskeletal pain	**Existing Risk Control Measures** The researcher has previously undergone a DSE assessment and training, and has suitable equipment to support this	**Likelihood:** 3:possible **Severity:** 2:minor **Risk Rating:** medium
Hazards Identified Risk of psychological harm due to reflection on experiences	**Who might be harmed and how?** Young people participants may experience distress	**Existing Risk Control Measures** Young people will be directed to appropriate people / organisations for support	**Likelihood:** 3:possible **Severity:** 2:minor **Risk Rating:** medium
Hazards Identified Risk of psychological harm due to reliance on focus	**Who might be harmed and how?** Young people participants	**Existing Risk Control Measures** It will be made clear to young	**Likelihood:** 2:unlikely **Severity:** 2:minor **Risk Rating:** medium

Risk Assessment 3145

groups for support	may experience distress	people at the outset that the purpose of focus groups is not to provide support	
Hazards Identified Risk of legal harm due to anonymity not being protected	**Who might be harmed and how?** Young people participants may experience breach of confidentiality	**Existing Risk Control Measures** Clear statements on confidentiality and anonymity will be shared with young people and their parents / guardians prior to research commencing. Consent to participate will be sought.	**Likelihood:** 2:unlikely **Severity:** 2:minor **Risk Rating:** medium
Hazards Identified Risk of social harm due to other resident young people not being invited to participate	**Who might be harmed and how?** Young people participants or other resident young people who are not invited to participate may experience conflict	**Existing Risk Control Measures** The provision of an incentive for participation in the research will be discussed with young people at the outset	**Likelihood:** 2:unlikely **Severity:** 2:minor **Risk Rating:** medium
Hazards Identified Risk of social harm due to research being unsuccessful	**Who might be harmed and how?** The researcher may experience risk to her professional reputation	**Existing Risk Control Measures** Informal consultation is being carried out with the units at an early stage, to ensure their views are given due consideration	**Likelihood:** 2:unlikely **Severity:** 2:minor **Risk Rating:** medium

Section 3

Identified Actions to Improve Control of Unacceptable Risks
No unacceptable risks

Section 4

Significant Findings

Additional Information

Section 5: Signatories

Name	Signed

Risk Assessment 3145

Laura Steckley

19/11/20

Appendix D: Phase 1/2 Service Application for Ethical Approval of Research

Service Ethics Committee Mission Statement

To ensure ethical, safe and valuable research in Service

To ensure the Ethics Committee is able to evaluate effectively your research proposal, please submit your application at least one month prior to the committee meeting. This will enable us to identify a 'Special Interest' committee member with experience in your chosen field of study.

Meeting dates can be found at [redacted].

The committee has been established since 2010. Numerous high-quality pieces of research have been completed however a number of submissions have also been rejected. The list below aims to help you avoid the common reasons for rejection. Please ensure that:

- Where young people are participating directly in the research, social workers are required to provide opt-in consent.
- Your form is signed by both yourself and your supervisor. Typed names will not be accepted.
- You make it very clear how you will select participants: young people within Service have the right to remain anonymous to researchers should they wish. Therefore, approaches such as *snowball sampling* or identifying young people through file review can be problematic.
- The research is focused. Submissions are often rejected as they are too broad, have unclear research questions or have aims that are difficult to meet in one research project.
- The research will have some potential benefit to young people in Service either through directly informing practice or by contributing to the literature regarding young people and residential child care.

Researcher's name:	Charlotte Wilson
Researcher's contact email address:	charlotte.h.wilson@strath.ac.uk
Supervisor (if appropriate):	Laura Steckley
Title of study:	The effect of living in secure care on autistic young people – phases 1 & 2

Outline the aims and objectives of the study: 400 words max

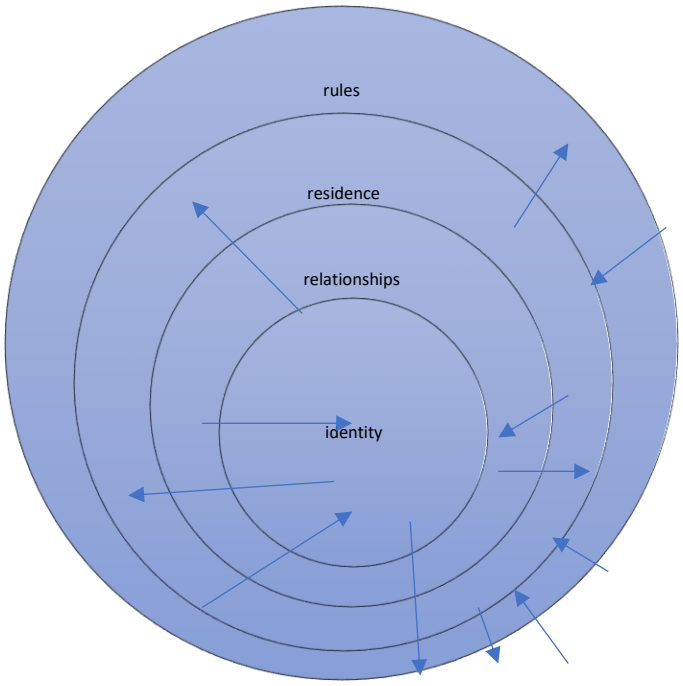
The aim of the study is to explore the impact of secure care experiences on the identity narratives of young people with autistic spectrum condition (ASC).

The review of associated literature has examined the neurobiological basis to the communication and sensory differences experienced by the ASC community e.g. differences in the reactive and perceptive processing of sensory information presenting as hyper or hypo-sensitivity, and individuals benefitting from an approach in which all communication methods are respected. It has explored the

notion that secure care could be constructed as a bridging, transitional, or transformative experience through the provision of alternative relationships, residence, and rules. It has observed that neurodiversity can be constructed as an integral part of an individual's identity and identified a theoretical gap in the impact that secure care experiences have on the neurodiverse identity. Therefore, the research questions have been designed as follows:

- What impact do secure care experiences have on the identity narratives of young people with ASC?
- What role do relationships play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role does the environment (residence) play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role do the policies and procedures (rules) play in the impact of secure care experiences on identity narratives of young people with ASC?

The identity dial below was created as a conceptual framework to emphasize the areas of importance for the study, and relationships between them. This has informed what will be explored with participants, as it provides a structure for the interrogation of the secure care experience on their identity narratives, and will allow their experiences to be explored through the lenses of relationships, residence, and rules.



The data will be constructed over three phases:

Phase 1 - a quantitative phase through the use of an online survey to gather statistics on the number of young people with diagnosed or self-identified ASC currently living in secure care in Scotland.

Phase 2 - the second phase of the research will be delivered through the use of qualitative methods, with virtual focus groups being provided to add an element of co-design and inform the developing methodology.

Phase 3 – the final phase of the research intends at this point to offer engagement through four variations of a diary method, depending on young people's cognitive style, to enhance accessibility.

Detail your project plan including realistic timescales: 100 words max

The data will be constructed over three phases as outlined above. With an anticipated start date of April 2021, the whole project is expected to last around 18 months in total. This ethics application form is for phases 1 and 2 of the study,

which are expected to last around 6 months. Further ethical approval will be sought from both the University of Strathclyde and Service for phase 3 once the methodology has been informed by phase 2 of the project.

Research participants:

Please mark all that apply:

Young people attending/residing at Service ☐
Parents/carers of young people attending/residing at Service ☐
Staff ☐
Volunteers ☐
Other groups (please specify) Service Secure Unit

Participant recruitment method (include consent of participants): 400 word max

Inclusion criteria

Purposive sampling will be carried out on the basis of wanting to include participants who have experiences that are of relevance to the research questions to ensure internal generalizability. Eligible participants will be comprised of young people with an ASC diagnosis, or those who have previously self-identified as having ASC (with or without a learning disability), living in Service's Secure Unit. Due to this being an already small population, and anticipation that 100% of young people may not participate, this entire population will be invited to participate. In addition to inviting young people with ASC (diagnosed or self-identified) who are resident in the Secure Unit at the start of the research project, it is intended that an ongoing dialogue will be maintained with Service to ensure

any young people with ASC (diagnosed or self-identified) who are accommodated in the proceeding year will also be offered the opportunity to participate.

Recruitment

All young people identified as having ASC (diagnosed or self-identified) will be invited to participate from Service's Secure Unit, through the use of posters (see attached) displayed in the units. To ensure informed consent the participants will be advised on what will or may occur during the research process, how to withdraw, and offered support to understand what this means. Through the use of Initial Information Letters, Participant Information Sheets, and a short video of the researcher talking about the project it will be made clear that participation in the study is voluntary, and no detriment will be suffered if people chose not to take part.

Consent

Consent will be sought from parents/Social Workers, in addition to the young people's own consent (see attached consent forms for young people, and consent forms for parents/Social Workers).

Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort due to your study?

Yes		No	X

If 'Yes', attach details and state what you will tell them to do if they experience problems.

Please highlight what you see as the most important ethical issues this study raises (e.g. adverse physical or psychological reactions, problematic items within questionnaires etc). How will your research address these ethical issues?

Research participants have a right to privacy and anonymity as detailed in the General Data Protection Regulation (GDPR). Data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate from the confidential data. Every effort will be made to ensure confidentiality, and anonymity of participants, but the limits of this will be recognised. Prior to young people's involvement, clear statements on confidentiality and anonymity will be shared with young people in the Participant Information Sheet and Consent Form (see attached). This will include a statement confirming that if they disclose information that suggests a serious risk of imminent harm to themselves or to third parties then the researcher may be required to pass the information on to the relevant authorities. Measures will also be negotiated with participants to support young people where disclosures raise concerns about wellbeing but do not meet the threshold of serious imminent harm. As the role of the researcher will not be to provide ongoing support to young people, this will be done by directing them as appropriate during each engagement to other individuals and services who are able to provide this support e.g. unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans and Childline. However, immediate support where young people are distressed will be provided by the researcher until more appropriate support is available.

Potential distress related to the construction of data will be mitigated in the research to prevent the upset from becoming harm. This will be done through the consideration of two routes to this distress, these being:

•Research which causes upset to participants by asking them to reflect on their experiences (e.g. if their usual coping method is a form of denial);

•Distress which is present anyway (e.g. due to bullying), but the research highlights it.

Ongoing engagement with Service will encourage the sharing of appropriate information with the researcher on how young people are feeling, and whether they are in a suitable frame of mind to participate.

Consideration has also been given to potential harm experienced by resident young people who are not invited to participate in the research (e.g. reduced opportunity to access technology, or no access to payments or other incentives

offered). It is understood that young people who are not participating in the research will have alternative opportunities to access smartphones and tablets, so will not experience detriment by way of not being involved. The matter of compensation will be explored with young people at the initial focus group (phase 2) to identify a suitable incentive. It may be appropriate that this is a shared or experiential reward. Young people's expectations in this arena will be carefully managed to specify that there will be a limited budget, and that the incentive cannot be something which causes conflict with other resident young people.

Whilst it is understood that young people in Service's Secure Unit have access to technology such as smartphones and tablets to enable them to join virtual focus groups through Microsoft Teams meetings, many of them may require to be supervised whilst using it to ensure their safety. Although there is a potential impact on their privacy here, there are also possible benefits from having a staff member present e.g. supporting to manage anxiety levels or communication. There are also resource implications for the service. Potential participants will be made aware of whether they must have a staff member present for focus groups before making a decision on whether to participate, and if possible will have some agency over who that staff member is. As the initial focus groups will be used to inform the design of the research (rather than to gather personal data), there is a limited impact on young people's privacy and confidentiality.

Teams meetings will be recorded, but as soon as the transcription of these is complete the recordings will be deleted. Care will be taken to ensure that participants understand that the Teams sessions are being recorded. Ethically, this is enhanced by Teams showing text that says 'recording.' Teams provides additional features to support safe, accessible focus groups, such as no facility for private chat within the meeting, or the ability to turn off cameras and contribute through chat.

An additional ethical concern for focus groups is the possibility of young people becoming reliant on them as a source of support. It will be made clear to young people at the outset that the purpose of focus groups is not to provide support. The role of the research, and relationship between the researcher and participants will be made clear at the outset and will be kept under review during the research project. The researcher will hold herself ethically accountable to the young people who are participating in the research e.g. by consulting with participants throughout

the process; ensuring transparency with regards to how the data will be analysed and represented; and being receptive to any concerns or suggestions raised by participants. A core ethical principle will be the way in which participants will be viewed as partners in the production of the research. To ensure equity of participation, other ethical related matters specific to this research such as access to technology and the Internet, will be discussed with Service prior to the research commencing.

Will the participants be paid?

Yes [ ] No [X]

Additional notes: Not at this point, but this is yet to be determined for the later part of the study as discussed above

Will an application be made to an external Ethics Committee?

Yes [X] No [ ]

Additional notes: Ethical approval has been granted by the University of Strathclyde's Ethics Committee

If yes, please attach a copy of the application to this form.

What would you consider to be the applied value of this research project? (include the benefits to Service):

Research should benefit the participants as well as the researcher, and this should be the case increasingly so for participatory research such as this, by very nature of its design. There may be direct, indirect, intrinsic, or altruistic benefits for young people in participating in research, however it is important that they understand the potential impact of the research prior to taking part and this can be difficult to convey. Whilst the participation of children in research does raise questions about ethics, some have argued that the ethical approval pendulum has swung too far or that the rights of children have been overlooked in this. There is the need to weigh the probability and severity of the potential for harm (as discussed above) against the possibility of benefits (i.e. of increasing confidence and sense of relief from sharing feelings and reflecting on experiences; or of contributing to the research and having the potential for influencing other young

people's future experiences).

There are further potential benefits to both young people and Service, if the findings of the research are used to directly inform practice.

The outcomes of the study will be used to inform the thesis of the researcher's PhD. It is intended that they will be further disseminated through publication and presentation at conferences. This will contribute to the literature regarding young people and residential child care and support with filling the theoretical gap on the impact that secure care experiences have on the neurodiverse identity.

Methodology (mark all that apply): Full details must be attached to this form.

Questionnaires (attach copies of all questionnaires)

Interviews (attach summary of topics to be explored or interview schedule) X

Focus groups (attach materials and / or summary of topics to be explored) X

Other (please give details here and attach full details)

At this point, it is anticipated that phase 3 may utilise a flexible diary method to enhance accessibility.

Do you intend to use any questionnaires or other materials

Yes ☐ No X

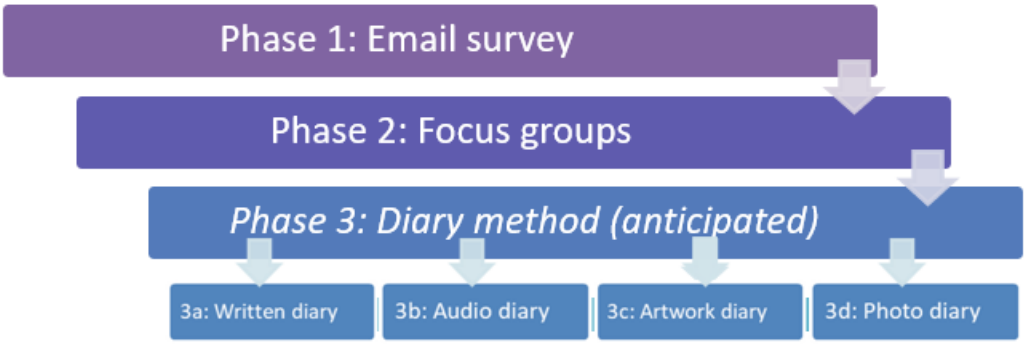
If 'Yes', please confirm that the materials have been/will be purchased for your use.

Discuss why you have selected your chosen methodology and outline how your data will be analysed:

Methodology

Participatory research aims to create knowledge collectively through a relational approach to research, and ongoing learning, reflection and action in a cyclical manner. This is achieved by involving the people whose experiences are central to the research in decision making around the research questions, data construction methods, analysis of data, and dissemination of the research. Participatory research with children has gained traction alongside the progressively strong articulation of the human rights agenda with children being increasingly seen as actors in their own lives in contemporary conceptualisations of childhood. It recognises children as competent beings who experience life within wider societal and cultural structures, framed within this research as relationships, residence, and rules. There have been similar developments in the involvement of people with ASC in the creation of research, and implementation of its findings, using participatory methods. In this research, an element of co-design will be used to explore with the participants in a participatory manner the best ways to find out about their views and experiences. Aside from promoting a democratic, social justice model, participatory research provides added value due to the presence of participants' voices, providing this is not done in a tokenistic manner.

The methods of data gathering have been informed by the participatory methodology as outlined above. The data will be gathered in a staged approach, with a planned quantitative phase to gather initial data, and a further two qualitative phases which will be informed by this data. The phases planned, and associated methods, are illustrated in the figure below followed by detailed descriptions of phases 1 and 2. Phase 3 at this point is anticipated, however this will be presented to young people with an openness to this to being reshaped and changed as appropriate.



Phase 1: Establishing a baseline

The use of a survey method will allow the researcher to gather a reliable measure of data and then analyse this information to extract patterns and make comparisons e.g. against secondary material, to consider if prevalence and admission rates of young people with ASC in Scottish secure care units align with national averages, or if they are a hidden population as suggested by the literature. Surveys offer a quick, inexpensive way to construct large quantities of data in a way that is convenient for participants. The invitation to all five secure units to participate will maximise the amount of data constructed to provide useful statistical information (to date, three out of the five units have responded favourably, with confirmed agreement to participate). Email surveys have been chosen to be suitable for this research due to the restrictions on physical contact of the time related to COVID-19. The disadvantages of surveys -- such as the inability to prompt, probe, construct additional data, or ask multiple, detailed questions -- are mitigated here by surveys only being used as part of a mixed methods approach. Consideration has been given to the form of questions used in order to ensure they are easily understood and answerable with the aim of increasing the response rate e.g. keeping the survey short, with primarily closed questions and an intuitive design (see attached questions for survey). This is particularly important given the additional demands placed on care services during the COVID-19 pandemic. As well as providing a reliable measure of data, and offering an opportunity for initial engagement and negotiation with Service, it will inform the later phases of the research in terms of understanding the sample size of participants, and being sighted on young people's communication preferences.

Phase 2: Informing the design

Following introductory contact (as detailed above) young people will be offered the opportunity to join focus groups over Teams, as an initial phase to inform the main data construction phase. To ensure young people's safety, the focus groups will be conducted separately for each secure unit, rather than having young people from different sites mixing in each group. The focus groups will be used to add an element of co-design to the research as discussed above, and to explore with participants the best ways to find out their views and experiences. Detail on the regularity of submissions, and on appropriate language to use (e.g. person first / identity first, and diary / scrapbook) will also be sought in these groups. The

use of Teams will allow participants to join in an environment they feel most comfortable with e.g. by turning their camera off, muting their microphone, or using the chat function, which may help to shift the power balance. This is especially important in the context of ASC, given the implications of monotropism i.e. the difficulty with distribution of attention such as looking and listening at the same time as being able to process information. There will be additional benefits for the researcher in recording and transcribing the focus groups via Teams.

Focus groups have been used previously by researchers in secure care settings, and with the ASC community, however researchers have noted that some young people struggle to engage with the formalities of this and advise of a need for flexibility in the approach. It is intended that this will be mitigated in the research by focus groups only being used as an optional part of a mixed methods approach. Additionally, the use of Teams will negate the need for the use of more formal recording equipment and will allow young people to contribute through the use of the chat function if they prefer. A flexible approach is proposed to allow participants control over the participation and their stories, meaning methods will be employed which are likely to be more comfortable and preferred by participants.

Phase 3: the final phase of the research intends at this point to offer engagement through four variations of a diary method depending on young people's cognitive style to enhance accessibility. It is anticipated that this would be conducted over the course of one year, with monthly submissions accompanied by monthly drop-in focus groups. However young people's views will be sought on this (see attached questions for focus groups) as their preference may be to have more intensive involvement, for a shorter time period. This ethical approval form addresses phases 1 and 2 only. Further ethical approval will be sought for phase 3.

Data analysis

The aim is to use the findings of phase 1 and 2 of the research project, to inform phase 3. Once phase 3 has concluded, it is intended to use Interpretative Phenomenological Analysis (IPA) to analyse the data, which generally leads to a narrative account inclusive of both the participants' experiences in their voice, and

the interpretative commentary of the emic perspective. This is often followed with discussion by reflecting on the themes, relating these to existing literature, and considering the limitations and implications for future.

The use of storyboards will be employed to offer a visual narrative parallel to the academic narrative necessary for the purposes of the thesis. Others have used storyboards in their projects, particularly recently so in secure care; in research with marginalised groups, including with young people with ASC, or who are care experienced; and to explore identity. As well as offering a visual representation of the key findings of the research, the use of storyboards is intended to make the research findings accessible to the young people who participated. Storyboards are an ideal fit for the presentation of IPA, as speech bubbles can be used to present participants' voices, and caption boxes will express the researcher's accompanying dialogue for each panel, with a 'splash' (full-page illustration) used at the end to portray the discussion.

Ethical principles incorporated into the study:

Written explanation (please attach copy)	Yes	X	No
Oral explanation (provide example script)	Yes	X	No
Consent form (please attach copy)	Yes	X	No
Participant offered opportunity to decline to take part	Yes	X	No
Participant told participation is voluntary	Yes	X	No
Participant offered opportunity to withdraw at any stage	Yes	X	No
Expert advice available if required	Yes	X	No

Additional notes: As detailed in participant information sheets

Additional notes: Initial information video available

Additional notes: Attached consent forms

Additional notes:

Additional notes:

Additional notes:

Additional notes: The researcher's PhD supervisors have expertise in ASC, residential child care, and related research methodology and methods. Participants will be directed to appropriate advice and support as detailed

Additional notes: This is detailed in attached information sheets, and there are a variety of potential benefits to participants as discussed above

Participants informed there may be no benefit to them

Yes [X] No [X]

Can the participants be guaranteed confidentiality

Yes [X] No [ ]

Additional notes: Yes, although the limits of this will be recognised as discussed above

Can the participants be guaranteed anonymity

Yes [X] No [ ]

Additional notes: Yes, although the limits of this will be recognised as discussed above

Provisions of the Data Protection Act met

Yes [X] No [ ]

Additional notes:

Safe data storage secured

Yes [X] No [ ]

Additional notes: Data will be stored on the University's One Drive (which is encrypted), accessed through a password protected PC

If the procedure involves deception, will explanation be offered following participation?

Yes [ ] No [ ] N/A [X]

If the procedure involves observation, will consent be obtained from participants?

Yes [ ] No [ ] N/A [X]

If the procedure involves questionnaires, will the participant be informed that they may omit any items they do not wish to answer?

Yes [X] No [ ] N/A [ ]

If the procedure involves interviews, will the participants be informed that they do not have to answer questions, and do not have to give an explanation for this?

Yes [ ] No [ ] N/A [X]

Will your research be (tick all that may apply):

Used to inform practice within Service

Yes [X] No [ ] N/A [ ]

Used to inform practice within other agencies

Yes [X] No [ ] N/A [ ]

Submitted for publication

Yes [X] No [ ] N/A [ ]

Have participants given consent for the research to be used in this way?

Yes [X] No [ ]

If submitted for publication at a later date, will participants be asked to consent to the research to be used in this way?

Yes [X] No [ ]

Protection for the researcher:

Will the researcher be at any risk of sustaining either physical or psychological harm as a result of the research? If so, how will this risk be mitigated?: 400 word max

Yes [ ] No [X]

Physical hazards will be limited, as the research will be undertaken remotely, primarily via email and Teams, however there is the potential for musculoskeletal pain due to excessive screen time. This will be mitigated by the researcher having recently undergone a DSE assessment and training and having suitable equipment to support this.

There is a small risk of legal harm if young people's anonymity is not appropriately protected (as discussed above). This will be mitigated by clear statements on confidentiality and anonymity being shared with young people and their parents/Social Workers prior to research commencing (see attached participant information sheets). Consent to participate will be sought as detailed above.

There is the potential risk of social harm to the researcher, if her professional reputation were to be damaged as a result of the research. This has been mitigated by informal discussion being carried out with Service and other secure units at an early stage, to ensure providers' views were given due consideration.

Will you have a research supervisor during the period of your study?

Yes [X] No [ ]

If you do not have a research supervisor you will be required to provide an update to the Ethics Committee half way through your study.

To ensure that there is added value from your research, Service ask that you submit a copy of your completed research so that this can be accessed by colleagues within the organisation. Do you agree to your research being used in this way?

Yes [X] **No** [ ]

What is your expected completion date? October 2024

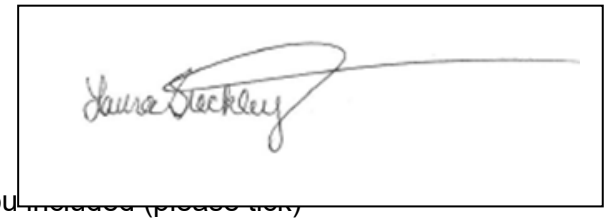
Please provide contact details below:

Address: No professional address available currently due to Covid-19
Email address: charlotte.h.wilson@strath.ac.uk
Declaration:

I declare that the proposed investigation described in this application will be carried out as detailed and that if any changes to the procedures are planned, written permission will be sought from the Ethics Committee.

Please sign:

Applicant: Date: 02/04/21

Supervisor: 

Check List: Have you included (please tick)

Completed copy of this form	X
Signatures	X
Consent forms	X
Information sheets and letters	X
Copies of all questionnaires	X
Outline of interview topics – focus groups	X
Stimulus materials	
External ethical approval	X

Please send completed application form and supporting documents to:
[redacted]

Appendix E: Phase 2 Initial Letters

Appendix E1: Initial letter – secure unit

Telephone:

Email: charlotte.h.wilson@strath.ac.uk

(Date)

Dear (Name of gatekeeper),

My name is Charlotte Wilson and I am writing to you to let you know about some research I am doing and to ask your consent for (name of unit) to take part. My research project is focused on how the experience of living in secure care affects the identity of young people on the autism spectrum. I have worked in care for around twenty years, mainly with autistic young people. At the moment I work for the Care Inspectorate and am studying part-time at the University of Strathclyde. This research project is part of my postgraduate studies there.

The data for this research project will be constructed in three phases, starting with a survey to your unit. This will be followed by a Zoom focus group for young people who want to participate, to help co-design the research project.

Young people who choose to take part in the research project will then be involved in the third phase. I have some ideas about what might work well for them, and this includes using a flexible diary method over the course of a year, where they could have a choice of using text, artwork, photos or audio to share their views. This has been a good way that other researchers have found out about people's experiences in other similar research studies, however I am open to hearing young people's views on this, and reshaping the research design as appropriate.

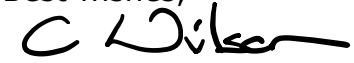
To invite young people to participate in the research I will require your support to share information sheets and return consent forms. Once you have returned the consent form for (name of unit) to take part, and completed the survey, I will share more detail with you on this.

The attached information sheet gives more details. Please be assured that the decision for (name of unit) to take part in this study is

completely voluntary, and no detriment will be suffered to the service if you choose not to take part

If you require any further information, please do not hesitate to contact me on the number or email address above at your own convenience. If you've read the information and are okay with (name of unit) taking part, please complete the consent form and send it to me. It can be scanned and emailed, or you can WhatsApp a photo of it to .

Best wishes,



Charlotte Wilson
PhD Student

Appendix E2: Initial letter – young person text

University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

(Date)

My name is Charlotte. I have worked in care for several years, mostly with young people on the autism spectrum. At the moment I work for the Care Inspectorate and I am also a student at the University of Strathclyde. I am sending you this letter because I am going to start a project that you might be interested in joining.

As part of my degree, I am doing a research project into how the experience of living in secure care affects the identity of autistic young people. This means I would like to find out about the experiences and views of young people on the autism spectrum who are living in secure care, to help change things in the future.

First: I'd like to ask you to help me set up the project. I'll ask you what the best ways are to find out your views and experiences. I have some ideas about how to do this, and I'd like to share these with you and discuss other ideas I haven't thought of. I will ask young people whether they should get compensated for taking part in the research, and if so, what they think this should be. We will meet over Zoom so you and other young people can share your ideas with me.

Second: I will use the information to make a new plan for the project. After this I will write to you again to see if you would like to carry on being part of the project.

The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for

you. If you would like to take part in the research, but don't want to do the Zoom focus group, that's okay too. Just let (gatekeeper) know this.

If you have any questions, or want any more information, please:

- contact me on the number above, or
- contact me on the email address above, or
- ask (gatekeeper) and they will pass on any questions to me

If you would be interested in taking part in this project please contact:

- me on the number above, or
- me on the email address above, or
- (gatekeeper)

and I can send you more information. You can watch a short video of me talking about the project here:

Initial introduction video.mp4

or you can contact:

- me on the number above, or
- me on the email address above, or
- (gatekeeper)

and I will send this to you.

If you read the information and are okay with taking part, please sign the consent form and either:

- give it to (gatekeeper), or
- scan and email it to me on the email address above, or
- WhatsApp a photo of it to

I look forward to hearing from you,

C Wilson

Charlotte Wilson, PhD student

Appendix E3: Initial letter – young person visual

University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

(Date)

Dear (Name of young person),

My name is Charlotte. I have worked in care for several years, mostly with young people on the autism spectrum. At the moment I work for the Care Inspectorate and I am also a student at the University of Strathclyde. I am sending you this letter because I am going to start a project that you might be interested in joining.

As part of my degree, I am doing a research project into how the experience of living in secure care affects the identity of autistic young people. This means I would like to find out about the experiences and views of young people on the autism spectrum who are living in secure care, to help change things in the future.

First: I'd like to ask you to help me set up the project. I'll ask you what the best ways are to find out your views and experiences. I have some ideas about how to do this, and I'd like to share these with you and discuss other ideas I haven't thought of. I will ask young people whether they should get compensated for taking part in the research, and if so, what they think this should be. We will meet over Zoom so you and other young people can share your ideas with me.

Second: I will use the information to make a new plan for the project. After this I will write to you again to see if you would like to carry on being part of the project.

The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you. If you would like to take part in the research, but don't want to do the Zoom focus group, that's okay too. Just let (gatekeeper) know this.

If you have any questions, or want any more information, please:

- contact me on the number above, or
- contact me on the email address above, or
- ask (gatekeeper) and they will pass on any questions to me

If you would be interested in taking part in this project please contact:

- me on the number above, or
- me on the email address above, or
- (gatekeeper)

and I can send you more information. You can watch a short video of me talking about the project here:

Initial introduction video.mp4

OR If you want to watch a short video of me talking about the project please contact:

- me on the number above, or
- me on the email address above, or
- (gatekeeper)

and I will send this to you.

If you read the information and are okay with taking part, please sign the consent form and either:

- give it to (gatekeeper), or
- scan and email it to me on the email address above, or

- WhatsApp a photo of it to

I look forward to hearing from you,

Charlotte Wilson

PhD Student

Appendix E4: Initial letter – parental responsibility

Telephone:
Email: charlotte.h.wilson@strath.ac.uk
(Date)

My name is Charlotte Wilson and I am writing to you to let you know about some research I am doing and to ask your consent for your child (or a child you have parental responsibility for) to take part. My research project is focused on how the experience of living in secure care affects the identity of young people on the autism spectrum. I have worked in care for around twenty years, mainly with autistic young people. At the moment I work for the Care Inspectorate and am studying part-time at the University of Strathclyde. This research project is part of my postgraduate studies there.

I would like young people to help to design the research, by telling me about the best ways for them that I can find out about their views and experiences. I plan to do this through a group discussion over Zoom, or face to face at the (name of unit). At this point, I am only asking for your consent for your child to take part in the group discussion. Once we have designed the research, I will write to you again to tell you what this will look like and ask your permission for your child to take part.

The attached information sheet gives more details. Please be assured that the decision for your child to take part in this study is completely voluntary and will in no way impact upon the service they receive.

If you require any further information, please do not hesitate to contact me on the number or email address above at your own convenience. If you've read the information and are okay with your child taking part, please complete the consent form and send either to (gatekeeper) or to me. It can be scanned and emailed, or you can WhatsApp a photo of it to 07870 991 284.

Best wishes,

Charlotte Wilson
PhD Student

Appendix F: Phase 2 Participant Information Sheets

Appendix F1: Participant Information Sheet for Gatekeeper

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

My name is Charlotte Wilson. I am currently a part time PhD student at the University of Strathclyde. My contact details are provided at the end of this information sheet.

What is the purpose of this research?

I am conducting a research project to find out about the effects of living in secure care on autistic young people. I am interested in how this experience can influence who they are as people, and how they see themselves (their identity). The reason for this is it is not something that many researchers have looked at in detail, and I think it would be useful to know more about this area. I am aiming to find out about the experiences of this group of young people, so that this can influence future practice.

Does your unit have to take part?

Please be assured that the decision for (name of unit) to take part in this study is completely voluntary, and no detriment will be suffered to the service if you choose not to take part

If you decide that your unit can take part in this study you may change your mind about this at any time and stop participating.

What will my unit do in the project?

The data for this research project will be constructed in three phases, starting with a survey to your unit. This will be followed by a Zoom focus group for young people who want to participate, to help co-design the research project.

Young people who choose to take part in the research project will then be involved in the third phase. I have some ideas about what might work well for them, and this includes using a flexible diary method over the

course of a year, where they could have a choice of using text, artwork, photos or audio to share their views through a diary. This has been a good way that other researchers have found out about people's experiences in other similar research studies, however I am open to hearing young people's views on this, and reshaping the research design as appropriate.

Why has my unit been invited to take part?

I am inviting all five secure units in Scotland to take part in the research

What are the potential risks to my unit in taking part?

There will be no intentional harm or distress caused to young people during this study. If young people become upset, for example, as a result of thinking about their experiences, they will be directed to individuals and services who are able to provide support (for example, unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans and Childline).

What information is being collected in the project?

I will collect information from the secure units through the use of an email survey.

I will collect information from young people through the use of Zoom focus groups which will be recorded and transcribed.

Who will have access to the information?

Only myself and my research supervisors will have access to the information I collect.

Every effort will be made to ensure confidentiality. I will change names in order to protect the units' and participants' privacy.

Where will the information be stored and how long will it be kept for?

Zoom will be used to allow the information to be gathered electronically. The electronic data will be stored on the University's OneDrive for Business site, accessed through a password protected PC. Secure units' and young people's details will be stored under coded names. The data will not be

held for any longer than five years, and will be suitably destroyed after this time period.

You should also be aware of your right to access information under the Freedom of Information (Scotland) Act 2002 and the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (2018). The Freedom of Information (Scotland) Act 2002 allows you to access recorded information such as emails, research or reports held by people providing services to you and associated purposes. The Data Protection Act (2018) allows you to request personal data held about you. In order to request information your request must be submitted in writing (or another permanent form e.g. audio or video recording), with your name and address included for correspondence, and a description of the information you require. Where you request information you are entitled to be given it, unless it is confidential or available through another route e.g. if it has been published. You would not be entitled to see information held about other people if it breached data protection.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you require any further information please do not hesitate to contact me on the number or email address below at your own convenience.

If you are happy for your unit to take part in this project, please let me know using the details below. You will be asked to sign a consent form to confirm this. If you do not wish your unit to be involved in this project this is okay and I thank you for your attention.

I would be happy to send you information about the results of my research if you request this. Should the results be published in the future,

your unit's identity would continue to remain anonymous as stated above.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix F2: Participant Information Sheet for Young People (name)

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

Charlotte Wilson is a PhD student at the University of Strathclyde. Laura Steckley is her project supervisor. Both of their contact details are at the end of this information sheet.

What is the purpose of this research project?

Charlotte is interested in what effect living in secure care has on autistic young people. She is interested in how this experience can influence who you are as a person, and how you see yourself (your identity). This is not something that many researchers have looked at, and she thinks it would be useful to know more about this. She wants to find out about the views and experiences of autistic young people who are living in secure care, to help change things in the future. These changes might happen after you are no longer living there.

Do I have to take part?

The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you. If you decide that you want to take part in this project, you can change your mind about this at any time. If you would like to take part in the research, but don't want to do the Zoom focus group, that's okay too. Just let (gatekeeper) know this.

What will I do in the project?

First: Charlotte would like you to help her set up the project. She'll ask you what the best ways are to find out about your views and experiences. She has some ideas about how to do this. She would like to share these ideas with you and discuss other ideas she hasn't thought of. She will ask young people whether they should get compensated for taking part in the research, and if so, what they think

this should be. Charlotte will meet you over Zoom so you and other young people can share your ideas with her. There might be some young people you haven't met before in the group.

Second: Charlotte will use the information to make a new plan for the project. After this she will write to you again to see if you would like to carry on being part of the project.

Why have I been invited to take part?

Charlotte has invited all young people on the autism spectrum, who are living in secure care in Scotland, to take part in the research. Charlotte is contacting you because you are autistic, and you are living in secure care at the moment.

What are the possible risks if I take part?

There will be no harm caused to you on purpose during this project. If you get upset during the project, Charlotte will remind you about people and services who can help you with this, like your keyworker, Social Worker, advocacy worker, or chat lines like the Samaritans and Childline.

What information is being collected in the project?

Charlotte will collect information through:

- Zoom focus groups which will be recorded.

These might contain personal information about you. Charlotte will use the information from these to make a new plan for the project.

Who will have access to the information?

A member of staff from (name of unit) will be with you during the focus group. [delete if not relevant]

Apart from this, only Charlotte and her supervisors (Laura and Anna) will have access to the information.

Charlotte will try very hard to keep your personal information private, for example by changing your name or the name of the secure unit you live in. There is still a small chance that you could be recognised through the words that you have used, but if Charlotte thinks this is the case then she will not use these words.

If you tell Charlotte something that makes her think you, or someone else is at serious risk of harm, then she will need to tell someone else like your keyworker or Social Worker.

Where will the information be stored and how long will it be kept for?

Charlotte will use Zoom to collect the information about how to design the research. The information will be kept on One Drive (a University safe place for online information), and only accessible through a password protected computer. Young people's contacts will be stored under different names. The data will not be kept for longer than five years, and will be destroyed after that.

You can ask for access to:

- Recorded information like emails, research, and reports through the Freedom of Information (Scotland) Act 2002;
- Personal information about you through the Data Protection Act (2018), because of the General Data Protection Regulation (GDPR).

To do this, you need to make a request in writing (or another permanent form like an audio or video recording), with your name and address included for the reply, and explain what information you would like access to. If you make this request, you should be given access to this information unless it is private to other people, or it is already available another way (like if it has been published).

Thank you for reading this information. Please ask Charlotte questions if you are not sure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you want any more information please contact Charlotte on the number or email address below.

If you are happy to take part in this project, please tell (gatekeeper). You will be asked to sign a consent form. If you do not want to be involved in this project this is okay.
Charlotte would be happy to send you information about the results of her project if you want this. If the results are published in the future, your personal information (like your name) would still be kept private.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD Supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee. If you have any questions or concerns, during or after the research, that you don't want to speak to Charlotte or Laura about, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix F3: Participant Information Sheet for Young People (visual)

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

This is Charlotte Wilson. She is a PhD student at the University of Strathclyde. Laura Steckley is her project supervisor. Both of their contact details are at the end of this information sheet.

What is the purpose of this research project?

Charlotte is interested in what effect living in secure care has on autistic young people. She is interested in how this experience can influence who you are as a person, and how you see yourself (your identity). This is not something that many researchers have looked at, and she thinks it would be useful to know more about this. She wants to find out about the views and experiences of autistic young people who are living in secure care, to help change things in the future. These changes might happen after you are no longer living there.

Do I have to take part?

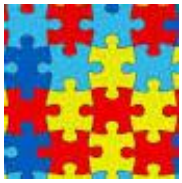
The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you. If you decide that you want to take part in this project, you can change your mind about this at any time. If you would like to take part in the research, but don't want to do the Zoom focus group, that's okay too. Just let (gatekeeper) know this.

What will I do in the project?

First: Charlotte would like you to help her set up the project. She'll ask you what the best ways are to find out about your views and experiences. She has some ideas about how to do this. She would like to share these ideas with you and discuss other ideas she hasn't thought of. She will ask young people whether they should get compensated for taking part in the research, and if so, what they think this should be. Charlotte will meet you over Zoom so you and other young people can share your ideas with her. There might be some young people you haven't met before in the group.

Second: Charlotte will use the information to make a new plan for the project. After this she will write to you again to see if you would like to carry on being part of the project.

Why have I been invited to take part?



Charlotte has invited all young people on the autism spectrum, who are living in secure care in Scotland, to take part in the research. Charlotte is contacting you because you are autistic, and you are living in secure care at the moment.

What are the possible risks if I take part?

There will be no harm caused to you on purpose during this project. If you get upset during the project, Charlotte will remind you about people and services who can help you with this, like your keyworker, Social Worker, advocacy worker, or chat lines like the Samaritans and Childline.

What information is being collected in the project?

Charlotte will collect information through:

- Zoom focus groups which will be recorded.

These might contain personal information about you. Charlotte will use the information from these to make a new plan for the project.

Who will have access to the information?

A member of staff from (name of unit) will be with you during the focus group. [delete if not relevant] Apart from this, only Charlotte and her supervisors (Laura and Anna) will have access to the information. Charlotte will try very hard to keep your personal information private, for example by changing your name or the name of the secure unit you live in. There is still a small chance that you could be recognised through the words that you have used, but if Charlotte thinks this is the case then she will not use these words.

If you tell Charlotte something that makes her think you, or someone else is at serious risk of harm, then she will need to tell someone else like your keyworker or Social Worker.

Where will the information be stored and how long will it be kept for?

Charlotte will use Zoom to collect the information about how to design the research. The information will be kept on One Drive (a University safe place for online information), and only accessible through a password protected computer. Young people's contacts will be stored under different names. The data will not be kept for longer than five years, and will be destroyed after that.

You can ask for access to:

- Recorded information like emails, research, and reports through the Freedom of Information (Scotland) Act 2002;
- Personal information about you through the Data Protection Act (2018), because of the General Data Protection Regulation (GDPR).

To do this, you need to make a request in writing (or another permanent form like an audio or video recording), with your name and address included for the reply, and explain what information you would like access to. If you make this request, you should be given access to this information unless it is private to other people, or it is already available another way (like if it has been published).

Thank you for reading this information. Please ask Charlotte questions if you are not sure about what is written here.

Please also read our Privacy Notice for Research Participants (I have included a paper copy, in case you don't have access to this link).

What happens next?

If you want any more information please contact Charlotte on the number or email address below.

If you are happy to take part in this project, please tell (gatekeeper). You will be asked to sign a consent form. If you do not want to be involved in this project this is okay.

Charlotte would be happy to send you information about the results of her project if you want this. If

the results are published in the future, your personal information (like your name) would still be kept private.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD Supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee. If you have any questions or concerns, during or after the research, that you don't want to speak to Charlotte or Laura about, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix F4: Participant Information Sheet for Adults with Parental Responsibility who are required to give consent

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

My name is Charlotte Wilson. I am currently a part time PhD student at the University of Strathclyde. My contact details are provided at the end of this information sheet.

What is the purpose of this research?

I am conducting a research project to find out about the effects of living in secure care on autistic young people. I am interested in how this experience can influence who they are as people, and how they see themselves (their identity). The reason for this is it is not something that many researchers have looked at in detail, and I think it would be useful to know more about this area. I am aiming to find out about the experiences of this group of young people, so that this can influence future practice. These changes to practice might happen after your child is no longer living there.

Does your child have to take part?

Please be assured that the decision for your child to take part in this study is completely voluntary and will in no way impact upon the services your child receives.

If you decide that your child can take part in this study you, or your child, may change your mind about this at any time and stop participating.

What will my child do in the project?

I would like young people to help to design the research, by telling me about the best ways, for them, that I can find out about their views and experiences. I also have some ideas about what might work well for them, and this includes using a flexible diary method where they could have a choice of using text, artwork, photos or audio to share their views

through a diary. This has been a good way that other researchers have found out about people's experiences in other similar research studies. I will ask young people whether they should get some form of compensation for taking part in the research, and if so, what they think this should be. I plan to do this through a focus group over Zoom, which is an online video meeting platform. Once we have figured out the best way of doing the research, I will write to you again to tell you what this will look like and ask for your consent for your child to take part in that part as well.

Why has my child been invited to take part?

I am inviting all autistic young people, who are living in secure care in Scotland, to take part in the research. I am contacting you because your child has a diagnosis of autism, or has self-identified as autistic, and is living in secure care at the moment.

What are the potential risks to my child in taking part?

There will be no intentional harm or distress caused to your child during this study. If young people become upset, for example, as a result of thinking about their experiences, they will be directed to individuals and services who are able to provide support (for example, unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans and Childline).

What information is being collected in the project?

I will collect information through:

- Zoom focus groups which will be recorded and transcribed.

These will contain information which is personal or identifiable to your child.

Who will have access to the information?

Only myself and my research supervisors will have access to the information I collect.

Every effort will be made to ensure confidentiality. I will change names in order to protect participants' privacy.

Where will the information be stored and how long will it be kept for?

Zoom will be used to allow the information to be gathered electronically. The electronic data will be stored on the University's OneDrive for Business site, accessed through a password protected PC. Young people's details will be stored under coded names. The data will not be held for any longer than five years, and will be suitably destroyed after this time period.

You should also be aware of your right to access information under the Freedom of Information (Scotland) Act 2002 and the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (2018). The Freedom of Information (Scotland) Act 2002 allows you to access recorded information such as emails, research or reports held by people providing services to you and associated purposes. The Data Protection Act (2018) allows you to request personal data held about you. In order to request information your request must be submitted in writing (or another permanent form e.g. audio or video recording), with your name and address included for correspondence, and a description of the information you require. Where you request information you are entitled to be given it, unless it is confidential or available through another route e.g. if it has been published. You would not be entitled to see information held about other people if it breached data protection.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you require any further information please do not hesitate to contact me on the number or email address below at your own convenience.

If you are happy for your child to take part in this project, please let (gatekeeper) or myself know using the details below. You will be asked to sign a consent form to confirm this. If you do not wish your child to be involved in this project this is okay and I thank you for your attention.

I would be happy to send you information about the results of my research if you request this. Should the results be published in the future, your child's identity would continue to remain anonymous as stated above.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix F5: Participant Information Sheet for Adults with Parental Responsibility who are not required to give consent

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

My name is Charlotte Wilson. I am currently a part time PhD student at the University of Strathclyde. My contact details are provided at the end of this information sheet.

What is the purpose of this research?

I am conducting a research project to find out about the effects of living in secure care on autistic young people. I am interested in how this experience can influence who they are as people, and how they see themselves (their identity). The reason for this is it is not something that many researchers have looked at in detail, and I think it would be useful to know more about this area. I am aiming to find out about the experiences of this group of young people, so that this can influence future practice. These changes to practice might happen after your child is no longer living there.

Does your child have to take part?

Please be assured that the decision for your child to take part in this study is completely voluntary and will in no way impact upon the services your child receives.

If your child decides to take part in this study, they may change your mind about this at any time and stop participating.

What will my child do in the project?

I would like young people to help to design the research, by telling me about the best ways, for them, that I can find out about their views and experiences. I also have some ideas about what might work well for them, and this includes using a flexible diary method where they could have a choice of using text, artwork, photos or audio to share their views through a diary. This has been a good way that other researchers have

found out about people's experiences in other similar research studies. I will ask young people whether they should get some form of compensation for taking part in the research, and if so, what they think this should be. I plan to do this through a focus group over Zoom, which is an online video meeting platform. Once we have figured out the best way of doing the research, I will write to you again to tell you what this will look like.

Why has my child been invited to take part?

I am inviting all autistic young people, who are living in secure care in Scotland, to take part in the research. I am contacting you because your child has a diagnosis of autism, or has self-identified as autistic, and is living in secure care at the moment.

What are the potential risks to my child in taking part?

There will be no intentional harm or distress caused to your child during this study. If young people become upset, for example, as a result of thinking about their experiences, they will be directed to individuals and services who are able to provide support (for example, unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans and Childline).

What information is being collected in the project?

I will collect information through:

- Zoom focus groups which will be recorded and transcribed.

These will contain information which is personal or identifiable to your child.

Who will have access to the information?

Only myself and my research supervisors will have access to the information I collect.

Every effort will be made to ensure confidentiality. I will change names in order to protect participants' privacy.

Where will the information be stored and how long will it be kept for?

Zoom will be used to allow the information to be gathered electronically. The electronic data will be stored on the University's OneDrive for Business

site, accessed through a password protected PC. Young people's details will be stored under coded names. The data will not be held for any longer than five years, and will be suitably destroyed after this time period.

You should also be aware of your child's right to access information under the Freedom of Information (Scotland) Act 2002 and the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (2018). The Freedom of Information (Scotland) Act 2002 allows your child to access recorded information such as emails, research or reports held by people providing services to them and associated purposes. The Data Protection Act (2018) allows your child to request personal data held about them. In order to request information their request must be submitted in writing (or another permanent form e.g. audio or video recording), with their name and address included for correspondence, and a description of the information they require. Where they request information they are entitled to be given it, unless it is confidential or available through another route e.g. if it has been published. You would not be entitled to see information held about other people if it breached data protection.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you require any further information please do not hesitate to contact me on the number or email address below at your own convenience.

I would be happy to send you information about the results of my research if you request this. Should the results be published in the future, your child's identity would continue to remain anonymous as stated above.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix G: Phase 2 Consent Forms

Appendix G1: Consent Form for Gatekeepers

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my unit's information will be used and what will happen to it (i.e. how it will be stored and for how long).
- I understand that my unit's participation is voluntary and that we are free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that I can request the withdrawal from the study of some identifiable information and that whenever possible researchers will comply with my request.
- I understand that anonymised data (i.e. data that does not identify the unit) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies my unit will be made publicly available.
- I consent to my unit participating in the project.

Name of secure unit:

Signature of gatekeeper:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix G2: Consent Form for Young People (text)

Name of department: School of Applied Social Sciences
Title of the study: The effect of living in secure care on autistic young people

- I have read and understand the information for Charlotte's project and Charlotte has answered any questions that I had about it.
- I have read and understand the Privacy Notice for Participants in Research Projects.
- I understand how my personal information will be used and what will happen to it (like where it will be kept and for how long).
- I understand that taking part is my choice, and that I am free to stop taking part in Charlotte's project at any time, up to the point that she is finished using the information I give her. I don't have to give a reason, and there would be no consequences for me to do this.
- I understand that I can ask for my personal information to not be used, and that whenever possible Charlotte will do this. This includes:
    - personal information from transcripts of Zoom focus groups (like my name);
    - video recordings from Zoom focus groups that identify me (like my picture).
- I understand that I've agreed for Charlotte to use information that does not personally identify me, and this can't be withdrawn once Charlotte has used it in the project (like ideas I have about how to design the project).
- I understand that any information recorded in the project will be kept private, and no information that identifies me (like my name, or the name of the unit I live in) will be made available to people other than Charlotte, Laura and Anna.
- I consent (agree) to taking part in Charlotte's project.

- I consent (agree) to being recorded on Zoom as part of Charlotte's project.

Name (print):	**Name of secure unit:**
Signature of Participant:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix G3: Consent Form for Young People (visual)

Name of department: School of Applied Social Sciences
Title of the study: The effect of living in secure care on autistic young people

- I have read and understand the information for Charlotte's project and Charlotte has answered any questions that I had about it.

- I have read and understand the Privacy Notice for Participants in Research Projects.

- I understand how my personal information will be used and what will happen to it (like where it will be kept and for how long).

- I understand that taking part is my choice, and that I am free to stop taking part in Charlotte's project at any time, up to the point that she is finished using the information I give her. I don't have to give a reason, and there would be no consequences for me to do this.

- I understand that I can ask for my personal information to not be used, and that whenever possible Charlotte will do this. This includes:
    - personal information from transcripts of Zoom focus groups (like my name);

video recordings from Zoom focus groups that identify me (like my picture).

- I understand that I've agreed for Charlotte to use information that does not personally identify me, and this can't be withdrawn once Charlotte has used it in the project (like ideas I have about how to design the project).

- I understand that any information recorded in the project will be kept private, and no information that identifies me (like my name, or the name of the unit I live in) will be made available to people other than Charlotte, Laura and Anna.

- I consent (agree) to taking part in Charlotte's project.

- I consent (agree) to being recorded on Zoom as part of Charlotte's project.

Name (print):	**Name of secure unit:**
Signature of Participant:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix G4: Consent Form for Adults with Parental Responsibility

Name of department: School of Applied Social Sciences
Title of the study: The effect of living in secure care on autistic young people

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my child's personal information will be used and what will happen to it (i.e. how it will be stored and for how long).
- I understand that my child's participation is voluntary and that they are free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes the following personal data:
    - my child's personal information from transcripts of focus groups;
    - video/audio recordings that identify my child.
- I understand that anonymised data (i.e. data that do not identify my child personally) cannot be withdrawn once they have been included in the study.
- I understand that any information recorded in the research will remain confidential and no information that identifies my child will be made publicly available.
- I consent to my child being a participant in the project.
- I consent to my child being recorded on Zoom/audio recorder as part of the project.

Child's name (print):	**Name of secure unit:**
Signature of Parent/Legal Guardian:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix H: Phase 1 Questions for Survey

University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

As you are aware, I am conducting a research project to find out about the effects of living in secure care on autistic young people. I am interested in how this experience can influence who they are as people, and how they see themselves (their identity). The reason for this is it is not something that many researchers have looked at in detail, and I think it would be useful to know more about this area. I am aiming to find out about the experiences of this group of young people, so that this can influence future practice.

The data for this research project will be constructed in three phases, starting with this survey. This will be followed by a Zoom focus group for young people who want to participate, to help co-design the research project.

If you require any further information, or have any questions, please do not hesitate to contact me on the number or email address above at your own convenience.

I would be grateful to receive responses to this survey to charlotte.h.wilson@strath.ac.uk by (date) if possible. You are not required to answer all of the questions if you do not wish to do so, and would not be required to give a reason for this. Thank you for your time.

Best wishes,

Charlotte Wilson
PhD Student

Q1. What is the name of the secure unit you are responding from?	
Q2. Over the course of 2020, how many young people with a diagnosis of autism spectrum condition were placed in your unit?	
Q3. How many young people with a diagnosis of autism spectrum condition are currently placed in your unit?	
Q4. Of the young people with a diagnosis currently placed in your unit, how many of those were diagnosed post-admission?	
Q5. How many young people who self-identify as autistic, but do not have a formal diagnosis, are currently placed in your unit?	

For each young person with autism spectrum condition (either diagnosed, or who has previously self-identified as such) who is currently placed in your unit, please provide the information below. This is to allow initial information letters to be individualised, to increase accessibility when inviting young people to participate in the research. Please add any additional rows as required.

First name of young person	**Communication preferences of young person**	**Staff supervision required for technology use**
		Yes/No
		Yes/No
		Yes/No

		Yes/No
		Yes/No
		Yes/No

Appendix I: Phase 2 Questions for Focus Groups

Introduction will cover how to use chat / put hand up / turn camera off / session being recorded.

I am holding this focus group to help me know the best ways to find out about your views and experiences. I've been thinking about using a diary or a scrapbook for you to tell me about this. This could be a written diary, an audio diary (voice recordings), artwork, or photographs (like a scrapbook) – or some combination of these; it would be up to you.

Q1. What do you think about using a diary / scrapbook as a way for you to tell me about your views and experiences?

Q2. I was thinking that it might be a good idea to find out about your views and experiences over a year (or less time, if you leave secure care sooner). What do you think about that?

Q3. Do you have any other suggestions about good ways for me to find out about your views and experiences?

Q4. (if favourable responses to the above questions) How often, over a year, do you think you would want to tell me about your views and experiences through the diary / scrapbook?

Q5. Would you prefer me to call this a diary or a scrapbook?

Check everyone is okay with using mobile apps for data submission

Q6. Would you prefer me to refer to you as people with autism (spectrum condition), or autistic people?

Q7. Would it be helpful to have some Zoom drop in sessions to chat about the research over the year? Would you be okay with me asking follow up questions to you about something in your diary?

Sometimes people get compensated taking part in research, e.g. to make up for how much of their time they spend taking part.

Q8. Do you think you should get some sort of compensation for taking part in the research?

If you got compensation for taking part in the research, this would need to be something that was not too expensive, and did not cause

arguments with other young people. It could be something that is shared, or is an activity, rather than an object.

Q9. Do you have any ideas on what good compensation would be?

Poll functionality will be used if required for majority vote – for all questions above.

Q10. Is there anything else you want to tell me that I should think about for the research?

Whiteboard functionality will be used for this question – this allows use of visuals and text, and can be saved as a PDF

Appendix J: Phase 3 Questions for Survey

Q1. What is the name of the secure unit you are responding from?	
Q2. Over the course of 2021, how many young people with a diagnosis of autism spectrum condition were placed in your unit?	
Q3. How many young people with a diagnosis of autism spectrum condition are currently placed in your unit?	
Q4. Of the young people with a diagnosis currently placed in your unit, how many of those were diagnosed post-admission?	
Q5. How many young people who self-identify as autistic, but do not have a formal diagnosis, are currently placed in your unit?	

For each young person with autism spectrum condition (either diagnosed, or who has previously self-identified as such) who is currently placed in your unit, please provide the information below. This is to allow initial information letters to be individualised, to increase accessibility when inviting young people to participate in the research. Please add any additional rows as required.

First name of young person	**Communication preferences of young person**	**Does the young person have capacity to consent for themselves?**	**Staff supervision required for technology use**
		Yes/No	**Yes/No**

		Yes/No	**Yes/No**
		Yes/No	**Yes/No**

Appendix K: Phase 4 Prompt Questions

The following are potential prompting questions, referred to in the application, that will be sent to young people during their period of completing the research diaries (as referred to in the application and information sheets). Their purpose is to help young people maintain momentum with making entries/contributions to their diary (or creating pictures or taking photos). They are organised under these headings of residency, rules and relationships (also referred to in the application and info sheets, with an additional section for prompts which may elicit content relevant to any of the three organising themes. They are aimed at (or informed by) themes from the literature review, including sensory and communication experiences; constructions of neurodiversity; narratives around identity; the importance of everyday experience; and the notion that secure care could be viewed as a bridging, transitional, or transformative experience. Prompting questions may also be developed from the diary data.

Appendix K: Prompt Questions – Residence

What do you remember most about your first day? What smells / sounds / sights can you remember?

What is different about here compared to where you lived before?

What do you miss from where you lived before?

What would you miss most if you left here?

Describe the unit in three words. Can you explain why you used these words?

Does it feel like a safe place here?

Does the unit make you feel anything?

Do you feel like you belong here?

Do you sense anything from different places or rooms?

If a new young person was moving in, what would they need to know?

What would you tell a new young person to help them be ready for moving in?

What would you like people to say about you when you leave?

What do you think will stay with you when you leave here?

Appendix K: Prompt Questions – Rules

What do you remember most about your first day?

Do you remember getting searched? Do you remember what you were told about why you were being searched?

Tell me about a day this week. Can you think of something that stands out strongly to do with the routines in the unit?

What about the routines here are helpful for you?

What about the routines here are unhelpful for you?

What do you think about the rules here?

How do the rules here make you feel?

Who enforces the rules here?

What are your own rules?

Do other young people have different rules to staff?

Are there things that happen that are unpredictable?

Are there rules that must happen and can never be changed?

Are there rules that can be changed?

Are there rules that you don’t understand?

Appendix K: Prompt Questions – Relationships

What do you remember most about your first day? Do you remember what the food was like?

Who are the people that you spend time with here?

How do the people here make you feel about yourself?

How do the people here change how you think about yourself?

Are there people you knew before you lived here that you miss?

Does anyone here 'get you'?

Is there a safe person here?

Do you sense anything from different people?

Are there staff who you can turn to when things are really difficult?

Are there people who help you to manage and feel better?

Are there people who help you to think things through and make sense of stuff?

Is there anyone here you used to like who you don't like now? Is there anyone here you didn't like that you do like now?

How would people describe you before you lived here? How would people describe you now?

Appendix K: Prompt Questions – That may elicit content relevant to any of the three organising themes

Tell me about a day this week. What can you remember from that day?

Tell me about something that happened this week. How did it make you feel in yourself?

What is the thing here that's had the biggest impact on you?

Tell me about something that happened this week. Did it make you think differently about yourself?

What is the thing here that's had the biggest impact on you?

How would you describe yourself?

Tell me about a day this week. How did it make you feel about yourself?

Tell me about something that happened this week. Can you remember what you thought about this?

How would you want people to describe you?

Appendix L: Phase 4 Participant Information Sheets

Appendix L1: Participant Information Sheet for Young People (text)

Name of department: School of Applied Social

Title of the study: The effect of living in secure care on autistic young people

Introduction

Charlotte Wilson is a PhD student at the University of Strathclyde. Laura Steckley and Anna Robinson are her project supervisors. Their contact details are at the end of this information sheet.

What is the purpose of this research project?

Charlotte is interested in what effect living in secure care has on autistic young people. She is interested in how this experience can influence who you are as a person, and how you see yourself (your identity). This is not something that many researchers have looked at, and she thinks it would be useful to know more about this. She wants to find out about the views and experiences of autistic young people who are living in secure care, to help change things in the future. These changes might happen after you are no longer living there.

Do I have to take part?

The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you. If you decide that you want to take part in this project, you can change your mind about this at any time.

What will I do in the project?

Charlotte would like young people to keep a diary or scrapbook to tell her about their experiences of living in secure care. To help them do this in a way that is preferred by them, this can be a written diary, an audio diary, or artwork or photographs. Charlotte would like them to do this for up to one year. During that time, Charlotte will send questions by post to each young person to help them think about what they might want to share and it's up to them which ones, if any, they want

to answer. It would be up to you how much time you spent on it. Your diary entries will be gathered into a scrapbook, and returned to you to keep at the end of the project.

Charlotte will offer three or four meetings across the year, for young people to talk about the research and what they've put in their diaries, if they want to. These might be face-to face, or they might be online. The meetings would be for about an hour, but might be shorter or longer depending on how much you want to say. The meetings would be recorded, and included in Charlotte's research.

Young people have already helped Charlotte to help design the research, by telling her about the best ways to find out about their views and experiences. She asked young people whether they should get compensated for taking part in the research, and if so, what they thought this should be. There are three parts to the research, and for each part that you take part in Charlotte will give you a £10 Amazon voucher for your time and effort. You can get up to £30 of Amazon vouchers for taking part.

Why have I been invited to take part?

Charlotte has invited all young people on the autism spectrum, who are living in secure care in Scotland, to take part in the research. Charlotte is contacting you because you are autistic, and you are living in secure care at the moment, or used to live in secure care.

What are the possible risks if I take part?

There will be no harm caused to you on purpose during this project. If you get upset during the project, Charlotte will remind you about people and services who can help you with this, like your keyworker, Social Worker, advocacy worker, or chat lines like the Samaritans, Childline, or Scottish Autism.

What information is being collected in the project?

Charlotte will collect information through:

- Face-to-face or online meetings which will be recorded.
- A choice or mixture of:
    - written diaries;

- audio diaries;
- artwork;
- photographs.

Any of these might contain personal information about you.

Who will have access to the information?

A member of staff from (name of unit) will be with you during the meetings, and when you are sending your diary or scrapbook to Charlotte. [delete if not relevant]

Apart from this, only Charlotte and her supervisors (Laura and Anna) will have access to the information you give us.

Charlotte will try very hard to keep your personal information private, for example by changing your name or the name of the secure unit you live in when she shares young people's views in her reports. There is still a small chance that you could be recognised through the words or pictures that you have used, but if Charlotte thinks this is the case then she will not use these words or pictures.

If you tell Charlotte something that makes her think you, or someone else is at serious risk of harm, then she will need to tell someone else like your keyworker or Social Worker.

Where will the information be stored and how long will it be kept for?

Information from your diaries can be given to Charlotte:

- Face-to-face (if this is allowed)
- Through the post
- Using WhatsApp

The information will be kept on One Drive (a University safe place for online information), and only accessible through a password protected computer. Media visibility (the WhatsApp functionality which automatically stores data on the device) will be switched off, and contacts will be stored under different names. Anything that you give to Charlotte, she will keep safe and give back to you at the end of the research project. The information you provide will not be kept for longer

than five years so that Charlotte can write her reports and share young people's views. It will be destroyed after that.

You can ask for access to:

- Recorded information like emails, research, and reports through the Freedom of Information (Scotland) Act 2002;
- Personal information about you through the Data Protection Act (2018), because of the General Data Protection Regulation (GDPR).

To do this, you need to make a request in writing (or another permanent form like an audio or video recording), with your name and address included for the reply, and explain what information you would like access to. If you make this request, you should be given access to this information unless it is private to other people, or it is already available another way (like if it has been published).

Thank you for reading this information. Please ask Charlotte questions if you are not sure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you want any more information please contact Charlotte on the number or email address below.

If you are happy to take part in this project, please tell (gatekeeper). You will be asked to sign a consent form. If you do not want to be involved in this project this is okay.

Charlotte would be happy to send you information about the results of her project if you want this. If the results are published in the future, your personal information (like your name) would still be kept private.

Researcher contact details:

Charlotte Wilson
University of Strathclyde

Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD Supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk
Anna Robinson, PhD
Lecturer in Autism
School of Education
University of Strathclyde
Email: anna.robinson@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee. If you have any questions or concerns, during or after the research, that you don't want to speak to Charlotte or Laura about, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix L2: Participant Information Sheet for Young People (visual)

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

This is Charlotte Wilson. She is a PhD student at the University of Strathclyde. Charlotte Wilson is a PhD student at the University of Strathclyde. Laura Steckley and Anna Robinson are her project supervisors. Their contact details are at the end of this information sheet.

What is the purpose of this research project?

Charlotte is interested in what effect living in secure care has on autistic young people. She is interested in how this experience can influence who you are as a person, and how you see yourself (your identity). This is not something that many researchers have looked at, and she thinks it would be useful to know more about this. She wants to find out about the views and experiences of autistic young people who are living in secure care, to help change things in the future. These changes might happen after you are no longer living there.

Do I have to take part?

The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you. If you decide that you want to take part in this project, you can change your mind about this at any time.

What will I do in the project?

Charlotte would like young people to keep a diary or

scrapbook to tell her about their experiences of living in secure care. To help them do this in a way that is preferred by them, this can be a written diary, an audio diary, or artwork or photographs. Charlotte would like them to do this for up to one year. During that time, Charlotte will send questions by post to each young person to help them think about what they might want to share and it's up to them which ones, if any, they want to answer. It would be up to you how much time you spent on it. Your diary entries will be gathered into a scrapbook, and returned to you to keep at the end of the project.

Charlotte will offer three or four meetings across the year, for young people to talk about the research and what they've put in their diaries, if they want to. These might be face-to face, or they might be online. The meetings would be for about an hour, but might be shorter or longer depending on how much you want to say. The meetings would be recorded, and included in Charlotte's research.

Young people have already helped Charlotte to help design the research, by telling her about the best ways to find out about their views and experiences. She asked young people whether they should get compensated for taking part in the research, and if so, what they thought this should be. There are three parts to the research, and for each part that you take part in Charlotte will give you a £10 Amazon voucher for your time and effort. You can get up to £30 of Amazon vouchers for taking part.

Why have I been invited to take part?

Charlotte has invited all young people on the autism spectrum, who are living in secure care in Scotland, to

take part in the research. Charlotte is contacting you because you are autistic, and you are living in secure care at the moment or used to live in secure care.

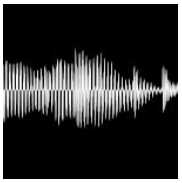
What are the possible risks if I take part?

There will be no harm caused to you on purpose during this project. If you get upset during the project, Charlotte will remind you about people and services who can help you with this, like your keyworker, Social Worker, advocacy worker, or chat lines like the Samaritans, Childline, or Scottish Autism.

What information is being collected in the project?

Charlotte will collect information through:

- Face-to-face or online meetings which will be recorded.
- A choice or mixture of:
  - written diaries;
  - audio diaries;
  - artwork;
  - photographs.



These might contain personal information about you.

Who will have access to the information?

A member of staff from (name of unit) will be with you during the meetings, and when you are sending

your diary or scrapbook to Charlotte. [delete if not relevant]

Apart from this, only Charlotte and her supervisors (Laura and Anna) will have access to the information you give us.

Charlotte will try very hard to keep your personal information private, for example by changing your name or the name of the secure unit you live in when she shares young people's views in her reports. There is still a small chance that you could be recognised through the words or pictures that you have used, but if Charlotte thinks this is the case then she will not use these words or pictures.

If you tell Charlotte something that makes her think you, or someone else is at serious risk of harm, then she will need to tell someone else like your keyworker or Social Worker.

Where will the information be stored and how long will it be kept for?

Information from your diaries can be given to Charlotte:

- Face-to-face (if this is allowed)
- Through the post
- Using WhatsApp

The information will be kept on One Drive (a University safe place for online information), and only accessible through a password protected computer. Media visibility (the WhatsApp functionality which automatically stores data on the device) will be switched off, and contacts will be stored under different names. Anything that you give to Charlotte, she will keep safe and give back to you at the end of the research project. The information you provide will

not be kept for longer than five years so that Charlotte can write her reports and share young people's views. It will be destroyed after that.

You can ask for access to:

- Recorded information like emails, research, and reports through the Freedom of Information (Scotland) Act 2002;
- Personal information about you through the Data Protection Act (2018), because of the General Data Protection Regulation (GDPR).

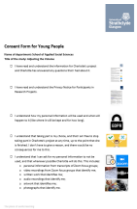
To do this, you need to make a request in writing (or another permanent form like an audio or video recording), with your name and address included for the reply, and explain what information you would like access to. If you make this request, you should be given access to this information unless it is private to other people, or it is already available another way (like if it has been published).

Thank you for reading this information. Please ask Charlotte questions if you are not sure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you want any more information please contact Charlotte on the number or email address below.



If you are happy to take part in this project, please tell (gatekeeper). You will be asked to sign a consent form. If you do not want to be involved in this project this is okay.

Charlotte would be happy to send you information about the results of her project if you want this. If the results are published in the future, your personal information (like your name) would still be kept private.

Researcher contact details:
Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD Supervisor details:
Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk

Anna Robinson, PhD
Lecturer in Autism
School of Education
University of Strathclyde
Email: anna.robinson@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee. If you have any questions or concerns, during or after the research, that you don't want to speak to Charlotte or Laura about, please contact:
Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building

50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix L3: Participant Information Sheet for Adults with Parental Responsibility who are not required to give consent

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

My name is Charlotte Wilson. I am currently a part time PhD student at the University of Strathclyde. My contact details are provided at the end of this information sheet.

What is the purpose of this research?

I am conducting a research project to find out about the effects of living in secure care on autistic young people. I am interested in how this experience can influence who they are as people, and how they see themselves (their identity). The reason is that this is not something that many researchers have looked at in detail and a better understanding of autistic young people's experiences and the effects of secure care on their identities can helpfully influence future practice. These changes to practice might happen after your child is no longer living there.

Does your child have to take part?

Please be assured that the decision for your child to take part in this study is completely voluntary and will in no way impact upon the services your child receives.

If you decide that your child can take part in this study, you or your child may change your minds about this at any time and stop participating.

What will my child do in the project?

Young people have already helped me to design the research, by telling me about the best ways I can find out about their views and experiences. I asked young people whether they should get some form of compensation for taking part in the research, and if so, what they thought this should be. There are three parts to the research, and for each part that young people take part in, they will receive a £10 Amazon

voucher. Your child can get up to £30 of Amazon vouchers for taking part.

I would like young people to keep a diary to tell me about their experiences of living in secure care. To help them do this in a way that is preferable for them, this can be a written diary, an audio diary, or artwork or photographs. This has been a good way that other researchers have found out about people's experiences in other similar research studies. I would like them to do this for up to one year and during this time, I will post questions designed to help each young person think about what they might want to share. Young people will be told they don't have to answer any questions they don't want to, and that they can tell me about things I don't ask about but are important to them. It is up to them how much time they spend taking part. The submissions for each young person will be collated into a scrapbook for each of them, and returned to them as a keepsake at the end of the project.

I will offer three or four meetings across the year, for young people to talk about the research over the year if they want to. The meetings would be for about an hour, but might be shorter or longer depending on how much young people want to say. The meetings would be recorded, and included in my research. These might be face-to face, or they might be over an online video meeting platform (depending on Covid-19 restrictions).

Why has my child been invited to take part?

I am inviting all autistic young people, who are living in secure care in Scotland, to take part in the research. I am contacting you because your child has a diagnosis of autism, or has self-identified as autistic, and is living in secure care at the moment, or recently lived in secure care. I am writing to you as the parent or guardian to make you aware of the project; your consent is not required.

What are the potential risks to my child in taking part?

There will be no intentional harm or distress caused to your child during this study. If young people become upset, for example, as a result of thinking about their experiences, they will be directed to individuals and

services who are able to provide support (for example, unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans, Childline, and Scottish Autism).

What information is being collected in the project?

I will collect information through:

- Face-to-face or online meetings which will be recorded and transcribed.
- A choice or combination of:
    - written diaries;
    - audio diaries;
    - artwork;
    - photographs.

These will contain information which is personal or identifiable to your child.

Who will have access to the information?

Only myself and my research supervisors will have access to the information I collect.

Every effort will be made to ensure confidentiality. When I share young people's views in reports, articles or presentations, I will change names in order to protect participants' privacy but it must be recognised that there is a small possibility of your child being identified through the language or visuals used**.** However I would like to reassure you that I will avoid including phrases or expressions particular to your child that might make them more easily identifiable. Equally where information is disclosed that suggests a serious risk to the participant or third parties, then I will be required to pass the information on to the relevant authorities.

Where will the information be stored and how long will it be kept for?

If young people are unable to submit their diary entries in person or through the post, WhatsApp and OneDrive will be used to allow information to be gathered electronically. WhatsApp has been chosen as it is relevant and accessible to young people, and offers end to end encryption, ensuring

that their information will be kept secure. The electronic information will be stored on the University's OneDrive for Business site, accessed through a password protected PC. Media visibility (the WhatsApp functionality which automatically stores information on the device) will be switched off, and young people's contacts will be stored under code names. The information will not be held for any longer than five years, and will be suitably destroyed after this time period.

You should also be aware of your child's right to access information under the Freedom of Information (Scotland) Act 2002 and the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (2018). The Freedom of Information (Scotland) Act 2002 allows your child to access recorded information such as emails, research or reports held by people providing services to them and associated purposes. The Data Protection Act (2018) allows your child to request personal data held about them. In order to request information their request must be submitted in writing (or another permanent form e.g. audio or video recording), with their name and address included for correspondence, and a description of the information they require. Where they request information they are entitled to be given it, unless it is confidential or available through another route e.g. if it has been published. You would not be entitled to see information held about other people if it breached data protection.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you require any further information please do not hesitate to contact me on the number or email address below at your own convenience.

I would be happy to send you information about the results of my research if you request this – you can contact me directly or let

(gatekeeper) know. Should the results be published in the future, your child's identity would continue to remain anonymous as stated above.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk
Anna Robinson, PhD
Lecturer in Autism
School of Education
University of Strathclyde
Email: anna.robinson@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow, G1 1QE
Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix L4: Participant Information Sheet for Adults with Parental Responsibility who are required to give consent

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

Introduction

My name is Charlotte Wilson. I am currently a part time PhD student at the University of Strathclyde. My contact details are provided at the end of this information sheet.

What is the purpose of this research?

I am conducting a research project to find out about the effects of living in secure care on autistic young people. I am interested in how this experience can influence who they are as people, and how they see themselves (their identity). The reason is that this is not something that many researchers have looked at in detail and a better understanding of autistic young people's experiences and the effects of secure care on their identities can helpfully influence future practice. These changes to practice might happen after your child is no longer living there.

Does your child have to take part?

Please be assured that the decision for your child to take part in this study is completely voluntary and will in no way impact upon the services your child receives.

If you decide that your child can take part in this study, you or your child may change your minds about this at any time and stop participating.

What will my child do in the project?

Young people have already helped me to design the research, by telling me about the best ways I can find out about their views and experiences. I asked young people whether they should get some form of compensation for taking part in the research, and if so, what they thought this should be. There are three parts to the research, and for each part that young people take part in, they will receive a £10 Amazon

voucher. Your child can get up to £30 of Amazon vouchers for taking part.

I would like young people to keep a diary to tell me about their experiences of living in secure care. To help them do this in a way that is preferable for them, this can be a written diary, an audio diary, or artwork or photographs. This has been a good way that other researchers have found out about people's experiences in other similar research studies. I would like them to do this for up to one year and during this time, I will post questions designed to help each young person think about what they might want to share. Young people will be told they don't have to answer any questions they don't want to, and that they can tell me about things I don't ask about but are important to them. It is up to them how much time they spend taking part. The submissions for each young person will be collated into a scrapbook for each of them, and returned to them as a keepsake at the end of the project.

I will offer three or four meetings across the year, for young people to talk about the research over the year if they want to. The meetings would be for about an hour, but might be shorter or longer depending on how much young people want to say. The meetings would be recorded, and included in my research. These might be face-to face, or they might be over an online video meeting platform (depending on Covid-19 restrictions).

Why has my child been invited to take part?

I am inviting all autistic young people, who are living in secure care in Scotland, to take part in the research. I am contacting you because your child has a diagnosis of autism, or has self-identified as autistic, and is living in secure care at the moment, or recently lived in secure care.

What are the potential risks to my child in taking part?

There will be no intentional harm or distress caused to your child during this study. If young people become upset, for example, as a result of thinking about their experiences, they will be directed to individuals and services who are able to provide support (for example, unit keyworkers,

Social Workers, advocacy workers, and independent support organisations such as the Samaritans, Childline, and Scottish Autism).

What information is being collected in the project?

I will collect information through:

- Face-to-face or online meetings which will be recorded and transcribed.
- A choice or combination of:
    - written diaries;
    - audio diaries;
    - artwork;
    - photographs.

These will contain information which is personal or identifiable to your child.

Who will have access to the information?

Only myself and my research supervisors will have access to the information I collect.

Every effort will be made to ensure confidentiality. When I share young people's views in reports, articles or presentations, I will change names in order to protect participants' privacy but it must be recognised that there is a small possibility of your child being identified through the language or visuals used**.** However I would like to reassure you that I will avoid including phrases or expressions particular to your child that might make them more easily identifiable. Equally where information is disclosed that suggests a serious risk to the participant or third parties, then I will be required to pass the information on to the relevant authorities.

Where will the information be stored and how long will it be kept for?

If young people are unable to submit their diary entries in person or through the post, WhatsApp and OneDrive will be used to allow information to be gathered electronically. WhatsApp has been chosen as it is relevant and accessible to young people, and offers end to end encryption, ensuring that their information will be kept secure. The electronic information will

be stored on the University's OneDrive for Business site, accessed through a password protected PC. Media visibility (the WhatsApp functionality which automatically stores information on the device) will be switched off, and young people's contacts will be stored under code names. The information will not be held for any longer than five years, and will be suitably destroyed after this time period.

You should also be aware of your right to access information under the Freedom of Information (Scotland) Act 2002 and the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (2018). The Freedom of Information (Scotland) Act 2002 allows you to access recorded information such as emails, research or reports held by people providing services to you and associated purposes. The Data Protection Act (2018) allows you to request personal data held about you. In order to request information your request must be submitted in writing (or another permanent form e.g. audio or video recording), with your name and address included for correspondence, and a description of the information you require. Where you request information you are entitled to be given it, unless it is confidential or available through another route e.g. if it has been published. You would not be entitled to see information held about other people if it breached data protection.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Please also read our Privacy Notice for Research Participants [provide paper copy if PIS is provided in paper format.]

What happens next?

If you require any further information please do not hesitate to contact me on the number or email address below at your own convenience.

If you are happy for your child to take part in this project, please let (gatekeeper) or myself know using the details below. You will be asked to sign a consent form to confirm this. If you do not wish your child to be involved in this project this is okay and I thank you for your attention.

I would be happy to send you information about the results of my research if you request this – you can contact me directly or let (gatekeeper) know. Should the results be published in the future, your child's identity would continue to remain anonymous as stated above.

Researcher contact details:

Charlotte Wilson
University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

PhD supervisor details:

Laura Steckley, PhD
Senior Lecturer
School of Social Work & Social Policy/CELCIS
University of Strathclyde
Telephone:
Email: laura.l.steckley@strath.ac.uk
Anna Robinson, PhD
Lecturer in Autism
School of Education
University of Strathclyde
Email: anna.robinson@strath.ac.uk

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street

Glasgow, G1 1QE

Telephone: 0141 548 3707

Email: ethics@strath.ac.uk

Appendix M: Phase 4 Consent Forms

Appendix M1: Consent Form for Young People (text)

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

- I have read and understand the information for Charlotte's project and Charlotte has answered any questions that I asked about it.
- I have had the opportunity to read the Privacy Notice for Participants in Research Projects.
- I understand how my personal information will be used and what will happen to it (like where it will be kept and for how long).
- I understand that taking part is my choice, and that I am free to stop taking part in Charlotte's project at any time, up to the point that she is finished using the information I give her. I don't have to give a reason, and there would be no consequences for me to do this.
- I understand that I can ask for my personal information to not be used, and that whenever possible Charlotte will do this. This includes:
    - personal information from transcripts of meetings (like my name);
    - video recordings from MS Teams / Zoom meetings that identify me (like my picture);
    - written work that identifies me;
    - audio recordings that identify me;
    - artwork that identifies me;
    - photographs that identify me.
- I understand that I've agreed for Charlotte to use information that does not personally identify me, and this can't be withdrawn once Charlotte has used it in the project.

- I understand that any information recorded in the project will be kept private, and no information that identifies me (like my name, or the name of the unit I live in) will be made available to people other than Charlotte, Laura and Anna (Charlotte's two supervisors).
- I consent (agree) to taking part in Charlotte's project.
- I consent (agree) to being recorded as part of Charlotte's project.

Name (print):	**Name of secure unit:**
Signature of Participant:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix M2: Consent Form for Young People (visual)

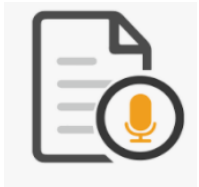
Name of department: School of Applied Social Sciences
Title of the study: The effect of living in secure care on autistic young people

- I have read and understand the information for Charlotte's project and Charlotte has answered any questions that I asked about it.

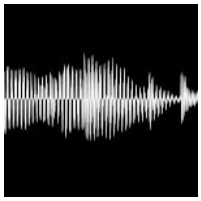
- I have had the opportunity to read the Privacy Notice for Participants in Research Projects.

- I understand how my personal information will be used and what will happen to it (like where it will be kept and for how long).

- I understand that taking part is my choice, and that I am free to stop taking part in Charlotte's project at any time, up to the point that she is finished using the information I give her. I don't have to give a reason, and there would be no consequences for me to do this.



- I understand that I can ask for my personal information to not be used, and that whenever possible Charlotte will do this. This includes:
  - personal information from transcripts of



meetings (like my name);
- video recordings from MS Teams / Zoom meetings that identify me (like my picture);
- written work that identifies me;
- audio recordings that identify me;
- artwork that identifies me;
- photographs that identify me.

- I understand that I've agreed for Charlotte to use information that does not personally identify me, and this can't be withdrawn once Charlotte has used it in the project.

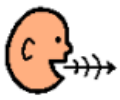
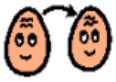
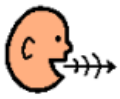
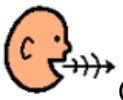
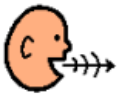
- I understand that any information recorded in the project will be kept private, and no information that identifies me (like my name, or the name of the unit I live in) will be made available to people other than Charlotte, Laura and Anna (Charlotte's two supervisors).
- I consent (agree) to taking part in Charlotte's project.

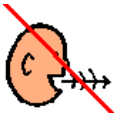
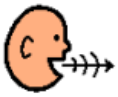
- I consent (agree) to being recorded as part of Charlotte's project.

Name (print):	**Name of secure unit:**
Signature of Participant:	**Date:**

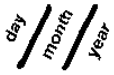
Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix M3: Agreement Form

- I understand what will happen when I speak  to Charlotte
- I know that it is my choice to meet Charlotte . If I change my mind  I can tell  staff
- I can ask  Charlotte to ignore the things I said.
- I understand that Charlotte will make sure the things I say  are kept safe

- Charlotte will not tell  people that it was me who said  these things.

- I am okay with Charlotte recording what I say. Yes / No

NAME	
DATE 	

Appendix M4: Consent Form for Adults with Parental Responsibility of Children who do not have capacity to consent for themselves

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

- I confirm that I have read and understood the Participant Information Sheet for the above project and the researcher has answered any queries to my satisfaction.
- I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my child's personal information will be used and what will happen to it (i.e. how it will be stored and for how long).
- I understand that my child's participation is voluntary and that they are free to withdraw from the project at any time, up to the point of completion, without having to give a reason and without any consequences.
- I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request. This includes the following personal data:
    - my child's personal information from transcripts of interviews;
    - video recordings that identify my child;
    - written data that identifies my child;
    - audio recordings that identify my child;
    - artwork that identifies my child;
    - photographs that identify my child.
- I understand that anonymised data (i.e. data that do not identify my child personally) cannot be withdrawn once they have been included in the study.

- I understand that any information recorded in the research will remain confidential and no information that identifies my child will be made publicly available.
- I consent on behalf of my child being a participant in the project.
- I consent on behalf of my child being audio and/or video recorded as part of the project.

Child's name (print):	**Name of secure unit:**
Signature of Parent/Legal Guardian:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix N: Phase 4 Follow up Email to Secure Units

University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

As you are aware, I am conducting a research project into how the experience of living in secure care affects the identity of young people with autism. Thank you for returning your response to the survey that I sent out previously.

To invite young people to participate in the research I now require your support:

- For each autistic young person (either diagnosed, or self-identified) who is deemed to have capacity, who is currently placed in your unit, please share with them the initial information letter, participant information sheet, consent form (there are visual and text only versions of these available for young people), and Privacy Notice for Participants in Research Projects.

- For each autistic young person (either diagnosed, or self-identified) who is deemed to lack capacity e.g. due to the presence of a learning disability, who is currently placed in your unit, please share with them the initial information letter, participant information sheet (there are visual and text only versions of these available for young people), agreement form, and Privacy Notice for Participants in Research Projects.

- For the parent/guardian of each autistic young person (either diagnosed, or self-identified) who is deemed to have capacity, who is currently placed in your unit, please share with them the initial information letter, participant information sheet v1 (no consent required version), and Privacy Notice for Participants in Research Projects.

- For the parent/guardian of each autistic young person (either diagnosed, or self-identified) who is deemed to lack capacity e.g. due to the presence of a learning disability (regardless of their age), who is currently placed in your unit, please share with them the initial information letter, participant information sheet v2 (consent required version), consent form (for adults with parental responsibility of children who do not have capacity to consent for themselves), and Privacy Notice for Participants in Research Projects.

Completed consent forms can be returned to me either by scanning and emailing to charlotte.h.wilson@strath.ac.uk, or you can WhatsApp photo of them to .

It would also be helpful if you were willing to maintain an ongoing dialogue with me over the course of the year, to share details of any further young people with a diagnosis of autism spectrum condition who are placed in your unit.

If you require any further information, or have any questions, please do not hesitate to contact me on the number or email address above at your own convenience.

Best wishes,

Charlotte Wilson
PhD Student

Appendix O: Phase 4 Interview Consent Forms

Appendix O1: Consent Form for Young People's interview (text)

Name of department: School of Applied Social Sciences

Title of the study: The effect of living in secure care on autistic young people

- I have read and understand the information for Charlotte's project and Charlotte has answered any questions that I asked about it.
- I have had the opportunity to read the Privacy Notice for Participants in Research Projects.
- I understand how my personal information will be used and what will happen to it (like where it will be kept and for how long).
- I understand that taking part is my choice, and that I am free to stop taking part in the meeting with Charlotte at any time. I don't have to give a reason, and there would be no consequences for me to do this.
- I understand that I can ask for my personal information to not be used, and that whenever possible Charlotte will do this. This includes:
    - personal information from transcripts of meetings (like my name);
    - video recordings from MS Teams / Zoom meetings that identify me (like my picture);
    - audio recordings that identify me;
- I understand that I've agreed for Charlotte to use information that does not personally identify me, and this can't be withdrawn once Charlotte has used it in the project.
- I understand that any information recorded in the meeting will be kept private, and no information that identifies me (like my name, or the name of the unit I live in) will be made available to people other than Charlotte, Laura and Anna (Charlotte's two supervisors).

- I consent (agree) to taking part in the meeting with Charlotte.
- I consent (agree) to being recorded as part of the meeting with Charlotte.

Name (print):	**Name of secure unit:**
Signature of Participant:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

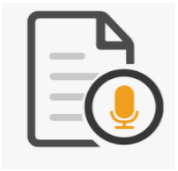
Appendix O2: Consent Form for Young People's interview (visual)

Name of department: School of Applied Social Sciences
Title of the study: The effect of living in secure care on autistic young people

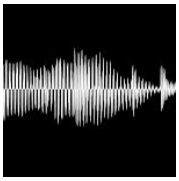
- I have read and understand the information for Charlotte's project and Charlotte has answered any questions that I asked about it.
- I have had the opportunity to read the Privacy Notice for Participants in Research Projects.

- I understand how my personal information will be used and what will happen to it (like where it will be kept and for how long).

- I understand that taking part is my choice, and that I am free to stop taking part in the meeting with Charlotte at any time. I don't have to give a reason, and there would be no consequences for me to do this.



- I understand that I can ask for my personal information to not be used, and that whenever possible Charlotte will do this. This includes:
  - personal information from transcripts of MS meetings (like my name);
  - video recordings from MS Teams / Zoom



meetings that identify me (like my picture);
- audio recordings that identify me;

- I understand that I've agreed for Charlotte to use information that does not personally identify me, and this can't be withdrawn once Charlotte has used it in the project.
- I understand that any information recorded in the meeting will be kept private, and no information that identifies me (like my name, or the name of the unit I live in) will be made available to people other than Charlotte, Laura and Anna (Charlotte's two supervisors).

- I consent (agree) to taking part in the meeting with Charlotte.
- I consent (agree) to being recorded as part of the meeting with Charlotte.

Name (print):	**Name of secure unit:**
Signature of Participant:	**Date:**

Please return this signed consent form to charlotte.h.wilson@strath.ac.uk or WhatsApp a photo of it to .

Appendix P: Phase 4 Initial Letters

Appendix P1: Initial Letter for Young Person (text)

University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

My name is Charlotte. I have worked in care for several years, mostly with young people on the autism spectrum. At the moment I work for the Care Inspectorate and I am also a student at the University of Strathclyde. I am sending you this letter because I am going to start a project that you might be interested in joining.

As part of my degree, I am doing a research project into how the experience of living in secure care affects the identity of autistic young people. This means I would like to find out about the experiences and views of young people on the autism spectrum who are living in secure care, or have lived in secure care, to help change things in the future. I would like you to keep a diary or scrapbook to tell me about your experiences of living in secure care. To help you do this in a way that is preferred by you, this can be a written diary, an audio diary, or artwork or photographs. I would like you to do this for up to one year. Your diary entries will be gathered into a scrapbook, and returned to you to keep at the end of the project.

I will offer three or four meetings across the year, for you to talk about the research if you want to. The meetings would be for about an hour, but might be shorter or longer depending on how much you want to say. The meetings would be recorded, and included in my research. The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you.

If you have any questions, or want any more information, please:

- contact me on the number above, or
- contact me on the email address above, or
- ask (gatekeeper) and they will pass on any questions to me

If you would be interested in taking part in this project please contact:

- me on the number above, or
- me on the email address above, or
- (gatekeeper)

and I can send you more information or a short video of me talking about the project.

If you read the information and are okay with taking part, please sign the consent form and either:

- give it to (gatekeeper), or
- scan and email it to me on the email address above, or
- WhatsApp a photo of it to

I look forward to hearing from you,

Charlotte Wilson

PhD student

Appendix P2: Initial Letter for Young Person (visual)

University of Strathclyde
Telephone:
Email: charlotte.h.wilson@strath.ac.uk

My name is Charlotte. I have worked in care for several years, mostly with young people on the autism spectrum. At the moment I work for the Care Inspectorate and I am also a student at the University of Strathclyde. I am sending you this letter because I am going to start a project that you might be interested in joining.

As part of my degree, I am doing a research project into how the experience of living in secure care affects the identity of autistic young people. This means I would like to find out about the experiences and views of young people on the autism spectrum who are living in secure care, to help change things in the future.

I would like you to keep a diary or scrapbook to tell me about your experiences of living in secure care. To help you do this in a way that is preferred by you, this can be a written diary, an audio diary, or artwork or photographs. I would like you to do this for up to one year. Your diary entries will be gathered into a scrapbook, and returned to you to keep at the end of the project.

I will offer three or four meetings across the year, for you to talk about the research if you want to. The meetings would be for about an hour, but might be shorter or longer depending on how much you want to say. The meetings would be recorded, and included in my research.

The decision to take part is your choice. If you don't want to take part it will not have any effect on your support. Things will be the same for you.

If you have any questions, or want any more information, please:

- contact me on the number above, or
- contact me on the email address above, or
- ask (gatekeeper) and they will pass on any questions to me

If you would be interested in taking part in this project please contact:

- me on the number above, or
- me on the email address above, or
- (name of gatekeeper)

and I can send you more information or a short video of me talking about the project.

If you read the information and are okay with taking part, please sign the consent form and either:

- give it to (gatekeeper), or
- scan and email it to me on the email address above, or
- WhatsApp a photo of it to

I look forward to hearing from you,

C Wilson

Charlotte Wilson, PhD Student

Appendix P3: Initial Letter for Parental Responsibility

Telephone:
Email: charlotte.h.wilson@strath.ac.uk

My name is Charlotte Wilson and I am writing to you to let you know about some research I am doing and to ask your consent for your child (or a child you have parental responsibility for) to take part. My research project is focused on how the experience of living in secure care affects the identity of young people on the autism spectrum. I have worked in care for around twenty years, mainly with autistic young people. At the moment I work for the Care Inspectorate and am studying part-time at the University of Strathclyde. This research project is part of my postgraduate studies there.

Young people have helped to design the research, by telling me about the best ways for them that I can find out about their views and experiences. Based on their input, I would like young people to keep a diary to tell me about their experiences of living in secure care. To help them do this in a way that is preferable for them, this can be a written diary, an audio diary, or artwork or photographs. I would like them to do this for up to one year. The submissions for each young person will be collated into a scrapbook for each of them, and returned to them as a keepsake at the end of the project.

I will offer three or four meetings across the year, for young people to talk to me about the research over the year if they want to. The meetings would be for about an hour, but might be shorter or longer depending on how much young people want to say. The meetings would be recorded, and included in my research.

The attached information sheet gives more details. Please be assured that the decision for your child to take part in this study is completely voluntary and will in no way impact upon the service they receive.

If you require any further information, please do not hesitate to contact me on the number or email address above at your own convenience. If

you've read the information and are okay with your child taking part, please complete the consent form and send either to (gatekeeper) or to me. It can be scanned and emailed, or you can WhatsApp a photo of it to .

Best wishes,

Charlotte Wilson
PhD Student

Appendix Q: Phase 3/4 University Ethics Application Form

Please answer all questions

1. Title of the investigation

The effect of living in secure care on autistic young people – phases 3 & 4

Please state the title on the PIS and Consent Form, if different:

2. Chief Investigator (must be at least a Grade 7 member of staff or equivalent)

Name: Dr Laura Steckley

☐ Professor

☐ Reader

☒ Senior Lecturer

☐ Lecturer

☐ Senior Teaching Fellow

☐ Teaching Fellow

Department: School of Social Work and Social Policy

Telephone:

E-mail: Laura.L.Steckley@strath.ac.uk

3. Other Strathclyde investigator(s)

Name: Dr Anna Robinson

Status (e.g. lecturer, post-/undergraduate): Lecturer

Department: School of Education

Telephone:

E-mail: anna.robinson@strath.ac.uk

Name: Charlotte Wilson

Status (e.g. lecturer, post-/undergraduate): PGR student

Department: Faculty of Humanities and Social Sciences

Telephone:

E-mail: charlotte.h.wilson@strath.ac.uk

4. Non-Strathclyde collaborating investigator(s) (where applicable)

Name:
Status (e.g. lecturer, post-/undergraduate):
Department/Institution:
If student(s), name of supervisor:
Telephone:
E-mail:
Please provide details for all investigators involved in the study:

5. Overseas Supervisor(s) (where applicable)

Name(s):
Status:
Department/Institution:
Telephone:
Email:
I can confirm that the local supervisor has obtained a copy of the Code of Practice: Yes ☐ No ☐
Please provide details for all supervisors involved in the study:

6. Location of the investigation

At what place(s) will the investigation be conducted:

Depending on Covid-19 restrictions in place at the time, contact will be carried out remotely (via email, Zoom / MS Teams and WhatsApp / OneDrive) or on site at:

[Redacted]

If this is not on University of Strathclyde premises, how have you satisfied yourself that adequate Health and Safety arrangements are in place to prevent injury or harm?

Depending on Covid-19 restrictions in place at the time, contact will be carried out remotely (via email, Zoom / MS Teams and WhatsApp / OneDrive) or on site. Should contact take place on site all Covid-19 mitigations (use of testing, PPE, hand sanitiser and distancing) will be adhered to, along with any limitations

enforced by the unit (e.g. no phones, keys, gum etc. to be taken into the units). The researcher has a background in residential child care which will support safe interactions with young people, and staff will be available for support if required. A transparent discussion of the context will be provided in the report.

7. Duration of the investigation

Duration(years/months): 2 years in total. This ethics application form is for phases 3 & 4 of the study, which is expected to last around 1 year. No data will be gathered for phases 3 & 4 until ethical approval has been granted.

Start date (expected): 01 / 04 / 22 Completion date (expected): 01 / 04 / 23

8. Sponsor

Please note that this is not the funder; refer to Section C and Annexes 1 and 3 of the Code of Practice for a definition and the key responsibilities of the sponsor.

Will the sponsor be the University of Strathclyde: Yes ☒ No ☐

If not, please specify who is the sponsor:

9. Funding body or proposed funding body (if applicable)

Name of funding body: Care Inspectorate (50%)

Status of proposal – if seeking funding (please click appropriate box):

☐ In preparation

☐ Submitted

☒ Accepted

Date of submission of proposal: 07 / 11 / 18 Date of start of funding: 01 / 10 / 19

10. Ethical issues

Describe the main ethical issues and how you propose to address them:

For what follows to make much sense, I thought it important to offer a brief outline of the research project. This study aims to explore the impact of secure care experiences on the identity narratives of young people with autistic spectrum condition (ASC). It plans to do this through a four phased approach, with phase 1 making use of a quantitative email survey, phase 2 employing interviews to offer an element of co-design to the participants, phase 3 seeking to repeat the quantitative email survey, and phase 4 collecting qualitative data through creative methods. At this point, phase 1 and 2 of the study were approved by the UEC on 15 December 2021 (**UEC20/83**) and have already concluded. Due to the delays experienced at phase 2 as a result of covid, consent is being sought to repeat the quantitative email survey to ensure data held is up to date. Phase 4 intends to utilise a flexible diary method to enhance accessibility, with two out of the four methods on offer being visual ones. The research design and methods will be discussed in detail under items 11 and 16 below.

The researcher has overtly and critically reflected on the ethical principles relevant to this research. This has allowed not just recognition of the ethical concerns, but an understanding that the benefits of the research outweigh any potential harm. Given that phase 4 of the research intends to use a creative, and largely visual methodology, the six categories in the Framework for conducting ethical visual research (Cox et al, 2014[5]) have been given due consideration as follows:

1.Confidentiality – protecting the privacy and anonymity of the participants and their products. The three main reasons for ensuring confidentiality are to encourage the participation of participants, to improve the honesty of their responses, and to protect their privacy. Research participants have a right to privacy and anonymity as detailed in the General Data Protection Regulation (GDPR), and as specified as a general ethical principal in the University's Code of Practice on Investigations Involving Human Beings Eighth Edition. Data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate from the confidential data. Every effort will be made to ensure confidentiality and anonymity of participants, but the limits of this will be recognised. Prior to young people's involvement, clear statements on confidentiality and anonymity will be shared with young people in the Participant Information Sheet and Consent Form (see attached). This will include a statement confirming that if they disclose information that suggests a serious risk of imminent

[5] Cox, S., Drew, S., Guillemin, M., Howell, C., Warr, D. & Waycott, J. (2014). Guidelines for ethical visual research methods. The University of Melbourne. http://vrc.org.au/guidelines-for-ethical-visual-research-methods

harm to themselves or to third parties then I may be required to pass the information on to the relevant authorities.

Whilst young people in secure care have access to technology such as smartphones and tablets to enable them to join Zoom / MS Teams meetings, many of them require to be supervised whilst using it to ensure their safety. Although there is a potential impact on their privacy here, there are also possible benefits from having a staff member present e.g. supporting to manage anxiety levels or communication, and these benefits were observed during phase 2. Potential participants will be made aware of whether they must have a staff member present for interviews before making a decision on whether to participate, and if possible will be given agency over who that staff member is. Young people who took part in phase 2 all expressed a clear preference for face-to-face meetings, over virtual ones, so interviews will be held on site if Covid-19 restrictions allow for this.

Interviews will be audio recorded, but as soon as the transcription of these is complete the recordings will be deleted. Care will be taken to ensure that participants understand that interviews are being recorded. Ethically, this is enhanced during virtual meetings by Zoom / MS Teams showing text that says 'recording.' Zoom / MS Teams provides additional features to support safe, accessible interviews, such as the ability to prevent private chat, to turn off cameras and contribute through chat, or to offer the use of closed captions. An additional ethical concern for repeated interviews is the possibility of young people becoming reliant on them as a source of support – the concern not being that young people may find the interviews supportive, but that they may come to develop a more long-term reliance on them. It will be made clear to young people at the outset the purpose and scope of the interviews, including the short-term nature of the process (short-term as compared with other relationships, but not necessarily other research designs). Other researchers have noted that young people have not always felt comfortable to speak freely in interviews due to the formalities of recording equipment, however this is mitigated in virtual interviews through the use of Zoom / MS Teams which allows a less formal recording environment and offers communication through the chat function if this is preferred.

The data collected at phase 4 will be the diary entries and interview transcriptions. Data collection, storage, and security are discussed further under item 18 below.

Confidentiality can be particularly difficult to achieve in qualitative research, due to the increased potential for people to be identified through their products, and the invasion of privacy will be a particular concern in the use of photographs and audio diaries. The impact of photographs, in particular on young people's privacy, will be explored with the research gatekeepers, with instructions that photographs will not include the faces of individuals who have not consented to participate in the research. As young people in secure care all have their own bedrooms which are locked at all times, participants will be able to keep their data submissions safe and limit the access to them by others. Whilst young people in secure care have access to technology such as smartphones and tablets, many of them require to be supervised whilst using it to ensure their safety.

2.Minimizing harm – considering the potential benefits or harm to individuals from participating in the research. Research should benefit the participants as well as the researcher, and this should be the case increasingly so for participatory research such as this, by very nature of its design. There may be direct, indirect, intrinsic, or altruistic benefits for young people in participating in research, however it is important that they understand the potential impact of the research prior to taking part and this can be difficult to convey. There will be potential benefits for young people in taking part in the research, as an opportunity to examine their developing self through creative reflection on their experiences. There is also the potential for young people to experience emotional harm, as the process of producing the images may be a difficult one. This is a particular concern given the vulnerability of the participants. Ethical concerns have been expressed regarding the potential intrusiveness of the diary method (Bryman, 2008[6]; Burgess, 1994[7]), however these concerns have been directed towards the use of time-use diaries intended to provide a detailed log of events. In this research diaries are intended to be used in a reflective manner, which offers young people flexibility on how much they share, and should mitigate this concern.

Whilst the participation of children in research does raise questions about ethics, some have argued that the ethical approval pendulum has swung too far or that the rights of children have been overlooked in this. We recognise the potential risk of upset but it must also be considered that an experience like this could be

[6] Bryman, A. (2008). Social research methods (3rd ed.). Oxford University Press.
[7] Burgess, R.G. (1994). On diaries and diary keeping. In N. Bennett, R. Glatter &, R. Levačić (Eds.), Improving educational management through research & consultancy (pp.300-311). Paul Chapman Publishing Ltd.

resilience enhancing and provide a positive thread in the young person's development, as the experience of someone is attending closely to what they have to say is known to have an ameliorative impact (Daniel et al., 2011[8]). There is the need to weigh the probability and severity of the potential for harm (i.e. becoming upset) against the possibility of benefits (i.e. of increasing confidence and sense of relief from sharing feelings and reflecting on experiences, and/or of contributing to the research and having the potential for influencing other young people's future experiences). Potential distress related to the construction of data will be mitigated in the research to prevent the upset from becoming harm. This will be done through the consideration of two routes to this distress, these being:

- Research which causes upset to participants by asking them to reflect on their experiences (e.g. if their usual coping method is a form of denial or avoidance);
- Distress which is present anyway (e.g. due to bullying), but the research highlights it.

With robust processes of informed consent, it is unlikely that young people who are not ready to relinquish their defences of denial or avoidance will choose to participate. In the case of already existing distress, steps will be taken to reduce the likelihood that participating in the research will compound it. Ongoing engagement with gatekeepers will encourage them to share appropriate information with the researcher on how young people are feeling, and whether they are in a suitable frame of mind to participate. This was found to work successfully during phase 2 of the research.

Whilst young people will be advised that if they disclose information that suggests a serious risk of imminent harm to themselves or to third parties then I may be required to pass the information on, measures will also be negotiated with participants to support young people where disclosures raise concerns about wellbeing but do not meet the threshold of serious imminent harm. As the role of the researcher will not be to provide support to young people, this will be done by directing them as appropriate during each engagement to other individuals and services who are able to provide this support e.g. unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans, Childline, and Scottish Autism. The same safeguards will be used for

[8] Daniel, B., Wassel, S., & Gilligan, R. (2011). Child development for child care and protection workers (2nd ed.). Jessica Kingsley Publishers.

young people who have moved on from the service, as well as for young people still residing in the service.

Consideration has also been given to potential harm experienced by resident young people who are not invited to participate in the research (e.g. reduced opportunity to access technology, or no access to payments or other incentives offered). Young people who are not participating in the research will have alternative opportunities to access smartphones and tablets, so will not experience detriment by way of not being involved. The matter of compensation will be addressed under item 14 below.

3.Consent – not simply to participate and have data collected, but also for this to be analysed, and potentially presented and disseminated. It will be made clear in the information sheets that there will be no detriment if young people chose not to participate. The inclusion of vulnerable young people with ASC (and potentially learning disabilities (LD)), and their capacity to consent, is addressed under item 15 below.

4.Fuzzy boundaries – the blurring of roles between researcher and participant; the purpose of the data collated; and the research itself. The role of the research, and relationship between the researcher and participants will be made clear at the outset and will be kept under review during the research project e.g. in relation to the use of interviews. Research bias can be harder to avoid during research projects of prolonged involvement such as this. The researcher will hold herself ethically accountable to the young people who are participating in the research e.g. by consulting with participants throughout the process; ensuring transparency with regards to how the data will be analysed and represented; and being receptive to any concerns or suggestions raised by participants. Research bias also will continue to be discussed in supervision. A core ethical principle is the way in which participants are viewed as partners in the production of the research, and this is evident from the engagement at phase 2 of the research project. To ensure equity of participation, other ethical related matters specific to this research such as the provision of art materials, and access to cameras, recording equipment, and the Internet, will be discussed with gatekeepers prior to the research commencing.

5.Authorship and ownership – issues of ownership relating to the participants' contributions. Careful consideration has been given to how the young people's data will be used in writing up the findings, so that they are not given a merely illustrative function. Given that the young people are understood to have

ownership of the data, using them in this way will be dependent on their consent (as detailed in item 15 below). Care will be taken to protect young people's anonymity, through the use of pseudonyms for both themselves and the secure units, however it is recognised that there are other factors that may make young people identifiable, such as the content of their data. This is further addressed under item 21 below. The data submissions for each young person will be collated into a scrapbook for each of them, and returned to them as a keepsake at the end of the project.

6.Representation and audiences – attentiveness to how participants' life stories are visually represented. It is intended to present the findings of this research in a manner that will largely allow the data to do the talking. The use of storyboards will be employed to offer a visual narrative parallel to the academic narrative. As well as offering a visual representation of the key findings of the research, the use of storyboards is intended to make the research findings accessible to the young people who participated. This is further addressed under item 20 below.

Two of the organisations detailed above under item 6 require separate ethical approval to be sought through themselves, which will be done once ethical approval from the university has been granted. The researcher has familiarised herself with their ethical guidelines.

11. Objectives of investigation (including the academic rationale and justification for the investigation) Please use plain English.

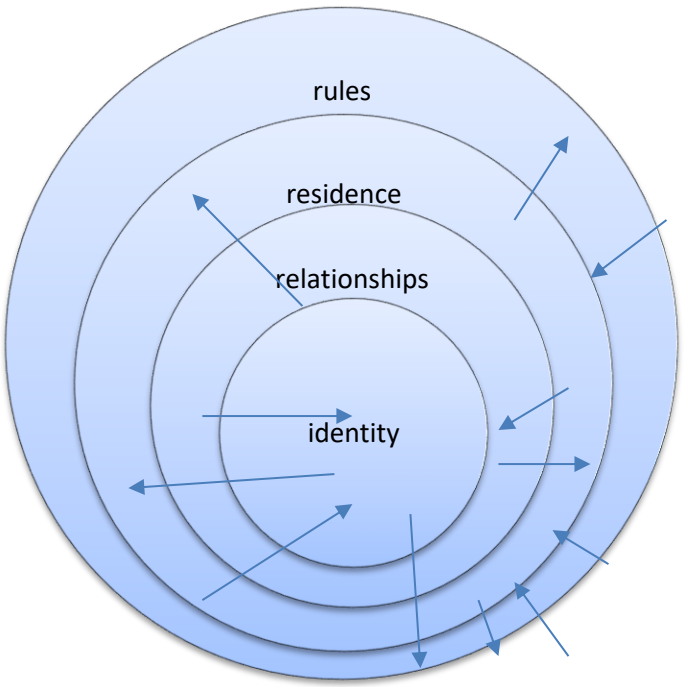
The aim of the study is to explore the impact of secure care experiences on the identity narratives of young people with ASC.

The review of associated literature has examined the neurobiological basis to the communication and sensory differences experienced by the ASC community e.g. differences in the reactive and perceptive processing of sensory information presenting as hyper or hypo-sensitivity, and individuals benefitting from an approach in which all communication methods are respected. It has explored the notion that secure care could be constructed as a bridging, transitional, or transformative experience through the provision of alternative relationships, residence (environment), and rules (policies, procedures, routines). It has observed that neurodiversity can be constructed as an integral part of an individual's identity and the literature review identified a theoretical gap in the

impact that secure care experiences have on the neurodiverse identity. Therefore, the research questions have been designed as follows:

- What impact do secure care experiences have on the identity narratives of young people with ASC?
- What role do relationships play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role does the environment (residence) play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role do the policies, procedures and routines (rules) play in the impact of secure care experiences on identity narratives of young people with ASC?

The identity dial below was created as a conceptual framework to emphasize the areas of importance for the study and relationships between them. This has informed what will be explored with participants, as it provides a structure for the interrogation of the secure care experience on their identity narratives, and will allow their experiences to be explored through the lenses of residence during the first snapshot, rules during the second snapshot, and relationships during the third snapshot.



12. Participants

Please detail the nature of the participants:

The participants are young people with autistic spectrum condition, who are living / recently lived in secure accommodation services in Scotland.

Summarise the number and age (range) of each group of participants:

Number: 10 approximately Age (range) 12-17

Please detail any inclusion/exclusion criteria and any further screening procedures to be used:

Given the focus of the research, purposive sampling will be carried out on the basis of wanting to include participants who have experiences that are of relevance to the research questions to aim for internal generalizability i.e. that the findings will be applicable to that particular group of people.

Inclusion criteria: Participants will be comprised of young people with an ASC diagnosis, or those who have previously self-identified to gatekeepers as having ASC, who are living / previously lived in secure accommodation in Scotland. Due to this being an already small population, and anticipation that 100% of young people may not participate, the entire population of young people with ASC who are living in secure accommodation in Scotland during the research period will be invited to participate, rather than a subset of the population. Young people with either diagnosed, or previously self-identified ASC, both with and without a LD, will be invited to participate. Young people who took part in phase 2 of the research will be invited (through gatekeepers) to participate, even if they have moved on from the setting meantime, as some of them expressed a keen interest in taking part. Young people with ASC living in close-support units, who previously lived in the secure units, will also be invited to participate (close-support units are often used as a transitional residence for young people leaving secure care settings).

The academic rationale for this inclusion criteria is that people with ASC are a vulnerable and hidden population in the criminal justice system, who are often not diagnosed prior to admission (Equality and Human Rights Commission, 2020[9]), and this is an attempt to address that concern. Based on what is known

[9] Equality and Human Rights Commission. (2020). *Inclusive justice: a system designed for all.* https://www.equalityhumanrights.com/sites/default/files/ehrc_inclusive_justice_a_system_designed_for_all_june_2020.pdf

about young people with ASC in secure care, it is unlikely that any of the participants will have a LD. However where they do, they will not be excluded from participating, to ensure the maximum sample size. Their capacity to consent to participate, and communication preferences, will be determined by the gatekeepers, as discussed under item 15 below.

In addition to inviting young people with ASC (diagnosed or self-identified) who are / were resident in secure care at the start of the research project, if these numbers are low it is intended that an ongoing dialogue will be maintained with the five secure centres to ensure any young people with ASC (diagnosed or self-identified) who are accommodated by them in the 12 months following the start of phase 4 of the study will also be offered the opportunity to participate.

Exclusion criteria: Young people who are living in secure care but do not have diagnosed ASC or have not previously self-identified as having ASC, will not be invited to participate. Young people with ASC (diagnosed or self-identified) who are not living (and have never lived) in secure care, will not be invited to participate.

The rolling approach to inviting additional participants throughout the year will be adjusted accordingly, depending on the number of participants, based on an awareness that a flexible approach will be required (Robson, 2011[10]). From what is known about the secure estate currently, it is anticipated that the approach planned will result in around 10 participants. However, should the number of participants at the start of the research project exceed 15, additional young people will not be invited to participate as they are admitted to the secure units, throughout the course of the year. This will ensure that the research project does not suffer from data overload, or result in the gathering of data that will not be analysed.

13. Nature of the participants

Please note that investigations governed by the Code of Practice that involve any of the types of participants listed in B1(b) must be submitted to the University Ethics Committee (UEC) rather than DEC/SEC for approval.

Do any of the participants fall into a category listed in Section B1(b) (participant considerations) applicable in this investigation?: Yes ☒ No ☐

[10] Robson, C. (2011). *Real World Research: A Resource for Users of Social Research Methods in Applied Settings*. Chichester: John Wiley & Sons Ltd.

If yes, please detail which category (and submit this application to the UEC):
Participants may fall into any of the following categories:

- are prisoners or young offenders, or are awaiting trial for a crime or offence that is relevant to the project;
- live in or are connected to an institutional environment;
- are unable to consent for themselves or have significant learning difficulties and/or serious mental health issues and/or cognitive impairment of a nature and extent that would affect their ability to give informed voluntary consent.

[The language used here has been taken directly from the University's Code of Practice on Investigations Involving Human Beings Eighth Edition, Section B: 1.2 Participant considerations]

14. Method of recruitment

Describe the method of recruitment (see section B4 of the Code of Practice), providing information on any payments, expenses or other incentives.

Using the email addresses of the registered managers for the five units, which are all publicly available on the Care Inspectorate website, I approached the secure units and informed them of the proposed research. Once ethical approval for phases 1 and 2 was granted by the university, ethical approval was sought from the units as detailed in item 10 above. Through the use of Initial Information Letters and Participant Information Sheets (see attached) it was made clear to the units that participation in the study was voluntary, and no detriment would be suffered to the service if they chose not to take part. Their consent to participate was sought. Using details from the phase 1 survey to the secure units, all young people identified as having ASC (diagnosed or self-identified) were invited to participate via the secure units, using Initial Information Letters and Participant Information Sheets. Once consent had been sought, young people were then able to participate in the phase 2 co-design sessions.
Using the details of young people from the phase 3 survey, all young people identified as having ASC (diagnosed or self-identified) will be invited to participate via the secure units, using Initial Information Letters and Participant Information Sheets (see attached). The gatekeepers at each of the units will

send the Information Letters and Participant Information Sheets. If sent electronically, these will include a short video of the researcher talking about the project. It is anticipated that the inclusion of an information video may help to improve the response rate, but importantly will also increase accessibility given the participant group and the variety of profiles across the autistic spectrum. To further enhance accessibility, the letters and information sheets will be individualised for young people, and those with parental responsibility. Two versions of Participant Information Sheets will be used for those with parental responsibility:

- Version 1 – for those with parental responsibility of young people under the age of 16, or over the age of 16 who are not deemed to have the capacity to give consent (as determined by gatekeepers and based on a diagnosis of a LD);
- Version 2 - for those with parental responsibility of young people over the age of 16 who are deemed to have the capacity to give consent.

This will be discussed in more detail under item 15 below.

Whilst some information to inform the individualisation of Participant Information Sheets was gathered through the phase 1 survey (and will have gathered at phase 3 – the repeat of the survey), this has been (and will be) developed further through engagement with the gatekeepers to ensure that both young people and those with parental responsibility receive the correct versions. For young people, the letters use simple language and short sentences, written in a 'Social Story style,' accompanied with a personal approach. Additional detail, such as whether or not young people will be accompanied to interviews by staff, will be included. A visual option will be made available, with the language reinforced with photographs and pictures to support a range of communication styles. The letters clearly state that participation in the study is completely voluntary and will not impact on services received.

An ongoing dialogue will be maintained with the five secure centres to ensure any young people with ASC (diagnosed or self-identified) who are accommodated by them in the following year will be offered the opportunity to participate in the research project, adhering to the same recruitment procedures as above.

Consideration has been given to offering payments or incentives to participants as a reasonable and proportionate reimbursement for their time, whilst weighing this

against the ethical implications for resident young people who are not invited to participate and therefore cannot access the incentive. This was explored with young people at the co-design stage to identify a suitable incentive, whilst carefully managing their expectations to specify that there will be a limited budget, and that the incentive cannot be something which causes conflict with other resident young people. It was agreed that the incentive will be in the form of Amazon vouchers; £10 for each 'snapshot' they take part in (meaning a total of £30 per head). At the end of the year each young person will be presented with a certificate/thank you letter for taking part, along with a collated scrapbook of all of their data submissions for them to keep. The provision of prompts via post may also be experienced as rewarding by participants.

15. Participant consent

Please state the groups from whom consent/assent will be sought (please refer to the Guidance Document). The PIS and Consent Form(s) to be used should be attached to this application form.

For consent to be informed, participants must be aware of what will or may occur during the research and be able to understand what this means. Capacity to consent is often related to whether or not children are 'Gillick competent' i.e. whether they are defined as capable of consenting to medical treatment or decisions about their care. Critical disability studies and critical autism studies have sought to change the narrative from a deficit model to offer more positive interpretations of neurodiverse people's knowledge, skills and experiences. Approaches to consent employed with very young children (Arnott et al, 2020[11]) are also of relevance to consider e.g. the use of an information video, narrative supported with visuals, or 'behavioural' consent for non-verbal children.

To ensure informed consent I will advise the participants on what will or may occur during the research process, how to withdraw, and offer support to understand what this means. This will mean providing clear information that is relevant for young people's understanding in order for them to make an informed decision about their involvement, including simple language, short sentences,

[11] Arnott, L., Martinez-Lejarreta, L., Wall, K., Blaisdell, C. & Palaiologou, I. (2020). Reflecting on three creative approaches to informed consent with children under six. *British Educational Research Journal, 46*(4), 786-810.

photographs and pictures to support a range of communication styles and enhance accessibility (see attached Consent Forms for young people) accompanied with a personal approach.

To enhance accessibility, the consent forms will be individualised for young people (as detailed for the information letters and sheets in section 14 above), and those with parental responsibility. I will put processes in place to support young people experiencing their decision of whether or not to take part as voluntary and free from coercion, and this will be discussed with gatekeepers as outlined under item 14 above.

Due to the age and developmental range of the group, combined with the fact that the young people are 'looked after,' a two-pronged approach to consent will be used:

- For young people who are deemed to have the capacity to give consent, the young people's own consent will be sought, and those with parental responsibilities i.e. parents or Social Workers will be advised of the research project through an information sheet (see attached consent form for young people, and information sheet for parents v1).
- For young people who are not deemed to have the capacity to give consent (as determined by gatekeepers, based on a diagnosis of a LD, and informed by the initial survey), consent will be sought from those with parental responsibilities i.e. from parents or Social Workers, in addition to the young people's own agreement (see attached agreement form for young people, information sheet for parents v2 and consent form for those with parental responsibility). The Boardmaker programme that I have used to create the symbols in the agreement form is used extensively across education and social care settings, and therefore likely to be a communication tool young people with LDs are familiar with.

I will discuss the Ethics Committee's understanding of the legal definition of consent with each gatekeeper so that it informs the gatekeepers' assessments of capacity for the purpose of this process.

Additionally, consent to participate in each interview will be sought from each young person prior to every interview (see attached consent form for young people interview, and agreement form for young people). Please note that as the

term ‘interview’ holds a negative, law-enforcement connotation this term has deliberately been avoided in the information sheets and consent forms.

I have a career background of 20 years that has centred around supporting young people with a range of neurodiversities including LDs and those who were not deemed to be ‘Gillick competent’. I am experienced in using a variety of augmentative and alternative communication tools and in using a total communication approach such as utilising Intensive Interaction to engage with young people in a variety of alternative ways. Whilst it is unlikely that a young person with a LD would be placed in a secure unit, the flexibility built into the planned methodology should mean that the research is accessible to any participant, including those with LDs or who do not have capacity to consent for themselves.

To employ a more relational model of consent seeking, a staged or stepped approach to consent will be utilised to allow young people to participate on an individualised basis e.g. by sharing their diaries for analysis but not for presentation, and returning them to young people collated as a keepsake once analysed. This will allow them to retain ownership of the diaries. In addition, it will be important to operate under the notion of assent and on-going consent (i.e. that young people are accepting their involvement but can bring an end to this at any point if they choose to do so, including through their behaviour rather than verbally if this is their preferred communication style). This is of particular importance for any young people with LDs or those who do not communicate verbally. Respondent validation will be sought (as detailed under item 16 below) and this is also regarded as good practice for consent.

Every effort will be made to ensure confidentiality and anonymity, but the limits of this will be recognised. Confidentiality is particularly difficult to achieve in qualitative research, due to the possibility of people being identified through data. Assurance will be offered to participants that the inclusion of phrases or images particular to individuals that might make them more easily identifiable will be avoided. Prior to undertaking the research clear statements on confidentiality and anonymity will be shared with the participants. These will include a statement confirming that if they disclose information that suggests a serious risk of imminent harm to participants or third parties then I will be required to pass the information on to the relevant authorities.

The above factors will ensure compliance with the University's Code of Practice on Investigations Involving Human Beings Eighth Edition.

16. Methodology

Investigations governed by the Code of Practice which involve any of the types of projects listed in B1(a) must be submitted to the University Ethics Committee rather than DEC/SEC for approval.

Are any of the categories mentioned in the Code of Practice Section B1(a) (project considerations) applicable in this investigation? ☐ Yes ☒ No

If 'yes' please detail:

Describe the research methodology and procedure, providing a timeline of activities where possible. Please use plain English.

The data is being constructed over four phases. This ethical approval form addresses phases 3 and 4 only, as phase 1 and 2 were approved on 15 December 2021 (**UEC20/83**), and have already concluded.

Phase 1 - a quantitative phase through the use of an email survey to gather statistics on the number of young people with diagnosed ASC or those who self-identify as having ASC (with or without a LD) currently living in secure care in Scotland. As well as providing a reliable measure of data, and offering an opportunity for initial engagement and negotiation with gatekeepers, it has informed the later phases of the research in terms of understanding the sample size of participants, and being sighted on young people's communication preferences.

Phase 2 - the second phase of the research was delivered through the use of qualitative methods, with virtual focus groups being provided to add an element of co-design and inform the developing methodology. A flexible approach was used to allow participants control over the participation and their stories, meaning methods were more likely to be comfortable and preferred by participants. Robson (2011)[3] advises of the benefits of more flexible methods in being of bespoke design to answer the research questions and being responsive to the data construction phase.

Phase 3 - a quantitative phase through the use of an email survey to gather updated statistics a year later on the number of young people with diagnosed ASC or those who self-identify as having ASC (with or without a LD) currently

living in secure care in Scotland. As well as providing a reliable measure of data, and offering an opportunity for engagement and negotiation with gatekeepers, it will inform the later phases of the research in terms of understanding the sample size of participants, and being sighted on young people's communication preferences.

Phase 4 – the final phase of the research intends to offer engagement through four variations of a diary method depending on young people's cognitive style to enhance accessibility. It is anticipated that this will be conducted over the course of one year, with prompt questions (see attached indicative questions) issued iteratively by post over the course of the year, accompanied by triannual 'snapshot' semi-structured interviews. Each snapshot will focus separately on the three themes of residence, rules and relationships. Young people's views were sought on this, and their preferences and ideas have been used to inform the methodology. The methodology, and approach to sharing questions with young people and receiving data submissions, has also been discussed with gatekeepers.

Participatory research aims to create knowledge collectively through a relational approach to research, and ongoing learning, reflection and action in a cyclical manner. This is achieved by involving the people whose experiences are central to the research in decision making around the research questions, data construction methods, analysis of data, and dissemination of the research. Participatory research with children has gained traction alongside the progressively strong articulation of the human rights agenda, with children being increasingly seen as actors in their own lives in contemporary conceptualisations of childhood. It recognises children as competent beings who experience life within wider societal and cultural structures. Those societal and cultural structures are framed within this research as relationships, residence, and rules. There have been similar developments in the involvement of people with ASC in the creation of research, and implementation of its findings, using participatory methods. In this research, an element of co-design has been used to explore with the participants in a participatory manner the best ways to find out about their views and experiences. Aside from promoting a democratic, social justice model, participatory research provides added value due to the presence of participants' voices, providing this is not done in a tokenistic manner.

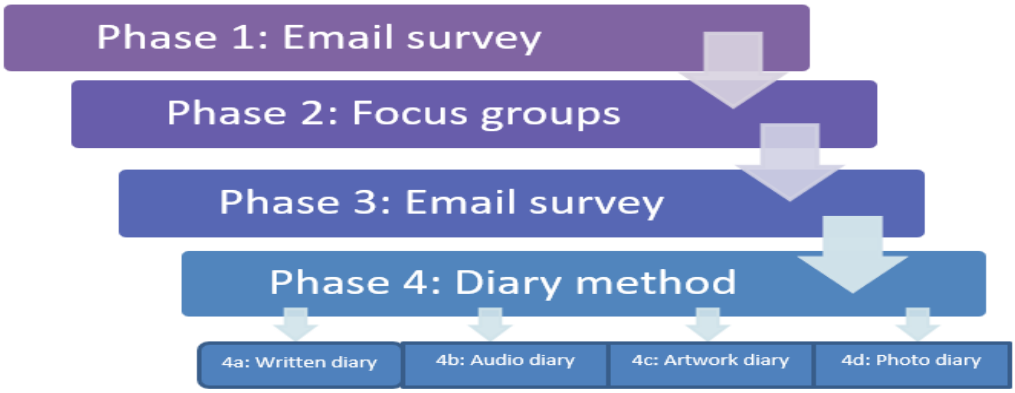
Creative methods have been increasingly used in both care and secure care settings in recent years to enhance the presence of young people's voices. Creative and mixed methods will be employed in this research, to support with capturing the 'breadth and depth of phenomena.' The methods that will be employed have been designed to cater to the three ASC cognitive types (visual, verbal, and pattern thinkers) defined by Grandin (2009). During the co-design stage, some young people described how they couldn't read or write, but liked taking photographs or drawing. Other young people told me that they liked writing, or creating artwork. Mixed methods research prioritises the search for the answer to the research questions above epistemology or methodology, breaking down research barriers to employ both quantitative and qualitative methods (Robson, 2011). However, the term may also be used to describe research that gathers data through more than one approach, by employing more than one quantitative or qualitative method. This offers benefits of allowing us to view the world through different lenses, providing increased depth and breadth of data. There has been a recent interest in increasing the range of arts-based creative research opportunities, and these can be seen to intersect with mixed methods research in a number of ways, including in their objective to explore social phenomena in a detailed manner, capturing the 'multiplicity and complexity' of the human experience. There are additional benefits in employing a variety of methods as the differing sensory information offers a richer perspective.

There will be a particular focus on visual methods in this research as these are especially helpful in metaphorically making the invisible visible and may be more indicative of experiences than traditional interviews. Additionally, the use of imagery provides a powerful communication tool that allows us to access abstract phenomena through new ways of seeing or knowing information. There has been a significant focus on visual processing in ASC culture, particularly due to the additional processing time afforded by the study's design, which may enhance communication and involvement. Culture has been given ever increasing recognition within the field of social science, and visual images are central to our interpretation and construction of this. In today's online virtual society, visual data is given more weight than ever before as a valid method of communication. Visual data can provide access to different information than other methods; adjust the voice of the research; and enable others to have a broader understanding of the experience of those being researched. As experiences occur to the self on multiple

dimensions, it is not always possible to display all levels of this through language alone so methods which allow the use of the hands and body as well as the mind are of benefit in reflecting this whole body experience.

What specific techniques will be employed and what exactly is asked of the participants? Please identify any non-validated scale or measure and include any scale and measures charts as an Appendix to this application. Please include questionnaires, interview schedules or any other non-standardised method of data collection as appendices to this application.

The methods of data gathering have been informed by the participatory methodology as outlined above. The data will be gathered in a staged approach, with a planned quantitative phase to gather initial data, and a further qualitative phase which is informed by this data. The phases planned, and associated methods, are illustrated in the figure below followed by detailed descriptions of phases 3 and 4.



Phase 3: Establishing a new baseline

Through a survey distributed via email to the registered managers of all five Scottish providers of secure accommodation services, the following information will be sought:

- statistics on the number of young people with diagnosed ASC (with or without a LD) currently living in secure care in Scotland.
- statistics on the number of young people who have self-identified as ASC but are not formally diagnosed (with or without a LD) currently living in secure care in Scotland.

Method 3: survey

The use of a survey method will allow the researcher to gather an updated reliable measure of data and then analyse this information to extract patterns and make comparisons e.g. against secondary material and the survey completed in the previous year, to consider if prevalence and admission rates of young people with ASC in Scottish secure care units align with national averages, or if they are a hidden population as suggested by the literature. It will also provide an opportunity to negotiate with gatekeepers and to highlight the benefits of the research to each of the units, mitigating some of the potential access difficulties.

Surveys offer a quick, cheap way to construct large quantities of data in a way that is convenient for participants. The inclusion of all five secure units will maximise the amount of data constructed to provide useful statistical information. Email surveys have been chosen to be suitable for this research due to the restrictions on physical contact of the time related to Covid-19, and the fact that registered manager's email addresses are all publicly available on the Care Inspectorate website. The disadvantages of surveys such as the inability to prompt, probe, construct additional data, or ask multiple, detailed questions are mitigated here by surveys only being used as part of a mixed methods approach. Consideration has been given to the form of questions used in order to ensure they are easily understood and answerable with the aim of increasing the response rate e.g. keeping the survey short, with primarily closed questions with an intuitive design (see attached questions for survey). This is particularly important given the additional demands placed on care services during the Covid-19 pandemic. The survey enjoyed a 100% response rate at phase 1.

Phase 4: Diary method

Over the course of one year, young people with an ASC diagnosis living in secure accommodation / who previously lived in secure accommodation in Scotland will be asked to keep a diary or scrapbook. This will allow them to narrate their experiences. Research diaries are usually employed for an agreed timeframe, and in this case, a year has been chosen to capture impacts of residence, rules and relationships generally, and on identity narratives, over time. Dependant on the number of participants, and to avoid data overwhelm, it is anticipated that diary entries will be supported with a maximum of three snapshot semi-structured interviews, where research participants will have the opportunity to discuss content from their diaries with the researcher.

As discussed with young people during phase 2 of this research study, prompt questions will be provided to them to support their diary entries. The prompt questions will be sent to young people through the post regularly, so that they are not overwhelmed with trying to process lots of questions at the same time (see attached indicative questions that have been drafted in the context of residence, rules, and relationships). Prompts will be adapted as the research progresses to suit individual young people. ASC processing has been considered in the drafting of the questions e.g. in using comparisons to make the questions more concrete. To offer further individualisation, I will meet with each young person near the start of the research project to establish the best approach for providing prompts e.g. supporting them with visuals. Young people will be advised that they do not have to use the questions as provided.

Consideration has been given to the triangulation of data through involving staff as participants, however given the focus of this research is on the impact of experiences on young people's identity narratives, and the recognition that people with ASC are the only true experts on their own lives, this has not been deemed appropriate as it would only serve to take young people's voice away from them as well as minimise the participatory and phenomenological aspects of the study.

To account for the three ASC cognitive types referred to above, participants will be offered a choice of methods through which to keep their diary and participate in the research. They will be able to choose the media that they feel most comfortable with e.g. written, audio, or artwork / photo diary / scrapbook, and thereby participate visually, linguistically, or through the use of pattern. These four methods will each be discussed in turn below. This will give the participants control over the participation and their stories, meaning the methods are likely to be more comfortable and preferred by participants. As communication is greater than just an exchange of giving and receiving information, a further benefit of this is being able to analyse the full picture of young people's communication, rather than just the verbal content. This is deemed important given the neurobiological basis to the communication and sensory differences experienced by the ASC community, as referred to in item 11 above.

It feels important to give the phenomena an opportunity to speak to us, in the same way that artists and poets enable this through their work. In this context, backing up the content of the diaries with verbal interviews feels, on the one

hand, tokenistic, as though it being done to satisfy some societal or academic requirement rather than the needs of people participating in the research or indeed the research itself. On the other hand, in recognition that some people with ASC may be verbal thinkers, and to allow for triangulation and offer further clarity and reflection on the creation of meaning, participants will be offered the opportunity to support their visual submissions with written or spoken words as detailed below. Some young people may value the interaction related to their submissions. The interviews will be included to offer an interactive element and provide young people with the opportunity to 'check in,' or expand upon their story if they wish to do so. This is intended to be supportive in allowing for a dialogue to probe young people's submissions, and in helping to theorise so that important data is not missed. It will be made clear to participants in advance that interviews will be recorded, and that they are not being offered as a support group, but are in place to seek young people's experiences.

Where young people choose not to engage with this form of articulation, no less weight will be given to their data. This feels important, in order to avoid decreasing the validity of the communicative power of the visual method.

Semi-structured interviews will be offered on a triannual basis, throughout the course of the research project, to support with verbal clarity and reflection. The prompt questions (see attached) may be used during these meetings to prompt reflection and episodic memory. The researcher will continue to engage with young people in the research once they have left secure care (i.e. to continue receiving their diary entries and carry out remaining interviews), but only if the gatekeeper deems this appropriate and the young person agrees to this.

Method 4a: written diary

The diary method is often seen as the poor relation of methodology, as researchers generally default to using interviews or surveys. However it can let researchers into places they wouldn't otherwise access, allows them to see and hear the person as a whole, and gives participants a lot of control over what and how they share. It can also support the construction of sensitive data if participants feel uncomfortable talking to a researcher, which has relevance for this project. Other researchers have noted concerns about the written diary method being dependant on young people's literacy skills, however this is mitigated for in this research by allowing for audio or visual diaries, as will be discussed below. Others have used diaries as part of mixed methods research

(Bartlett, 2012[12]), with young people (Bagnoli, 2004[13]), and the ASC community to explore identity narratives (Ridout, 2017[14]). They have found this method enhanced accessibility for people with ASC, and increased young people's participation, allowing them to guide the direction of the research and providing access to data that would have been otherwise difficult to gather.

Method 4b: audio diary

Consideration was initially given to the use of video diaries, as these have been utilised by others along similar themes to this research. However due to concerns about the quantity of data, and confidentiality issues, the decision was made to employ the use of audio diaries instead. Audio diaries are becoming more widely used in the social sciences due to their accessibility for participants, convenience of use, and ability to capture phenomena unfolding. They can be particularly useful in offering an advanced level of reflection, due to the ability for participants to speak freely and not feel under pressure to respond. They are supportive in accessing data that may otherwise be difficult to access, and to record both sensitive and private experiences, all of which is relevant to my research project. Other researchers have used audio diaries to seek the reflections and lived experiences of people with disabilities (Metatla et al, 2015[15]) and children (Mupambireyi and Bernays, 2018[16]), including of their experiences of care (Bartlett, 2012[8]). They have found these to offer a method which allows young people to express reflections, emotions, and provides useful access to their experiences.

Method 4c: artwork diary / scrapbook

Visual methodologies have largely focused on the use of photography as will be described below, with participant-produced drawing being seen as a lesser method often due to concerns about drawing ability and anxieties about analysis. However, this can be mitigated with assurances about supporting the visual with discussion, or through the use of collage as an alternate form of artwork. These

[12] Bartlett, R. (2012). Modifying the diary interview method to research the lives of people with dementia. Qualitative Health Research, 22(12), 1717-1726. https://doi.org/10.1177/1049732312462240
[13] Bagnoli, A. (2004). Researching identities with multi-method autobiographies. Sociological Research Online, 9(2). https://doi-org/10.5153/sro.909
[14] Ridout, S. (2017). The autistic voice and creative methodologies. Qualitative Research Journal, 17(1), 52-64. https://doi.org/10.1108/QRJ-07-2016-0046
[15] Metatla, O., Bryan-Kinns, N., Stockman, T. & Martin, F. (2015). Designing with and for people living with visual impairments: Audio-tactile mock-ups, audio diaries and participatory prototyping. CoDesign, 11(1), 35-48. https://doi.org/10.1080/15710882.2015.1007877
[16] Mupambireyi, Z, & Bernays, S. (2018). Reflections on the use of audio diaries to access young people's lived experiences of HIV in Zimbabwe. Qualitative Health Research, 29(5), 680-692. https://doi.org/10.1177/1049732318780684

concerns are assuaged for this research as a flexible approach will be presented which offers a variety of participatory options depending on what young people feel most comfortable with. Participant-produced drawings are most commonly used as part of a mixed methods approach e.g. in reflective logs as intended here. Unstructured approaches to participant-produced drawings, such as the approach that is planned to be employed, are the most common approach to this, and offer the most empowering approach to participants. Participant-produced drawing can be both time-intensive and costly due to materials required. However, as it is anticipated that art materials will be provided by the secure units, and the artwork will be carried out remotely, this will not impact on the research. Further, prompts will be sent throughout the data collection period, to support participants should they prefer added structure; they will be advised that they do not have to answer the prompts should they prefer not to.

Other researchers have found that the use of drawings as a research tool supports the development of trust and engagement; enables the communication of matters that participants are not otherwise willing or able to communicate verbally; offers a vehicle for the expression of strong feelings about young people's experiences in a manner that contains their feelings and opinions; is responsive to the narratives of participants; and enables marginalised voices to contribute to the creation of narratives and influence change. Others have used artwork in similar research to this, e.g. in research with adolescents with ASC (Burdick, 2011[17]), and to explore young people's identities (Thomson and Hall, 2008[18]). They have found that art functioned as a visual text through which to communicate with the world, and supported the expression of young people's multiple, developing, social identities. Punch (2002[19]) noted anxieties among older children in relation to their drawing ability, and some misinterpretation of images produced. A collaborative inquiry approach will support in mitigating concerns about interpretation of images, as participants will be asked to interpret the images either verbally or in written format.

Drawing as a method is supportive of the methodological stance, as art work is both a visual product and produces meaning. The benefits of using drawing as a

[17] Burdick, C. (2011). Old broken crayons: Adolescent artists with autism in art education. Unpublished PhD thesis, Syracuse University.
[18] Thomson, P. & Hall, C. (2008). Dialogues with artists. In P. Thomson (Ed.), Doing visual research with children and young people (pp.146-163). Routledge. https://doi.org/10.4324/9780203870525
[19] Punch, S. (2002). Research with children: The same or different from research with adults? Childhood, 9(3), 321–341. https://doi.org/10.1177/0907568202009003005

method are to give participants a voice through which to narrate their lived experiences; provide access to emotional knowledge; enable a more affective response; support access to difficult topics; and address research power dynamics. Recent years have shown increasing productions of art from the ASC community, which provides further rationale for the use of this method, and artists with ASC have been seen to construct their identity narratives through engagement with art, with the concept of the self as a story better supporting our understanding of the differences between ASC and predominant neurotype neurobiology.

Method 4d: photo diary / scrapbook

Many previous studies in restricted settings have employed a visual methodology, and photo-diaries have been used previously as a 'youth-centred method' with young people (Fassetta, 2016[20]) with both care experience (Vaswani, 2018[21]) and disabilities (Kaplan, 2008[22]). Researchers have noted its use as a tool for engaging young people as active participants in research, due to the level of creativity and flexibility it offers and the fact that it does not rely on ability. However, concerns have been noted about the accessibility of participation for young people whose movement is restricted as this may limit access to taking and collating photographs. Others have recognised that photo-elicitation is both a time-consuming and expensive method, due to the support young people require to take and develop photographs. The aim is to mitigate these factors by providing a range of methods for young people to participate, and providing increased access to technology to circumnavigate the need to develop photographs. It has been recommended that written or audio annotation of photographs be used to support the narrative and aid later analysis. This will be made available in this research through the provision of a mixed methods approach, which will enable young people to interpret their own photographs. This ethical approval form intends to address phases 3 and 4. Phases 1 and 2 have already concluded, following previous ethical approval.

[20] Fassetta, G. (2016). Using photography in research with young migrants: Addressing questions of visibility, movement and personal spaces. Children's Geographies, 14(6), 701-715. https://doi.org/10.1080/14733285.2016.1190811

[21] Vaswani, N. (2018). Learning from failure: Are practitioner researchers the answer when conducting research on sensitive topics with vulnerable children and young people? International Journal of Social Research Methodology, 21(4), 499-512. https://doi.org/10.1080/13645579.2018.1434866

[22] Kaplan, I. (2008). Being 'seen' being 'heard': Engaging with students on the margins of education through participatory photography. In P. Thomson (Ed.), Doing visual research with children and young people (pp.175-191). Routledge. https://doi.org/10.4324/9780203870525

Where an independent reviewer is not used, then the UEC, DEC or SEC reserves the right to scrutinise the methodology. Has this methodology been subject to independent scrutiny? Yes ☐ No ☒

If yes, please provide the name and contact details of the independent reviewer:

17. Previous experience of the investigator(s) with the procedures involved. Experience should demonstrate an ability to carry out the proposed research in accordance with the written methodology.

The researcher has a career background of 20 years that has centred around supporting young people with ASC and other neurodiversity in residential childcare settings and has been immersed in reflective practice and awareness of the impact of their own emotional and subjective reactions. This means that the researcher will be able to undertake physical activity, self-care, and make use of supervision to mitigate the effects of vicarious trauma by having a boundary of self without over-identification.

Additionally, the researcher has a good understanding of the discourses of residential childcare and the legislation surrounding this from both her time working in the sector and completing the MSc in Advanced Residential Child Care. The researcher completed research with young people with disabilities including ASC as part of her Masters dissertation. This required the use of a variety of augmentative and alternative communication tools, at which the researcher is well practiced in the use of, deployed through semi-structured interviews. The researcher has reflected upon this methodology and made an informed choice to employ an enhanced participatory approach in this research. From the review of the literature, the researcher has developed a good understanding of research methods, designs and techniques, and issues of consent and ethics.

Robson (2011)[3] suggests that to undertake research of a flexible design, the researcher is required to have an enquiring mind; good listening skills; the ability to be responsive and flexible; a solid theoretical grounding of the issues; and a commitment to managing their potential bias. For reasons explored throughout this ethics application form it is believed that the researcher does possess these qualities.

The supervisors of the research project have experience of supporting both undergraduates and postgraduates in their research and are familiar with the areas of specialism being explored by this research project. The supervisor/PI has experience of carrying out qualitative research on sensitive subjects with adults and children, including young people in secure accommodation, as well as supervising student research on the same. The supervisor with expertise in the field of research with people with ASC has provided feedback on the variety of information sheets and consent forms that have been developed for use with young people.

Reflective practice has been utilised to support the developing sense of the researcher understanding their self, and of their own identity. Consideration has been given to the researcher's own identification as neurodivergent; their experiences of working in residential child care settings; their adolescent experiences and how under different circumstances these could have led to a secure care experience; and how this particular combination of experiences may impact upon the meanings made of the data. Due to the researcher's understanding of ASC culture, they are potentially in a better position than other predominant neurotype researchers to both read the young people's data and present it in a way which will be accessible to the ASC community, thus reducing the risk of elements being 'lost in translation.' However, given the researcher's professional background and knowledge, caution will be applied to ensure that the experiences of less articulate people will both be heard and valued. The researcher has a strong interest in art, at one point previously even giving consideration to attending art school, and therefore feels sufficiently equipped to be able to analyse any visual data constructed.

18. Data collection, storage and security

How and where are data handled? Please specify whether it will be fully anonymous (i.e. the identity unknown even to the researchers) or pseudo-anonymised (i.e. the raw data is anonymised and given a code name, with the key for code names being stored in a separate location from the raw data) - if neither please justify.

If Covid-19 restrictions mean that site visits are not possible, and young people do not wish to submit their data through the post, Zoom / MS Teams and WhatsApp

/ OneDrive will be used to allow data to be gathered electronically. WhatsApp has been chosen as it is relevant and accessible to young people and offers end to end encryption, ensuring that data will be kept secure. The researcher has set up a WhatsApp account that is separate to her personal one, installed this on a password protected PC (and encrypted phone) and has set up two-step verification which means that it cannot be installed on another device without the use of a 6 digit PIN. Media visibility (functionality which automatically stores data on the device), 'last seen' status, and read receipts have all been turned off. When data is received it will be transferred to the University's OneDrive for Business site, and then deleted from WhatsApp. This WhatsApp account will be deleted once the research project has concluded. The inclusion of WhatsApp for data collection or other research purposes has been deemed acceptable by the University's Information Security Team from a data security standpoint.

The data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate from the confidential data. They will be kept in a separate, password-protected file, on the University's One Drive for Business site

Young people will be asked to use a voice recorder app, which is free and easy to install if they wish to use audio diaries, or to take photographs of any written diary entries or artwork. Both voice notes and photos are easy to share directly with the intended recipient over WhatsApp.

This method of data collection will not only allow young people to retain the original product (i.e. written work, audio recording, artwork or photograph) as the 'owner' of it, but will also reduce the need for physical contact as required by the restrictions brought in as a result of the Covid-19 pandemic. The data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate (in a locked filing cabinet) from the confidential data.

A robust data storage system will protect the authenticity of the research. A data management plan has been prepared to outline how the data will be handled both during and after the research project, with the aim of ensuring data is well managed and an audit trail maintained. This has given due consideration to all aspects of data management, including the collection and storage of data; the generation of metadata; and the analysis and preservation of data. It evidences accountability, as detailed in Article 5(2) of the GDPR, and is of benefit in ensuring the integrity of the research, and compliance with the University's Research Code

of Practice, in addition to the factors discussed above. The data management plan has been approved by the University's Research and Knowledge Exchange Services team, and a copy can be made available to the committee if required.

Explain how and where it will be stored, who has access to it, how long it will be stored and whether it will be securely destroyed after use:

To ensure compliance with the University's Data Protection Policy, the electronic data will be stored on the University's OneDrive for Business site, accessed through a password protected PC. Young people's contacts will be stored under coded pseudonyms, and the key which identifies participants will be stored separately in a password-protected file, on the University's OneDrive for Business site.

Only the named investigators and chief investigator will have access to the data. When storing the information gathered consideration will be given to the GDPR as it applies in the UK, tailored by the Data Protection Act (2018), ensuring that personal details of participants are coded and kept secure and separate from the confidential data. It will be agreed that data will be held for no longer than five years and will be destroyed after that time period. Additionally, participants will be informed about their right to access information under the Freedom of Information (Scotland) Act (2002).

Will anyone other than the named investigators have access to the data? Yes ☐ No ☒

If 'yes' please explain:

19. Potential risks or hazards

Briefly describe the potential Occupational Health and Safety (OHS) hazards and risks associated with the investigation:

Physical hazards will be limited, as the research will be undertaken primarily remotely e.g. via email and Zoom / MS Teams, however there is the potential for musculoskeletal pain due to excessive screen time. This will be mitigated by the

researcher having previously undergone a DSE assessment and training and having suitable equipment to support this.
Should contact take place on site all Covid-19 mitigations (use of testing, PPE, hand sanitiser and distancing) will be adhered to, along with any limitations enforced by the unit (e.g. no phones, keys, gum etc to be taken into the units).
The researcher has a background in residential child care which will support safe interactions with young people, and staff will be available for support if required.
Psychological risks are not decreased by this adjustment to the methodology, and the research continues to pose a potential risk of harm to participants (as discussed under items 10 and 16 above) due to reflection on experiences, or reliance on interviews for support. This will be mitigated by young people being directed to appropriate people / organisations for support. It will be made clear to young people at the outset that the purpose of interviews is not to provide support (as detailed under item 10 above).
There is a small risk of legal harm if young people's anonymity is not appropriately protected (as discussed under item 10 above). This will be mitigated by clear statements on confidentiality and anonymity being shared with young people and their parents / guardians prior to research commencing (see attached information sheets). Consent to participate will be sought (as detailed under item 15 above).
There is a risk of social harm to both young people participants and other resident young people who are not invited to participate, as the provision of an incentive may result in conflict (as discussed under item 14 above). This will be mitigated by the provision of an incentive for participation in the research being discussed with young people at the outset of the research (as detailed under item 14 above).
There is the potential risk of social harm to the researcher, if her professional reputation were to be damaged as a result of the research. This will be mitigated by informal consultation being carried out with the units at an early stage, to ensure their views are given due consideration (as detailed under item 14 above).

Please attach a completed eRisk Assessment for the research. Further Guidance on Risk Assessment and Form can be obtained on Occupational Health, Safety and Wellbeing's webpages

20. What method will you use to communicate the outcomes and any additional relevant details of the study to the participants?

The aim is to present the findings of this research in a manner that will largely allow the data to do the talking. The use of storyboards will be employed to offer a visual narrative parallel to the academic narrative necessary for the purposes of this thesis. Storyboards originated from the animation film industry's visualisation of written scripts to provide a visual shorthand, where multiple sketches assembled in a linear manner depicted the movement of objects and characters to capture the key elements of a scene, although their use has expanded in recent times. As well as offering a visual representation of the key findings of the research, the use of storyboards is intended to make the research findings accessible to the young people who participated.

Others have used storyboards in their projects, particularly recently so in secure care; in research with marginalised groups; including with young people with ASC; or who are care experienced; and to explore identity. It is planned to use Interpretative Phenomenological Analysis to analyse the data, which generally leads to a narrative account inclusive of both the participants' experiences in their voice, and the interpretative commentary of the emic perspective. This is often followed with discussion by reflecting on the themes, relating these to existing literature, and considering the limitations and implications for future. Storyboards are therefore an ideal fit for the presentation of this, as speech bubbles can be used to present participants' voices, and caption boxes will express the researcher's accompanying dialogue for each panel, with a 'splash' (full-page illustration) used at the end to portray the discussion.

21. How will the outcomes of the study be disseminated (e.g. will you seek to publish the results and, if relevant, how will you protect the identities of your participants in said dissemination)?

The outcomes of the study will be used to inform the thesis of the researcher's PhD. They will be further disseminated through publication and presentation at conferences. Careful consideration has been given to how the young people's data will be used in writing up the findings, so that they are not given a merely illustrative function. Given that the young people are understood to have ownership of the data, using them in this way will be dependent on their consent

(as detailed in item 15 above). Care will be taken to protect young people's anonymity, through the use of pseudonyms for both themselves and the secure units, however it is recognised that there are other factors that may make young people identifiable, such as the content of their data. It has also been suggested that whilst anonymising images may be desirable in the dissemination of research findings, in participatory approaches it can be aligned with silencing the participants' voice, with an alternative being to translate images into another format, in order to both retain anonymity and the impact of the data (as detailed in item 20 above).

Checklist	**Enclosed**	**N/A**
Participant Information Sheet(s)	☒	☐
Consent Form(s)	☒	☐
Sample questionnaire(s)	☐	☒
Sample interview format(s)	☐	☒
Sample advertisement(s)	☐	☒
OHS Risk Assessment (S20)	☒	
Any other documents (please specify	☒	☐
below)	☒	☐
Prompt questions	☐	☐
	☐	☐
	☐	☐

22. Chief Investigator and Head of Department Declaration

Please note that unsigned applications will not be accepted and both signatures are required

I have read the University's Code of Practice on Investigations involving Human Beings and have completed this application accordingly. By signing below, I acknowledge that I am aware of and accept my responsibilities as Chief Investigator under Clauses 3.11 – 3.13 of the Research Governance Framework and that this investigation cannot proceed before all approvals required have been obtained.

Signature of Chief Investigator

Please also type name here: Laura Steckley

I confirm I have read this application, I am happy that the study is consistent with departmental strategy, that the staff and/or students involved have the appropriate expertise to undertake the study and that adequate arrangements are in place to supervise any students that might be acting as investigators, that the study has access to the resources needed to conduct the proposed research successfully, and that there are no other departmental-specific issues relating to the study of which I am aware.

Signature of Head of Department

Please also type name here

Date: / /

23. Only for University sponsored projects under the remit of the DEC/SEC, with no external funding and no NHS involvement

Head of Department statement on Sponsorship

This application requires the University to sponsor the investigation. This is done by the Head of Department for all DEC applications with exception of those that are externally funded and those which are connected to the NHS (those exceptions should be submitted to R&KES). I am aware of the implications of University sponsorship of the investigation and have assessed this investigation with respect to sponsorship and management risk. As this particular investigation is within the remit of the DEC and has no external funding and no NHS involvement, I agree on behalf of the University that the University is the appropriate sponsor of the investigation and there are no management risks posed by the investigation.

If not applicable, tick here ☐

Signature of Head of Department

Please also type name here

Date: / /

For applications to the University Ethics Committee, the completed form should be sent to ethics@strath.ac.uk with the relevant electronic signatures.

24. Insurance
The questionnaire below must be completed and included in your submission to the UEC/DEC/SEC:

Is the proposed research an investigation or series of investigations conducted on any person for a Medicinal Purpose? Medicinal Purpose means: ▪ treating or preventing disease or diagnosing disease or ▪ ascertaining the existence degree of or extent of a physiological condition or ▪ assisting with or altering in any way the process of conception or ▪ investigating or participating in methods of contraception or ▪ inducing anaesthesia or ▪ otherwise preventing or interfering with the normal operation of a physiological function or ▪ altering the administration of prescribed medication.	No

If "**Yes**" please go to **Section A (Clinical Trials)** – all questions must be completed

If "**No**" please go to **Section B (Public Liability)** – all questions must be completed

Section A (Clinical Trials)

Does the proposed research involve subjects who are either: ix. under the age of 5 years at the time of the trial; x. known to be pregnant at the time of the trial	Yes / No

*If "**Yes**" the UEC should refer to Finance*

Is the proposed research limited to: xi. Questionnaires, interviews, psychological activity including CBT; xii. Venepuncture (withdrawal of blood); xiii. Muscle biopsy; xiv. Measurements or monitoring of physiological processes including scanning; xv. Collections of body secretions by non-invasive methods; xvi. Intake of foods or nutrients or variation of diet (excluding administration of drugs).	Yes / No	

*If "**No**" the UEC should refer to Finance*

Will the proposed research take place within the UK?	Yes / No

*If "**No**" the UEC should refer to Finance*

Title of Research	
Chief Investigator	
Sponsoring Organisation	

Does the proposed research involve:	
j) investigating or participating in methods of contraception?	Yes / No
k) assisting with or altering the process of conception?	Yes / No
l) the use of drugs?	Yes / No
m) the use of surgery (other than biopsy)?	Yes / No
n) genetic engineering?	Yes / No
o) participants under 5 years of age (other than activities i-vi above)?	Yes / No
p) participants known to be pregnant (other than activities i-vi above)?	Yes / No
q) pharmaceutical product/appliance designed or manufactured by the institution?	Yes / No
r) work outside the United Kingdom?	Yes / No

If **"YES"** to **any** of the questions a-i please also complete the **Employee Activity Form** (attached).

If **"YES"** to **any** of the questions a-i, and this is a follow-on phase, please provide details of SUSARs on a separate sheet.

*If "**Yes**" to any of the questions a-i then the UEC/DEC/SEC should refer to Finance (insurance-services@strath.ac.uk).*

Section B (Public Liability)	
Does the proposed research involve:	
i) aircraft or any aerial device	No
j) hovercraft or any water borne craft	No
k) ionising radiation	No
l) asbestos	No
m) participants under 5 years of age	No
n) participants known to be pregnant	No
o) pharmaceutical product/appliance designed or manufactured by the institution?	No
p) work outside the United Kingdom?	No

*If **"YES"** to any of the questions the UEC/DEC/SEC should refer to Finance (*insurance-services@strath.ac.uk*).*

For NHS applications only - Employee Activity Form

Has NHS Indemnity been provided?	Yes / No
Are Medical Practitioners involved in the project?	Yes / No
If YES, will Medical Practitioners be covered by the MDU or other body?	Yes / No

This section aims to identify the staff involved, their employment contract and the extent of their involvement in the research (in some cases it may be more appropriate to refer to a group of persons rather than individuals).

Chief Investigator		
Name	**Employer**	**NHS Honorary Contract?**
		Yes / No
Others		
Name	**Employer**	**NHS Honorary Contract?**
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Please provide any further relevant information here:

Approval: UEC22/28 Steckley/Robinson/Wilson: The effect of living in secure care on autistic young people – phases 3 & 4

To: Charlotte Wilson
Cc: Laura Steckley; Anna Robinson; Ethics
Fri 25/03/2022 10:57

Dear Charlotte

ETHICAL AND SPONSORSHIP APPROVAL
UEC22/28 Steckley/Robinson/Wilson: The effect of living in secure care on autistic young people – phases 3 & 4

I can confirm that the University Ethics Committee (UEC) has approved this protocol and appropriate insurance cover and sponsorship have now also been confirmed.

I remind you that the UEC must be informed of any changes you plan to make to the research project, so that it has the opportunity to consider them. Any change of staffing within the research team should be reported to UEC.

The UEC also expects you to report back on the progress and outcome of your project, with an account of anything which may prompt ethical questions for any similar future project and with anything else that you feel the Committee should know.

Any adverse event that occurs during an investigation must be reported as quickly as possible to UEC and, within the required time frame, to any appropriate external agency.

The University agrees to act as sponsor of the above mentioned project subject to the following conditions:

1. That the project obtains/has and continues to have University/Departmental Ethics Committee approval.
2. That the project is carried out according to the project protocol.
3. That the project continues to be covered by the University's insurance cover.
4. That the project complies with Scottish Government restrictions and University guidance in relation to Covid-19 procedures and permissions.
5. That the Director of Research and Knowledge Exchange Services is immediately notified of any change to the project protocol or circumstances which may affect the University's risk assessment of the project.
6. That the project starts within 12 months of the date of this letter.

As sponsor of the project the University has responsibilities under the Scottish Executive's Research Governance Framework for Health and Community Care. You should ensure you are aware of those responsibilities and that the project is carried out according to the Research Governance Framework.

On behalf of the Committee, I wish you success with this project.

Kind regards
Angelique

Appendix R: Phase 3/4 Service Application for Ethical Approval of Research

Service Ethics Committee Mission Statement
To ensure ethical, safe and valuable research in Service

To ensure the Ethics Committee is able to evaluate effectively your research proposal, please submit your application at least one month prior to the committee meeting. This will enable us to identify a 'Special Interest' committee member with experience in your chosen field of study.

Meeting dates can be found at [redacted].

The committee has been established since 2010. Numerous high-quality pieces of research have been completed however a number of submissions have also been rejected. The list below aims to help you avoid the common reasons for rejection.
Please ensure that:

- Where young people are participating directly in the research, social workers are required to provide opt-in consent.
- Your form is signed by both yourself and your supervisor. Typed names will not be accepted.
- You make it very clear how you will select participants: young people within Service have the right to remain anonymous to researchers should they wish. Therefore, approaches such as *snowball sampling* or identifying young people through file review can be problematic.
- The research is focused. Submissions are often rejected as they are too broad, have unclear research questions or have aims that are difficult to meet in one research project.
- The research will have some potential benefit to young people in Service either through directly informing practice or by contributing to the literature regarding young people and residential child care.

Researcher's name:	Charlotte Wilson
Researcher's contact email address:	charlotte.h.wilson@strath.ac.uk
Supervisor (if appropriate):	Laura Steckley & Anna Robinson, University of Strathclyde
Title of study:	The effect of living in secure care on autistic young people – phases 3 & 4

Outline the aims and objectives of the study: 400 words max

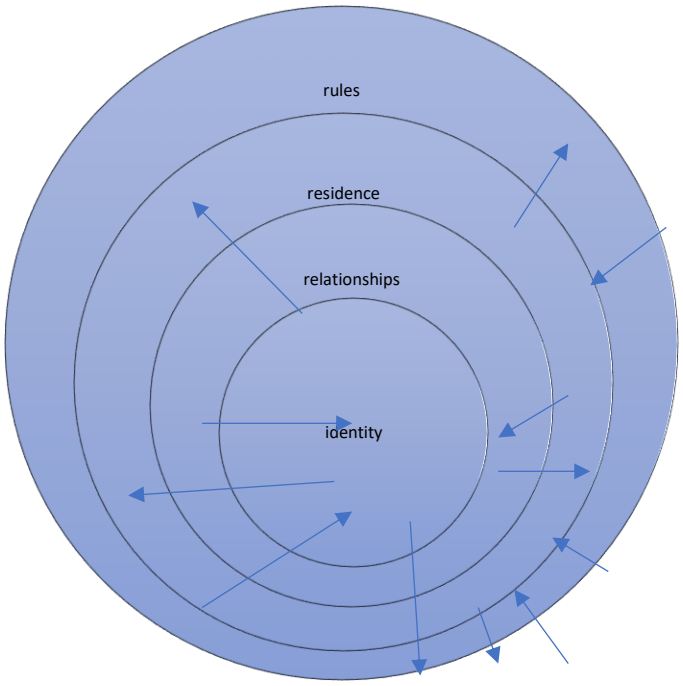
The aim of the study is to explore the impact of secure care experiences on the identity narratives of young people with autistic spectrum condition (ASC).

The review of associated literature has examined the neurobiological basis to the communication and sensory differences experienced by the ASC community e.g. differences in the reactive and perceptive processing of sensory information, and individuals benefitting from an approach which respects all communication methods. It has explored the notion that secure care could be constructed as a bridging, transitional, or transformative experience through the provision of

alternative relationships, residence, and rules. It has observed that neurodiversity can be constructed as an integral part of an individual's identity and the literature review identified a theoretical gap in the impact that secure care experiences have on the neurodiverse identity. Therefore, the research questions have been designed as follows:

- What impact do secure care experiences have on the identity narratives of young people with ASC?
- What role do relationships play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role does the environment (residence) play in the impact of secure care experiences on identity narratives of young people with ASC?
- What role do the policies, procedures and routines (rules) play in the impact of secure care experiences on identity narratives of young people with ASC?

The identity dial below was created as a conceptual framework to emphasize the areas of importance for the study, and relationships between them. This has informed what will be explored with participants, as it provides a structure for the interrogation of the secure care experience on their identity narratives, and will allow their experiences to be explored through the lenses of relationships, residence, and rules.



The data is being constructed over four phases. This ethical approval form addresses phases 3 and 4 only, as phase 1 and 2 have already concluded.

Phase 1 - survey to gather statistics on the number of young people with diagnosed or self-identified ASC living in secure care in Scotland.

Phase 2 - engagement with young people to add an element of co-design and inform developing methodology.

Phase 3 - survey to gather updated statistics on the number of young people with diagnosed or self-identified ASC living in secure care in Scotland.

Phase 4 – engagement through four variations of a diary method, depending on young people's cognitive style, to enhance accessibility.

Detail your project plan including realistic timescales: 100 words max

The data is being constructed over four phases as outlined above. Phase 1 and 2 took place in 2021 following Service ethical approval being granted on 15 June 2021. With an anticipated start date of April 2022 for phases 3 and 4, the remainder of the project is expected to last around 12 months.

Research participants:

Please mark all that apply:

Young people attending/residing at Service	X
Parents/carers of young people attending/residing at Service	
Staff	
Volunteers	
Other groups (please specify)	Service Secure Unit

Participant recruitment method (include consent of participants): 400 word max

Inclusion criteria

Purposive sampling will be carried out on the basis of wanting to include participants who have experiences that are of relevance to the research questions to ensure internal generalizability. Eligible participants will be comprised of young people with an ASC diagnosis, or those who have previously self-identified as having ASC (with or without a learning disability), living / who recently lived in Service's Secure Unit. Due to this being an already small population, and anticipation that 100% of young people may not participate, this entire population will be invited to participate. In addition to inviting young people with ASC who are resident in the Secure Unit at the start of the research project, I intend to invite the young person who took part in phase 2 of the research but may since have left the Secure Unit along with any young people in the open campus who recently lived in the Secure Unit. It is also proposed that an ongoing dialogue will be

maintained with Service to ensure any young people with ASC who are accommodated in the Secure Unit in the 12 months following the start of phase 4 of the study will also be offered the opportunity to participate.

Recruitment

All young people identified (as outlined above) will be invited to participate, through the use of posters (see attached) displayed in the service. The young person who took part in phase 2 of the research but may since have left the Secure Unit will be invited to participate, subject to Service's agreement to making contact with her. To ensure informed consent the participants will be advised on what will or may occur during the research process, how to withdraw, and will be offered support to understand what this means. Through the use of Initial Information Letters, Participant Information Sheets, and a short video of the researcher talking about the project (shared with young people via Service staff) it will be made clear that participation in the study is voluntary, and no detriment will be suffered if people chose not to take part.

Consent

Consent will be sought from parents/Social Workers, in addition to the young people's own consent / agreement depending on capacity (see attached consent / agreement forms for young people, and consent forms for parents/Social Workers). Additionally, consent to participate in each interview will be sought from each young person prior to every interview.

Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort due to your study?

Yes	X	No	

If 'Yes', attach details and state what you will tell them to do if they experience problems - see detail included in section below.

Please highlight what you see as the most important ethical issues this study raises (e.g. adverse physical or psychological reactions, problematic items within questionnaires etc). How will your research address these ethical

issues?

Research participants have a right to privacy and anonymity as detailed in the General Data Protection Regulation (GDPR). Data will be pseudo-anonymised ensuring that personal details of participants are coded and kept secure and separate from the confidential data. Every effort will be made to ensure confidentiality and anonymity of participants, but the limits of this will be recognised. Prior to young people's involvement, clear statements on confidentiality and anonymity will be shared with young people in the Participant Information Sheet and Consent Form (see attached). This will include a statement confirming that if they disclose information that indicates a serious risk of imminent harm to themselves or to third parties then the researcher may be required to pass the information on to the relevant authorities. Measures will also be negotiated with participants to support young people where disclosures raise concerns about wellbeing but do not meet the threshold of serious imminent harm. As the role of the researcher will not be to provide ongoing support to young people, this will be done by directing them as appropriate during each engagement to other individuals and services who are able to provide this support e.g. unit keyworkers, Social Workers, advocacy workers, and independent support organisations such as the Samaritans, Childline and Scottish Autism. However, immediate support where young people are distressed will be provided by the researcher until more appropriate support is available.

Potential distress related to the construction of data will be mitigated in the research to prevent the upset from becoming harm. This will be done through the consideration of two routes to this distress, these being:

•Research which causes upset to participants by asking them to reflect on their experiences (e.g. if their usual coping method is a form of denial or avoidance);

•Distress which is present anyway (e.g. due to bullying), but the research highlights it.

Ongoing engagement with Service will encourage the sharing of appropriate information with the researcher on how young people are feeling, and whether they are in a suitable frame of mind to participate.

With robust processes of informed consent, it is unlikely that young people who

are not ready to relinquish their defences of denial or avoidance will choose to participate. In the case of already existing distress, steps will be taken to reduce the likelihood that participating in the research will compound it.

Consideration has also been given to potential harm experienced by resident young people who are not invited to participate in the research (e.g. reduced opportunity to access technology, or no access to incentives offered). It is understood that young people who are not participating in the research will have alternative opportunities to access smartphones and tablets, so will not experience detriment by way of not being involved.

Whilst it is understood that young people in Service's Secure Unit have access to technology such as smartphones and tablets to enable them to join virtual meetings (if Covid-19 restrictions require this) through MS Teams meetings, many of them may require to be supervised whilst using it to ensure their safety. Although there is a potential impact on their privacy here, there are also possible benefits from having a staff member present e.g. supporting to manage anxiety levels or communication. There are also resource implications for the service. Potential participants will be made aware of whether they must have a staff member present for meetings before making a decision on whether to participate, and if possible will have some agency over who that staff member is.

Interviews will be audio recorded, but as soon as the transcription of these is complete the recordings will be deleted. Care will be taken to ensure that participants understand that the meetings are being recorded. Ethically, if delivered online this is enhanced by MS Teams showing text that says 'recording.' MS Teams provides additional features to support safe, accessible meetings, such as the ability to turn off cameras and contribute through chat.

An additional ethical concern for repeated interviews is the possibility of young people becoming reliant on them as a source of support – the concern not being that young people may find the interviews supportive, but that they may come to develop a more long-term reliance on them. It will be made clear to young people at the outset the purpose and scope of the interviews, including the short-term nature of the process (short-term as compared with other relationships, but not necessarily other research designs).

The researcher will hold herself ethically accountable to the young people who are participating in the research e.g. by consulting with participants throughout the process; ensuring transparency with regards to how the data will be analysed and represented; and being receptive to any concerns or suggestions raised by participants. Research bias also will continue to be discussed in supervision. A core ethical principle will be the way in which participants will be viewed as partners in the production of the research. To ensure equity of participation, other ethically related matters specific to this research such as access to technology and the Internet, will be discussed with Service prior to the research commencing.

Consideration has been given to offering payments or incentives to participants as a reasonable and proportionate reimbursement for their time, whilst weighing this against the ethical implications for resident young people who are not invited to participate and therefore cannot access the incentive. This was explored with young people at the co-design stage to identify a suitable incentive, whilst carefully managing their expectations to specify that there will be a limited budget, and that the incentive cannot be something which causes conflict with other resident young people. It was agreed that the incentive will be in the form of Amazon vouchers; £10 for each 'snapshot' they take part in (meaning a total of £30 per head). At the end of the year each young person will be presented with a certificate/thank you letter for taking part, along with a collated scrapbook of all of their data submissions for them to keep. The provision of prompts via post may also be experienced as rewarding by participants.

Will the participants be paid?

Yes [X] No [ ]

Additional notes: The matter of compensation was explored with young people at phase 2, and up to £30 of Amazon vouchers per head have been identified as a suitable incentive.

Will an application be made to an external Ethics C

Yes [X] No [ ]

Additional notes: Ethical approval is being sought from the University of Strathclyde's Ethics Committee

If yes, please attach a copy of the application to this form.

What would you consider to be the applied value of this research project? (include the benefits to Service):

Research should benefit the participants as well as the researcher, and this should be the case increasingly so for participatory research such as this, by very nature of its design. There may be direct, indirect, intrinsic, or altruistic benefits for young people in participating in research, however it is important that they understand the potential impact of the research prior to taking part and this can be difficult to convey. Whilst the participation of children in research does raise questions about ethics, some have argued that the ethical approval pendulum has swung too far or that the rights of children have been overlooked in this. There is the need to weigh the probability and severity of the potential for harm (as discussed above) against the possibility of benefits (i.e. of increasing confidence / resilience and sense of relief from sharing feelings and reflecting on experiences; or of contributing to the research and having the potential for influencing other young people's future experiences).

There are further potential benefits to both young people and Service, if the findings of the research are used to directly inform practice.

The outcomes of the study will be used to inform the thesis of the researcher's PhD. It is intended that they will be further disseminated through publication and presentation at conferences. This will contribute to the literature regarding young people and residential child care and support with filling the theoretical gap on the impact that secure care experiences have on the neurodiverse identity.

Methodology (mark all that apply): Full details must be attached to this form.

Questionnaires (attach copies of all questionnaires)	
Interviews (attach summary of topics to be explored or interview schedule)	X
Focus groups (attach materials and / or summary of topics to be explored)	
Other (please give details here and attach full details)	Prompt questions to support young people's thinking / reflection in their diary entries

Do you intend to use any questionnaires or other materials that are copyright?

Yes [ ] No [X]

If 'Yes', please confirm that the materials have been/will be purchased for your use.

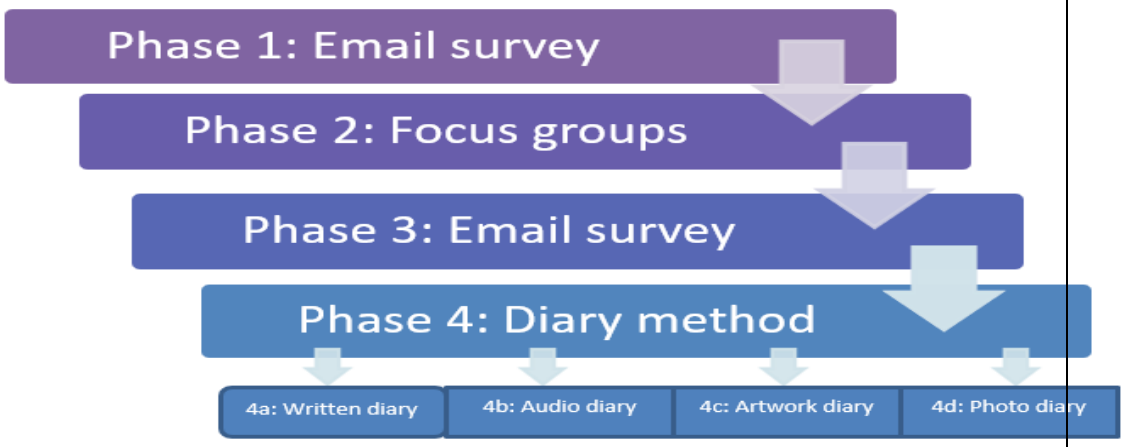
Discuss why you have selected your chosen methodology and outline how your data will be analysed:

Methodology

Participatory research aims to create knowledge collectively through a relational approach to research, and ongoing learning, reflection and action in a cyclical manner. This is achieved by involving the people whose experiences are central to the research in decision making around the research questions, data construction methods, analysis of data, and dissemination of the research. Participatory research with children has gained traction alongside the progressively strong articulation of the human rights agenda with children being increasingly seen as actors in their own lives in contemporary conceptualisations of childhood. It recognises children as competent beings who experience life within wider societal and cultural structures. Those societal and cultural structures are framed within this research as relationships, residence, and rules. There have been similar developments in the involvement of people with ASC in the creation of research, and implementation of its findings, using participatory methods. In this research, an element of co-design has been used to explore with the participants in a participatory manner the best ways to find out about their views and experiences. Aside from promoting a democratic, social justice model, participatory research provides added value due to the presence of participants' voices, providing this is not done in a tokenistic manner.

The methods of data gathering have been informed by the participatory methodology as outlined above. The data is being gathered in a staged approach, with a planned quantitative phase to gather initial data, and a further qualitative phase which is informed by this data. The phases planned, and associated

methods, are illustrated in the figure below followed by detailed descriptions of phases 3 and 4.



Phase 3: Establishing a new baseline

The use of a survey method will allow the researcher to gather an updated reliable measure of data and then analyse this information to extract patterns and make comparisons e.g. against secondary material, to consider if prevalence and admission rates of young people with ASC in Scottish secure care units align with national averages, or if they are a hidden population as suggested by the literature. Surveys offer a quick, inexpensive way to construct large quantities of data in a way that is convenient for participants. The invitation to all five secure units to participate will maximise the amount of data constructed to provide useful statistical information. Email surveys have been chosen to be suitable for this research due to the restrictions on physical contact of the time related to Covid-19. The disadvantages of surveys -- such as the inability to prompt, probe, construct additional data, or ask multiple, detailed questions -- are mitigated here by surveys only being used as part of a mixed methods approach. Consideration has been given to the form of questions used in order to ensure they are easily understood and answerable with the aim of increasing the response rate e.g. keeping the survey short, with primarily closed questions and an intuitive design (see attached questions for survey). This is particularly important given the additional demands placed on care services during the Covid-19 pandemic. As well as providing a reliable measure of data, and offering an opportunity for initial engagement and negotiation with Service, it will inform the later phases of the research in terms of understanding the sample size of participants, and being sighted on young people's communication preferences.

Phase 4: Diary method

Over the course of one year, young people with an ASC diagnosis living in secure accommodation / who recently lived in secure accommodation in Scotland will be asked to keep a diary or scrapbook. This will allow them to narrate their experiences. Research diaries are usually employed for an agreed timeframe, and in this case, a year has been chosen to capture impacts of residence, rules and relationships generally, and on identity narratives, over time. As discussed with young people during phase 2 of this research study, prompt questions will be provided to them to support their diary entries. The prompt questions will be sent to young people through the post regularly, so that they are not overwhelmed with trying to process lots of questions at the same time. See attached indicative questions that have been drafted in the context of residence, rules, and relationships, however these will be adapted further as the research progresses to suit individual young people. ASC processing has been considered in the drafting of the questions e.g. in using comparisons to make the questions more concrete. To offer further individualisation, the researcher will meet with each young person near the start of the research project to establish the best approach for providing prompts e.g. supporting them with visuals. Young people will be advised that they do not have to use the prompts as provided, and can include whatever is important to them in their research diaries.

To account for the three ASC cognitive types, participants will be offered a choice of methods through which to keep their diary and participate in the research. They will be able to choose the media that they feel most comfortable with e.g. written, audio, or artwork / photo diary / scrapbook, and thereby participate visually, linguistically, or through the use of pattern. This will give the participants control over the participation and their stories, meaning the methods are likely to be more comfortable and preferred by participants. As communication is greater than just an exchange of giving and receiving information, a further benefit of this is being able to analyse the full picture of young people's communication, rather than just the verbal content. This is deemed important given the neurobiological basis to the communication and sensory differences experienced by the ASC community, as referred to above.

Semi-structured interviews will be offered on a triannual basis, to gather 'snapshots' throughout the course of the research project and support young

people with verbal clarity and reflection. The prompt questions (see attached) may be used during these meetings to prompt reflection and episodic memory. The researcher will continue to engage with young people in the research once they have left secure care (i.e. to continue receiving their diary entries and carry out remaining interviews), but only if Service deems this appropriate and the young person agrees to this. The interviews will be included to offer an interactive element and provide young people with the opportunity to 'check in,' or expand upon their story if they wish to do so. This is intended to be supportive in allowing for a dialogue to probe young people's submissions, and in helping to theorise so that important data is not missed. It will be made clear to participants in advance that interviews will be recorded, and that they are not being offered as a support group, but are in place to seek young people's experiences. Depending on Covid-19 restrictions in place at the time, contact will be carried out remotely (via email, MS Teams, WhatsApp and OneDrive) or on site.

Data analysis

Interpretative Phenomenological Analysis (IPA) will be used to analyse the data, which generally leads to a narrative account inclusive of both the participants' experiences in their voice, and the interpretative commentary of the emic perspective. This is often followed with discussion by reflecting on the themes, relating these to existing literature, and considering the limitations and implications for future.

The use of storyboards will be employed to offer a visual narrative parallel to the academic narrative necessary for the purposes of the thesis. Others have used storyboards in their projects, particularly recently so in secure care; in research with marginalised groups, including with young people with ASC, or who are care experienced; and to explore identity. As well as offering a visual representation of the key findings of the research, the use of storyboards is intended to make the research findings accessible to the young people who participated. Storyboards are an ideal fit for the presentation of IPA, as speech bubbles can be used to present participants' voices, and caption boxes will express the researcher's accompanying dialogue for each panel, with a 'splash' (full-page illustration) used at the end to portray the discussion.

Ethical principles incorporated into the study:

Written explanation (please attach copy)

Yes [X] No [ ]

Additional notes: As detailed in participant information sheets

Oral explanation (provide example script)

Yes [X] No [ ]

Additional notes: Initial information video available

Consent form (please attach copy)

Yes [X] No [ ]

Additional notes: Attached consent forms

Participant offered opportunity to decline to take part

Yes [X] No [ ]

Additional notes:

Participant told participation is voluntary

Yes [X] No [ ]

Additional notes: The researcher's PhD supervisors have expertise in ASC, residential child care, and related research methodology and methods. Participants will be directed to appropriate advice and support as detailed above

Participant offered opportunity to withdraw at any stage

Yes [X] No [ ]

Expert advice available if required

Yes [X] No [ ]

Additional notes:

Participants informed there may be no benefit to them

Yes [X] No [ ]

Additional notes: This is detailed in attached information sheets, and there are a variety of potential benefits to

Can the participants be guaranteed confidentiality

Yes [X] No [ ]

Additional notes: Yes, although the limits of this will be recognised as discussed above

Can the participants be guaranteed anonymity

Yes [X] No [ ]

Additional notes: Yes, although the limits of this will be recognised as discussed above

Provisions of the Data Protection Act met

Yes [X] No [ ]

Additional notes:

Safe data storage secured

Yes [X] No [ ]

Additional notes: Data will be stored on the University's One Drive (which is encrypted), accessed through a password protected PC

If the procedure involves deception, will explanation be offered following participation?

Yes [ ] No [ ] N/A [X]

If the procedure involves observation, will consent be obtained from participants?

Yes [ ] No [ ] N/A [X]

If the procedure involves questionnaires, will the participant be informed that they may omit any items they do not wish to answer?

Yes [X] No [ ] N/A [ ]

If the procedure involves interviews, will the participants be informed that they do not have to answer questions, and do not have to give an explanation for this?

Yes [ ] No [ ] N/A [X]

Will your research be (tick all that may apply):

Used to inform practice within Service

Yes [X] No [ ] N/A [ ]

Used to inform practice within other agencies

Yes [X] No [ ] N/A [ ]

Submitted for publication

Yes [X] No [ ] N/A [ ]

Have participants given consent for the research to be used in this way?

Yes [X] No [ ]

If submitted for publication at a later date, will participants be asked to consent to the research to be used in this way?

Yes [X] No [ ]

Protection for the researcher:

Will the researcher be at any risk of sustaining either physical or psychological harm as a result of the research? If so, how will this risk be mitigated?: 400 word max

Yes [ ] No [X]

Physical hazards will be limited, however there is the potential for musculoskeletal pain due to excessive screen time if the research is undertaken remotely. This will be mitigated by the researcher having recently undergone a DSE assessment and training and having suitable equipment to support this.

Should contact take place on site all Covid-19 mitigations (use of testing, PPE, hand sanitiser and distancing) will be adhered to, along with any limitations enforced by the unit (e.g. no phones, keys, gum etc. to be taken into the units). The researcher has a background in residential child care which will support safe interactions with young people.

There is a small risk of legal harm if young people's anonymity is not appropriately protected (as discussed above). This will be mitigated by clear statements on confidentiality and anonymity being shared with young people and their parents/Social Workers prior to research commencing (see attached participant information sheets). Consent to participate will be sought as detailed above.

There is the potential risk of social harm to the researcher, if her professional reputation were to be damaged as a result of the research. This has been mitigated by informal discussion being carried out with Service and other secure units at an early stage, to ensure providers' views were given due consideration.

Will you have a research supervisor during the period of your study?

Yes [X] No [ ]

If you do not have a research supervisor you will be required to provide an update to the Ethics Committee half way through your study.

To ensure that there is added value from your research, Service ask that you submit a copy of your completed research so that this can be accessed by colleagues within the organisation. Do you agree to your research being used in this way?

Yes [X] **No** [ ]

What is your expected completion date? October 2024

Please provide contact details below:

Address: No professional address available currently due to Covid-19

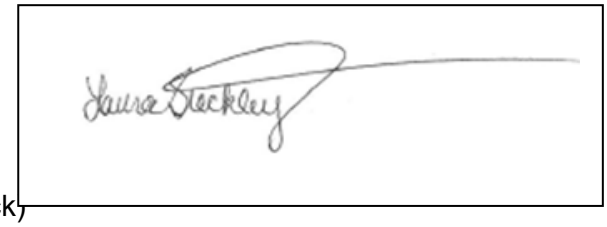
Email address: charlotte.h.wilson@strath.ac.uk

Declaration:

I declare that the proposed investigation described in this application will be carried out as detailed and that if any changes to the procedures are planned, written permission will be sought from the Ethics Committee.

Please sign:

Applicant: Date: 11/02/22

Supervisor: 

Check List: Have you included (please tick)

Completed copy of this form	X
Signatures	X
Consent forms	X
Information sheets and letters	X
Copies of all questionnaires	X
Outline of interview topics	X
Stimulus materials	
External ethical approval	

Please send completed application form and supporting documents to:

[redacted]

Appendix S: Consent to use WhatsApp

From: William MacLeod
Sent: Tuesday, November 10, 2020 11:52
To: Charlotte Wilson
Subject: RE: data question

Sounds OK to me Charlotte

I would recommend that you set up Two Step Verification as well and as you move data into OneDrive, delete it from WhatsApp.

Billy

From: Charlotte Wilson
Sent: 09 November 2020 19:35
To: William MacLeod <w.macleod@strath.ac.uk>
Subject: data question

Hi William,

I hope you don't mind me getting in touch. I got your contact details from Andrew Maclellan as you'll see in the email trail below.

I am considering using WhatsApp for data collection, due to its relevance and accessibility for young people and my understanding that it offers end to end encryption. You'll see that Andrew thought this would be secure enough to use, but that you may have a view on this.

The phone I would be using is encrypted, but I also have WhatsApp installed on a password protected PC.

I have set up a WhatsApp account that is separate to my personal one, and have turned off media visibility (the functionality which automatically stores data on the device), 'last seen' status, and read receipts. Any data received would be transferred to Strath One Drive and stored there. This WhatsApp account would be deleted once the research project had concluded.

I'd be grateful if you could let me know if you think this would be secure enough to use, or if there are any factors I should consider which I have not taken account of.

Thanks for your time on this,

Charlotte
Postgraduate Student
Faculty of Humanities and Social Sciences
University of Strathclyde

Appendix T: Data Management Plan

Project Name:	Adjusting the Volume	Funder:	Care Inspectorate / self
Project Description:	Impact of secure care experiences on young people with ASC		
Student:	Charlotte Wilson	Supervisor:	Laura Steckley / Anna Robinson
Institution:	University of Strathclyde	Dept / School:	HASS
Date of First Version:	05/10/20		
Date of Updates:			

This template is based on DCC. (2013). Checklist for a Data Management Plan. V.4.0. Edinburgh: Digital Curation Centre. Available online: http://www.dcc.ac.uk/resources/data-management-plans.

For assistance contact the Research Data Management and Sharing team: researchdataproject@strath.ac.uk 0141 548 4581.

Data Collection

What data will you collect or create?

Use the table below to list all research data that you will collect or generate as part of this project. Examples have been included to help you get started.

Data type	Original format	Preservation format*	Estimated volume	IPR Owner	Active storage location	Completed storage location
Survey results	.docx	TXT	~1MB	UoS	Strath OneDrive	N/A
Zoom recordings	MP4	MP4	~1GB	UoS	Strath OneDrive	N/A
Zoom transcriptions	.docx	TXT	~1GB	UoS	Strath OneDrive	N/A

Photos of written or visual diary entries	PNG	PNG	~1GB	UoS	Strath OneDrive	N/A
Audio diary entries	MP4	MP4	~1GB	UoS	Strath OneDrive	N/A

*Preservation formats should be easy to access without the need for specific proprietary software.

1. How will the data be collected or created?

- How will you collect or generate data?
- How will you structure and name your folders and files?
- How will you handle versioning?
- What quality assurance processes will you adopt?

http://www.strath.ac.uk/ps/strategyandpolicy/recordsmanagement/ - file naming and versioning advice.

Observational data will be collected electronically in three phases:

1. Email survey
2. Focus groups
3. Diary method (written/audio/artwork/photographs)

Folders and files will be named consistently and logically to enable them to be distinguishable, and to facilitate the storage and retrieval of records. Three main folders will contain data for each of the above phases.

Email survey responses will be stored in the phase 1 folder, with the name of each unit anonymised in line with my coding system.

Focus group recordings and transcriptions will be stored in the phase 2 folder, named by the date the group occurred, using the backwards date format to ensure they are stored in chronological order.

Data for each young person participant will be stored in separate folders, within the phase 3 folder. The name of each young people's folder will be anonymised in line with my coding system. Each data submission within these folders will be named by the date

of submission, using the backwards date format to ensure they are stored in order of submission. Where more than one data submission is made by a young person on the same date, letters will be used to differentiate e.g. 201010a, 201010b etc. This is in line with the principal of minimising the number of characters and therefore the size of names in file paths.

There will be no versioning concerns, as all data collected will be the unique version. OneDrive has automatic versioning functionality, and all previous versions of the files will remain accessible throughout the project, ensuring no data loss. If, for any unseen reason, versioning is required, the convention of version 1.0, 1.1, 1.2 then version 2.0, 2.1 etc. would be followed.

Quality assurance processes include the sharing of clear information with participants prior to data collection; use of appropriate naming conventions and storage location; robust supervision; and adherence to university policies and procedures.

2. Documentation and Metadata

What documentation and metadata will accompany the data?

- What information is needed for the data to be to be read and interpreted in the future?
- How will you capture / create this documentation and metadata?

Documentation may include details on the methodology used, analytical and procedural information, definitions of variables, vocabularies, units of measurement, description of instruments, software and hardware used, use conditions, and any assumptions made. Consider how you will capture this information and where it will be recorded.

To allow interpretation of both the visual and linguistic data, the data will be interpreted through the use of Interpretative Phenomenological Analysis. The connections across emergent themes will collated into a table, including each superordinate theme, and the themes which it includes. It is intended that the data will be destroyed following the project and will not require to be held for future reading or interpretation. Metadata such as the methodology, and methods of data construction and analysis used, are detailed within the body of my thesis.

3. Ethics and Legal Compliance

How will you manage any ethical issues?

- Have you gained consent for data preservation and sharing?
- How will you protect the identity of participants if required? e.g. via anonymisation
- How will sensitive data be handled to ensure it is stored and transferred securely?

Ethical issues affect how you store data, who can see/use it and how long it is kept.

Managing ethical concerns may include: anonymisation of data; referral to departmental or institutional ethics committees; and formal consent agreements. You should show that you are aware of any issues and have planned accordingly. If you are carrying out research involving human participants, you must consider whether consent is required to allow data to be shared and reused.

As the research project may result in the construction of special category data, explicit consent will be sought in line with Article 9 of the GDPR.

As detailed within my ethics application form, due to the age and developmental range of the group, accompanied with the fact they the young people are 'looked after,' a three pronged approach to consent will be used:

- For young people under the age of 16, I will seek consent from those with parental responsibilities i.e. from parents or Social Workers, in addition to the young people's own consent
- For young people over the age of 16 who are deemed to have the capacity to give consent, I will seek assent from those with parental responsibilities i.e. from parents or Social Workers, in addition to the young people's own consent
- For young people over the age of 16 who are not deemed to have the capacity to give consent, I will seek consent from those with parental responsibilities i.e. from parents or Social Workers, in addition to the young people's own consent

The consent forms will be individualised for young people, and those with parental responsibility. Participant information sheets will provide detail on the purpose of the data collection, who will have access to the data, and how long it will be retained before being destroyed. This is in compliance with Principle 1 of the GDPR, that data be processed fairly, lawfully, and transparently.

Every effort will be made to ensure confidentiality and anonymity, but the limits of this will be recognised. Prior to young people's involvement, clear statements on confidentiality and anonymity will be shared with young people in the Participant

Information Sheet and Consent Form. The data will be pseudo-anonymised, and the key which identifies participants will be stored separately in a locked filing cabinet.
All data will be transferred securely using e.g. WhatsApp and stored on Strath OneDrive as detailed above.

How will you manage copyright and IPR issues?

- How will the data be licensed for reuse?
- Are there any restrictions on the reuse of third-party data?
- Will data sharing be postponed / restricted e.g. to publish or seek patents?
- Do the IPR owners have any reason to restrict data sharing?

Open data is typically made available under a CC-BY licence, meaning that anyone can reuse the data for any purpose, as long as they cite the source of the data. Data which is commercially sensitive should be restricted.

While it is understood that the University has Intellectual Property Rights, young people participants will be viewed as the owners of the data. Whilst consent will be sought to use the data for the purposes of this research project, it is not intended that it be reused for any other purpose. As academic research, the lawful basis for processing of data is 'public task' in compliance with Article 6 of the GDPR. This will be communicated to participants in compliance with Articles 13 and 14 of the GDPR through the University's Privacy Notice for Participants in Research Projects.

4. Storage and Backup

How will the data be stored during research, and how will you manage access and security?

- Will data be stored on the University network?
- How will data be transferred to the University network if it originates from another location?
- How will you ensure that collaborators, supervisors, or participants can access your data securely?
- Will data be stored on H:drive, i:drive, StrathCloud, or elsewhere?

Data stored on the University provided storage is dual sited and replicated between two data centres, which are physically separated by several hundred metres. Data links between datacentres are provided by dual disparate fabrics, providing added resilience. Additionally, the central I.T.

service provides tape based backup to a third and fourth site. Data from each of the two data centres is backed up to separate tape backup locations. Data security is provided by access controls defined either at a user level, in the case of personal data storage – i.e. the user's home directory, or group based where the data is being stored in shared data space.

As the data is confidential (i.e. personal data not already in the public domain), it will be held securely and formal standards e.g. ISO 27001 will be complied with.

All data will be stored on Strath OneDrive as detailed above. This ensures safe back up. It will be accessed through a password protected PC.

WhatsApp will be used to allow data to be gathered electronically. This has been chosen as it is relevant and accessible to young people, but offers end to end encryption, ensuring that data will be kept secure during transfer. The researcher has set up a WhatsApp account that is separate to her personal one and has turned off media visibility (functionality which automatically stores data on the device). This WhatsApp account will be deleted once the research project has concluded.

File sharing from Strath OneDrive will be used to allow supervisors access to the data as required.

5. Data Curation and Open Access to Data

How will data preservation and open access to data be managed?

- What data must be retained/destroyed for contractual, legal, or regulatory purposes?
- How will you decide what other data to keep?
- What data will be shared openly?
- When will you make the data available?
- How will data be preserved and shared?
- How will completed datasets be organised?

To comply with EPSRC policy, it is necessary to preserve and openly share research data. Researchers should upload data to Pure for effective long term preservation and open access. If you would prefer to upload data into another open access data repository, a dataset record should still be created in Pure and a link to where the data is available should be included.

Any outputs, including theses, arising from EPSRC funding are required to include a data statement which links to supporting data using a DOI (Digital Object Identifier - available from Pure). Make sure

you create a dataset record at an early stage, so that a DOI can be minted and included on your final submission. The data statement is typically included in the acknowledgements section.
EPSRC expect structured metadata describing the research data to be published (normally within 12 months of the data being generated); metadata must be sufficient to allow others to understand what research data exists, why, when and how it was generated, and how to access it. This expectation can be met by creating a dataset record in Pure and including the relevant details.
Data which does not relate to any research findings, and is deemed to be of no value, no interest, and not worth sharing, can be deleted.

The above steps are also recommended as good practice for those not mandated by EPSRC policy.

Despite the use of pseudonyms, it is recognised that there are other factors that may make participants identifiable, such as the visual or linguistic content of their data. As the research project may result in the construction of special category data, and the research is subject to data protection legislation, it is intended that all data will be destroyed following completion of the research project.

Are any restrictions on data sharing required?

- What restrictions are required on data sharing?
- How can these restrictions be minimised? (e.g. temporary embargo, partial sharing, one to one sharing, non-disclosure agreements)

Explain any necessary restrictions on sharing (e.g. commercial or security reasons).
If any data cannot be shared, but is going to be preserved, a dataset record should still be created in Pure, the data can be uploaded to the record, the data itself can be restricted, whilst the record is made publicly visible. The record should explain why the data is not accessible, the circumstances under which access may be granted, and who to contact for information about the dataset.

Despite the use of pseudonyms, it is recognised that there are other factors that may make participants identifiable, such as the visual or linguistic content of their data. As the research project may result in the construction of special category data, and the research is subject to data protection legislation, it is intended that this will be restricted. Data will be accessed only by the researcher and supervisors. It will not be shared more widely than this, and participants will be advised as such.

6. Responsibilities and Resources

Who is responsible for data management?

- Who is responsible for implementing the plan, and ensuring it is reviewed and revised?
- Who will be responsible for each data management activity?
- How will responsibilities be split across partner sites in collaborative research projects?
- Will data ownership and responsibilities for RDM be part of any consortium agreement or contract agreed between partners?

Laura Steckley, Chief Investigator, will have overall responsibility for implementing the plan, and ensuring it is reviewed and revised. Charlotte Wilson, the student, will have operational responsibility for the data management activities. There is no partner involvement in this research project.

What resources will you require to deliver your plan?

- Is additional specialist expertise (or training for existing staff) required?
- Do you require hardware or software which is additional to existing institutional provision?

The data will be stored on Strath OneDrive and accessed through a password protected PC.

The research project will employ the use of:

1. Outlook (Email survey)
2. Zoom (Focus groups)
3. WhatsApp (Diary method)

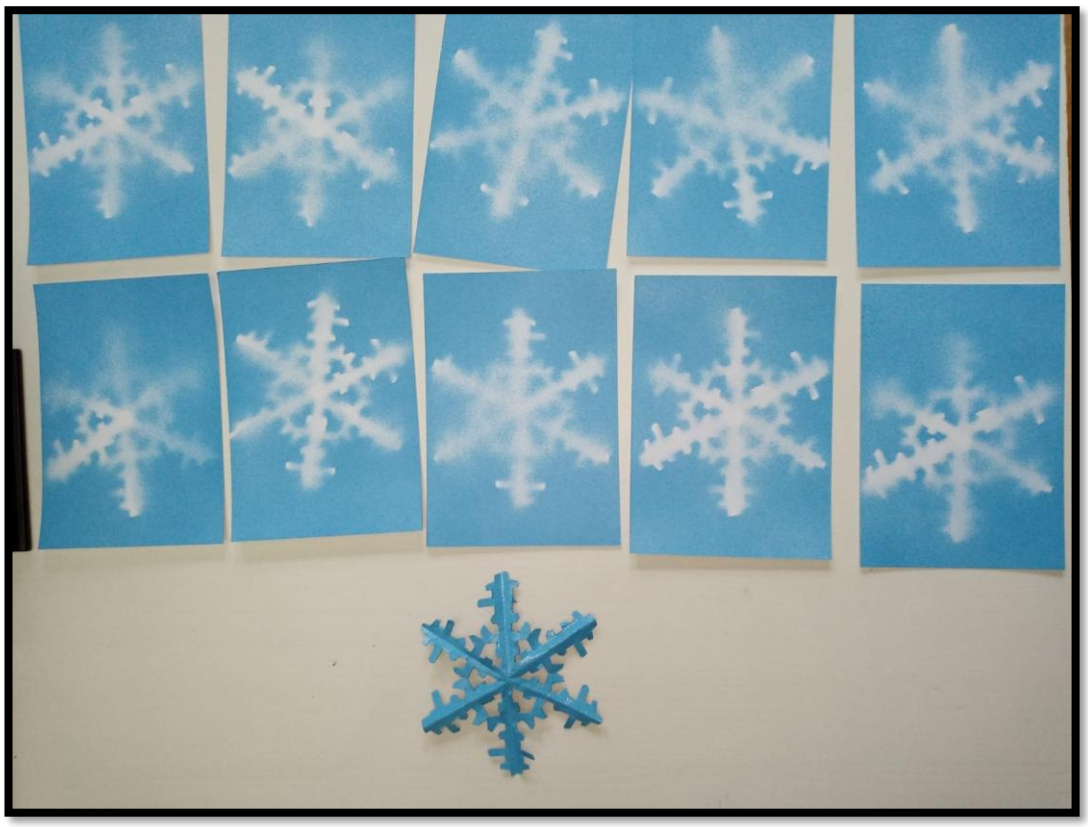
No additional expertise, hardware or software is required.

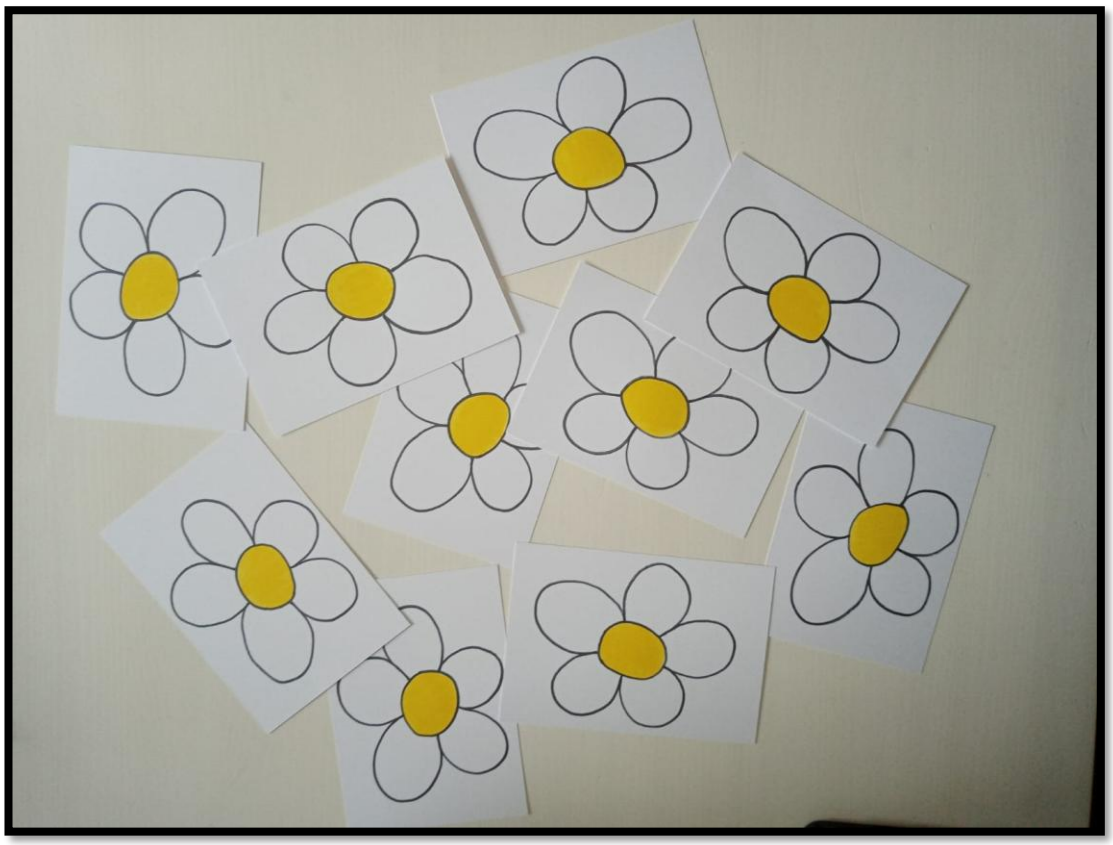
Useful links:

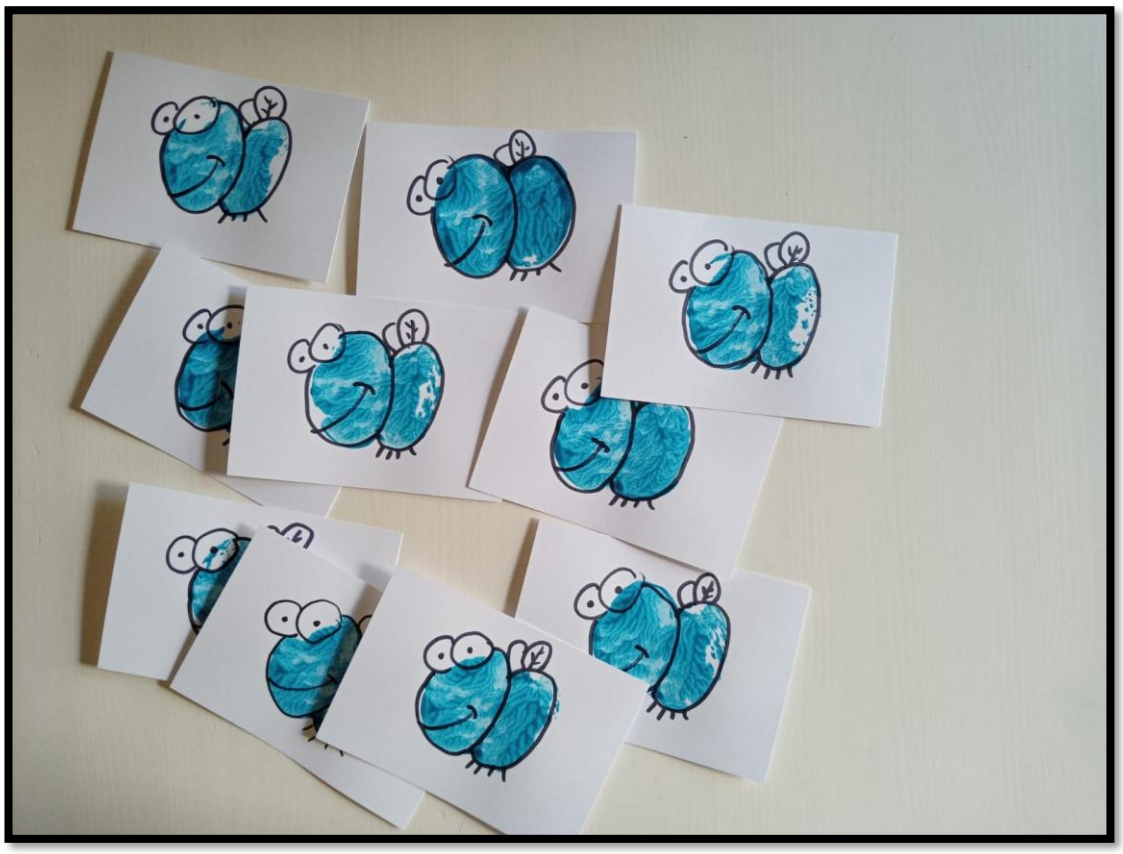
- Pure: pure.strath.ac.uk/
- Strathcloud: www.strath.ac.uk/it/services/strathcloud/
- Network Drives: www.strath.ac.uk/it/filestore/
- RDMS Help: moss.strath.ac.uk/projects/resdata/SitePages/Home.aspx

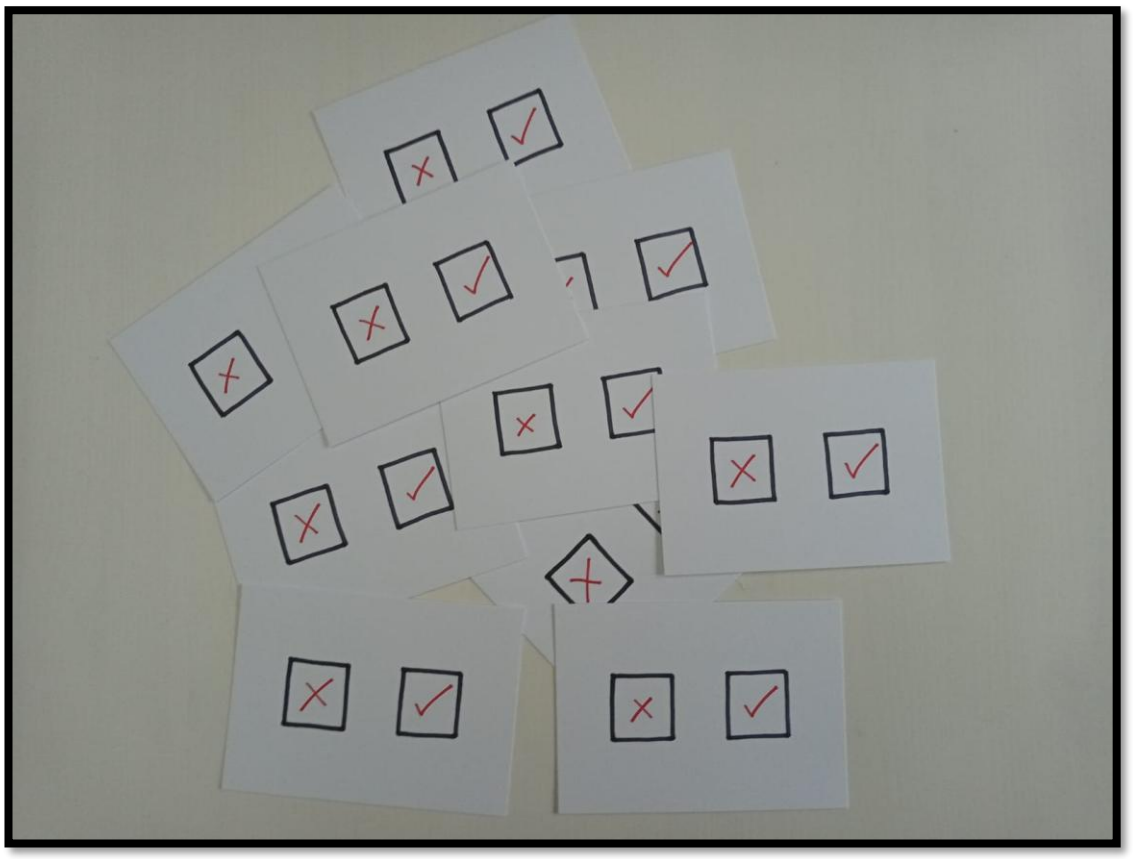
- EPSRC Policy: www.epsrc.ac.uk/about/standards/researchdata/
- DCC Guidance: www.dcc.ac.uk/resources/data-management-plans
- UK Data Service Guidance: www.ukdataservice.ac.uk/manage-data

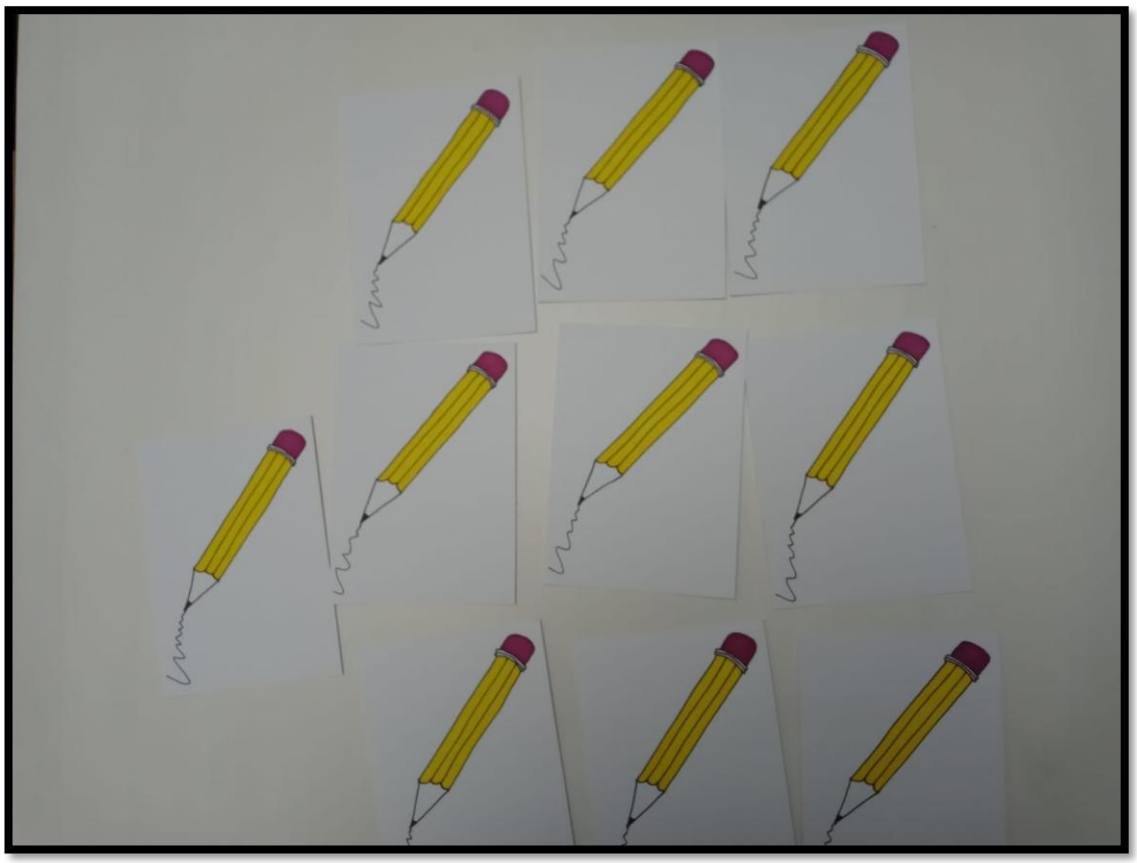
Appendix U: Postcards

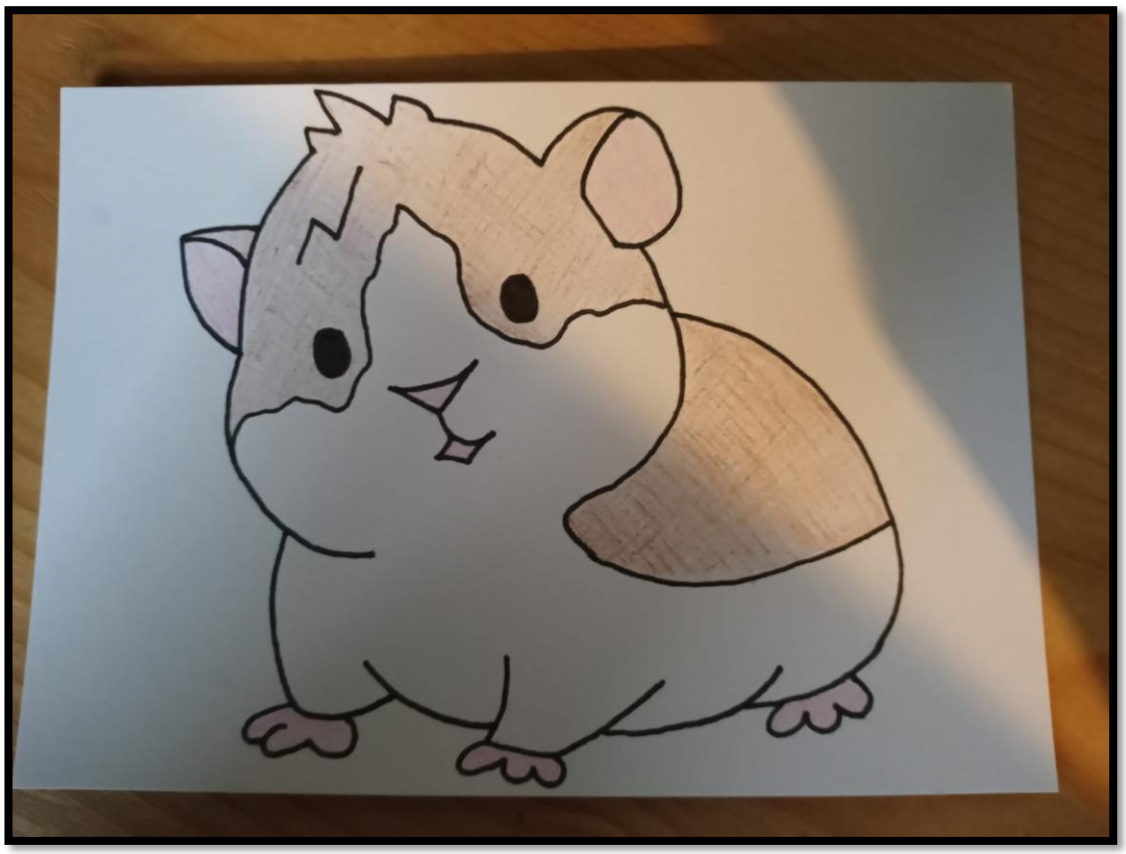


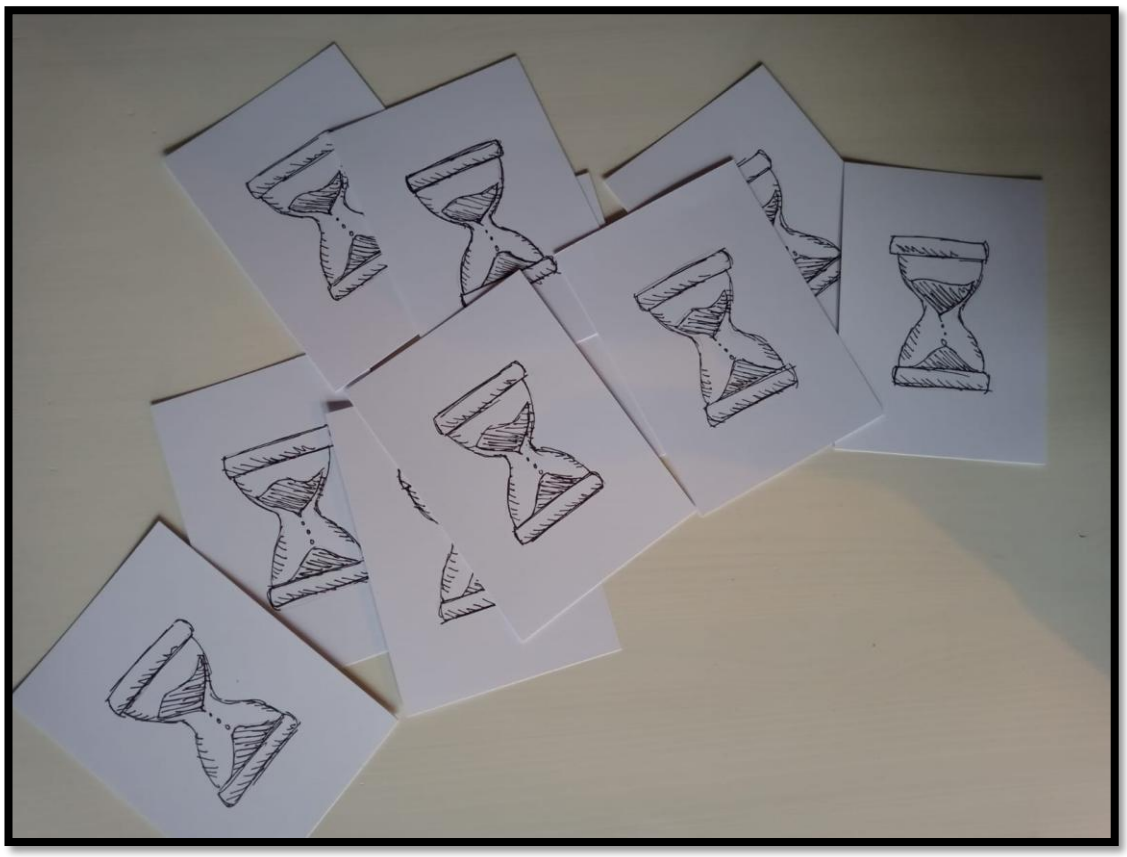












Coca-Cola
ZERO SUGAR
RECYCLE ME

Appendix V: Personal Experiential Themes

Appendix V1: Personal Experiential Themes – Andi

Andi's table of PETs and subthemes
Secure care as the loss of key relationships
Sense of loss felt for key people
Sense of community and nurture
Loss of connection to family and pet
Secure care is experiential
Noises from the day of admission were significant
Normal family activities and experiences helped to create a sense of home
Limited access to exercise or other preferred activities
Secure rules make sense to keep us safe
Environmental rules made sense
Sense of containment through the use of boundaries
Different young people had different rules
Secure care shouldn't be for autistic young people or those with mental health needs
View of self influenced by others
Secure not appropriate for young people with mental health needs
Shared experiences and supportive relationships with other young people create a sense of belonging

Andi engaged with the research project over a two-month period, providing verbal data after their time living in secure care. Andi had experienced life in two different secure units when we met, and was able to reflect on the similarities and differences between these. When we met, Andi was living in a non-secure residential setting, provided by the same organisation as their most recent secure experience. Andi frequently reflected on the people they had spent time with in secure care and the impact this had had on them.

‘It just feels like everyone's leaving me’: **secure care as the loss of key relationships**

People were important to Andi, and a common thread in our discussions was the *sense of loss felt for key people* who were not in Andi’s life as much as they used to be, whether this be family, young people, or preferred staff members. Connected to this, there was a sense that it was important to Andi to be around people who knew them well. In this relational context it was significant that Andi described how other people didn’t know anything about them other than their gender before they arrived in secure care. This appeared to include staff as well as other young people. This could be seen as a loss of the benefits of being known:

> Like I was like, everyone was just looking at me when I first came in, I was just like, sitting on the couch just like 'oh! hi!' but I didn’t really say anything to them I was just sitting watching TV. But they all knew that I was a new person coming, but they get told like [pause]. So like the staff, some of the staff don't tell them till like the last second before they come to the door, but some of the staff tell them - staff are like 'oh it's a [boy/girl]' but they don’t know like my age or nothing, they don’t know anything about, like the managers know all that stuff, so they have to wait till they can, like to know their name.

Such was the positive impact of support Andi had received from the secure unit, they felt a sense of loss now that they no longer lived there. Andi described the *sense of community and nurture* they felt from the secure unit with the use of “they're just like a big family”. The impact of this was such that Andi expressed a preference for living in secure care, rather than the community setting they lived in when we met. Andi described how the level of restrictions in secure care promoted success for young people with the use of “see in here [community setting], the kids have more opportunity to like wreck – like ruin it for themselves

basically". This shows a level of ambivalence, with the restrictions being simultaneously experienced both positively and negatively:

> I miss a lot of it to be fair. [Previous secure unit] no, I love the fact I'm out of [previous secure unit], just like I'd never go back there, but [most recent secure unit] - I actually prefer it to being in here [community setting]. Like it's just a lot more calmer kind of like - see in here, the kids have more opportunity to like wreck - like ruin it for themselves basically. In [most recent secure unit] you don't get really get the chance to do that coz you're always, like you're not allowed going out and in the community and like doing things to like put yourself in that position that's bad for yourself just like.

The secure unit also appeared to feel more nurturing than the community setting for Andi due to the staff presence with the use of "you always have staff about, and it's just – it feels more homely". However Andi recognised that this could vary across services, and that there was an element of luck with regards to being accommodated in the 'right' placement. This led me to wonder whether there was something in services' admissions assessments which could take account of this to ensure all young people felt 'lucky' with regards to being accommodated in the 'right' placement:

> And then you always have staff about, and it's just – it feels more homely than basically here. Like they try and say make this place your home, like I'm here, but I'm like 'no', coz I always say every single day 'I'd rather be in [most recent secure unit], I'd rather be in [most recent secure unit] like I would always rather be in [most recent secure unit]. It's strange for me to say as in a young person that's put in secure but I actually prefer it in [most recent secure unit] like but I feel like I just got lucky with that placement like that secure placement because compared to [previous secure unit] - I

> was in [previous secure unit] for about a year and a bit, but I was in there [most recent secure unit] for only like two months but then it was good.

Andi highlighted the importance of relationships when describing how it felt to be supported by their preferred people. Andi expressed a gender preference within this, and appeared to be close to articulating how it felt to spend time with people they liked, to be able to talk to and hang out with them. Although Andi wasn't able to find the word for this, it is likely that it made them feel valued and enhanced their sense of self-esteem:

> Um, well, I spent time with the young people all the time like erm there's certain young people that I liked more than others obviously, but the staff like - I had my certain staff as well coz I'm very, coz obviously with my autism I'm really thingied with some staff compared to others, like I don't like certain staff compared to like the way I am with others. Like with me, especially males are a bit of a big thing for me that I'm more comfortable with females than males and I always used to spend time with females in [most recent secure unit] I was like always. I love spending time with people coz it just makes me feel like, I like talking to people and I like hanging about with people, I'm always like one of the main people to be like 'yeah me!'.

Andi was able to draw out elements of preferred people's personalities that felt valuable to them, such as being crazy or funny, which suggests Andi found it important to be able to find fun and enjoyment in their life:

> And then, in [most recent secure unit] my favourite staff member, she was just a bit crazy as well. All the staff that I like are crazy, like we always call her Crazy Christy basically, that was her name. But she was, she's funny.

Andi went on to describe how difficult it had been to stay connected to these significant people since leaving the secure unit. I got a sense from Andi that it was important to be able to maintain these connections, but much of this was not in Andi's control:

> She doesn't really come to see me anymore. She came to see me about a few weeks ago but I wasn't here, I was out at an appointment and then I came back and they were like 'oh she came to see you' and I was like 'no!' and then I was raging coz I missed her but em, I need to see her at some point anyway just to see how I'm getting on. Like one of my staff members in here are one of my staff members from [most recent secure unit]. They're in here today, just now. Erm I got along with him, kind of, it's like he was alright, he was funny, but.

Andi advised that it felt important for them to be able to approach staff they felt connected to, and the ability to express a gender preference within this appeared to enhance their sense of felt safety:

> Yeah. There was a staff member who I liked. She came to do a shift in here [community setting], like a few weeks ago. Yeah. And then, I liked her, and then there was another staff member who does shifts in here as well [pause]. I went to more like females and males. I'm still like that - I always go to females more than males - coz I feel like they're more like understanding, males are just like 'grr.'

Andi further noted that the extent to which they kept in touch with people depended on how connected to them they felt:

> And then, obviously, I had friends in there, in my first one. I still communicate with my friends from there. Erm, but yeah I don't speak to any of the staff from there [previous secure unit] anymore. Coz you can phone in and all that but I don't phone in, like now staff

> come and see me, and I always go to the windows to see them I'm like 'oh hi!' But see even the kids, we have a bit called the [outdoor area], em in that one [most recent secure unit], and you can just go up to the gate, you can see in through the gate and I'm just like 'hi' and then I just don't even have anything to do with that one.

Andi described a sense of community with other young people, using the lens of secure criteria to make this connection. To Andi, the shared experiences meant that "they don't judge you for it coz they do the exact same things". This led me to wonder how this culture of mutual understanding between young people was promoted in the service. Andi evidenced this with examples of not being 'picked on' or judged for behavioural distress:

> The young people were good as well. They were just really supportive, like they would never like pick on you kind of - but out here you get picked on quite a lot so like oh, they'll mention things about your weight, they'll mention things about everything, and then in there they're just like a big family basically just like yeah support, like at school and all that like you get to mix with the other houses coz there's [number] different houses you get to mix with them all and it's just nice. You just get to meet everybody – and then – like - coz obviously you're all in there for basically the same things like compared to this house so they don't judge you. Other than out here like you don't know what each other's in for, like in here for, and all that like they're in here for stuff but everyone knows kind of the criterias of being in secure so all like 'we know you struggle with that' so they don't mention it kind of. Out here, I struggle with like self-harm and all that, and the young people always just go 'why do you do that? why do you that?' When I get angry coz I have anger problems, like a lot of anger problems, there's always like 'oh how'd you do that' but in [most recent secure unit] you'd do something and they don't judge you for it coz they do

> the exact same things coz they struggle. Like everyone struggles and they can't help it like.

Andi categorised other young people according to their behaviours, describing those who were struggling; those who kept to themselves; and those who were more energetic and showed increased interaction with others. Within this, Andi demonstrated an awareness of how other young people were feeling; appearing to offer a sense of empathy as to why they might be behaving in that way. This was interesting as empathy is not often associated with autistic people:

> Yeah. You could kinda see where people were like struggling more than others like some people are like… dunno they just used to like keep themselves to themselves and was more just like 'I don't wanna get involved with anyone else coz that might affect me'. But the other kids were just like, they're the ones who were just like jumping about and trying to get involved with anybody, they're just like 'yeah' but then there was like one girl who kept just sitting, she wouldn't get involved with anybody.

Andi was also able to offer reflections on their interactions with other young people, and how these had changed over time. In the use of "I flipped and I obviously hit her" Andi shows how difficult it was to accept others' perceptions of their self and identity:

> Um when I moved in there was a girl who I lived with in secure and we got along at first and then one day I just flipped coz she was going about like calling me fat to everybody and all that and I flipped and I obviously hit her and all that and then erm. And that was it, we just didn't speak to each other for a few, for about a month, maybe shorter than that, a few weeks, and then we, and then she said 'oh I'm sorry for like calling you fat and all that' and I was like 'all right' and then we just, like we were already, like we were sound

> and everything, but we didn't full on like, became besties with her, but we just got like along alright. And then I had, there was one girl I wasn't really keen on when I first moved in there, but she become, like we became like best friends.

Andi described a *loss of connection to their family*, and how difficult it was not to be able to see them and their family pet. The weight of this loss is reinforced by Andi's use of "it just feels like everyone's leaving me". Andi framed part of this difficulty through how secure care was constructed, influenced by societal understanding, and how to make sense of that in a way that was accessible to their younger siblings. The way in which Andi described secure care as 'not being for bad people, just people that are struggling' made me wonder about a shared narrative in the service that promotes a more empathetic culture. The sadness and confusion Andi describes for their younger siblings led me to wonder whether this was how Andi felt about the moves, but positioning it on their siblings perhaps felt like a safer way to look at it:

> Um, probably being away from family [pause]. Coz my family - I live in [Northern Scottish City], so my family's like five hours away from me, so I only get to see them every two weeks, which is a bit rubbish as well coz I don't get to see my [pet] either - I have a [pet] and she was like only a few months when I left to go in secure. But I don't get to see her either [pause]. Every single day I'm like phoning my dad like 'How's the [pet]? How's the [pet]?' and he's like 'Fine, she's fat now' and then I'm like 'Oh, okay' and then like - it just feels so rubbish, see when you see your dad and then you just see him leave and you're like well that's just rubbish basically because like you see them for like what - my dad can only come down for about an hour, two hours, coz he still has five hours to get up. By the time he comes down here it's about 2 o'clock so by the time he gets up it's like 9 o'clock by the time he gets home and he has my [sibling] as well and I only get to see him for a few

> hours so when he leaves I get quite upset and I just go 'well that's rubbish, coz my dad's just left me' and it just feels like everyone's leaving me because he's always just going back and coming forward and my little [sibling]'s always like, like he actually knows, like my little [sibling] he's em 8 and 7 so they're a bit like everytime they come back they're like 'Oh you've moved again' coz I'm always getting moved back and forth placements and they're like 'Oh what happened to your old home? What happened to that? What happened to that?' and I'm like 'well, um' and I kinda have to explain that like what happened - like it's for a place for people that are struggling and all that but in their head it's like bad people, but it's not bad people, it's just people that are struggling. And then obviously they just - it's just sad seeing them move - me move about all the time, and they get confused coz they don't know where I'm gonna be next time they come and see me [pause].

Andi further advised that they missed being at home and their family pet, this was particularly true as the pet was unable to visit them in secure care. Continuing the theme of loss, Andi expressed the severance of the relationship with their boyfriend, as a result of being accommodated in secure care:

> Um. Well I miss being at home obviously. I miss seeing my [pet] all the time. But my [pause] that's probably [pause] yeah I didn't really have much friends at home [pause]. I did have like a boyfriend before I went in secure but obviously because I was in secure for like two months he's got fed up and I was like 'that's rude' [pause] but I was like 'okay, bye' but I just miss my [pet] because obviously I can't have her here either, and I only get to go home like for special occasions.

'I don't know what's going to happen in this one': **secure care as experiential**

Andi advised that arriving in secure care was scary. This did not change with their second admission because they were not sure how different it would be to their previous experience in a different unit. Andi also referred to "meeting all the staff and young people" so it is possible that meeting this volume of new people may have impacted on how they experienced the admission:

> Um, well when I got put in [previous secure unit], it was like I only got told at like 12 o'clock at night I was going to secure so I didn't get there till like 4 in the morning so that was it I just went straight to my bed and that was it until the next day. And then the next day I - it was covid times when I went in there so I had to isolate in my room for ten days, so I was in my room for like ten days and I was just like this is - but it felt rubbish at first coz I was like 'I'm just in my room all the time' and then obviously I started getting out after the ten days and all that and meeting other young people and it was alright but then in [most recent secure unit] – I went - obviously it wasn't covid then - I just went straight in and was I sat in the living room bit and I was just meeting all the staff and young people and I just felt scared that I was like 'I don't know what's going to happen in this one compared to like [previous secure unit] and all that.' Like I felt scared in [previous secure unit] too but then it seemed to be alright, like [previous secure unit] compared to [most recent secure unit] was like a big difference between the two.

However Andi also reflected that settling in to a secure unit can be dependent on age or previous experiences. It is likely that the second experience of secure care admissions was informed in some way by the first, as Andi had that experience to draw on. As an autistic young person informed by experiences, this may have meant Andi was better equipped for the second secure placement:

> Um the first time I got secured I think it was different compared to that one. Coz I was quite chilled in that one. But when I was like, I was like 12 when I got secured the first time so I was a bit more… not settling in well and just… not liking it, that one, as much as that one. Coz that one I just felt instantly I was like 'oh, I just wanna be' [pause], but then that one I was like 'mmm'.

Andi expressed that uncertainty about the future caused upset for them. It is possible that this uncertainty impacted on their admission to secure care, if it meant that they didn't know how long they would be living there for. This is particularly true in the context of autism where it can be helpful for people to be informed about what is happening:

> Mm probably upset because you don't know when you're gonna get out.

Andi recalled the *noises from their day of admission being significant*, in particular the "doors shutting behind you", which were perhaps a symbolic representation of the fear they felt and feeling "locked up":

> Mm. I recognised like - coz obviously when I first got put in secure - there was a lot of banging and noises, doors shutting behind you and stuff coz you're just locked up basically, so. And then the second time it was the exact same. You just hear the doors banging and what not. But they didn't have any specific smells or nuffin.

Andi reported that the rules in relation to the environment can be flexible and individual to each young person. Andi demonstrated an understanding of the rationale for this; that certain restrictions were dependent on young people demonstrating an ability to self-regulate:

> Um when you first go in it's a bit like 'oh you can't have certain things in your room until you prove to us you can, like you're safe

> with stuff in your room' so, and you also get, you're not allowed out of the actual building, like out in the community, so you have to build up to that as well. So like some of the rules can be changed depending on you, as like a young person yourself, you have to like show them that you can cope.

Andi advised that 'yeah' secure felt like a safe place. When exploring what was different in secure care, compared to where they lived before, Andi reported restrictions on permitted items which impacted on the physical environment. The variation in practice Andi describes is interesting, namely that one secure unit permitted LED lights in their bedroom but most other secure units did not. It is illustrative perhaps of a lack of consistency in procedures across the secure estate:

> Like even your bedroom you can't do much with it like in [most recent secure unit] I had LED lights and all that in my room but in most secure units you don't get anything like that.

Andi described how *normal family activities and experiences helped to create a sense of home* in secure care, seen through their use of "do what you'd usually do in the house". However Andi recognised the environmental culture was at least in part influenced by "who you get put in with" and that there was an element of luck to this, which led me to wonder whether there was a factor here that could be given consideration during admissions assessments:

> But they were just really calm and we used to play games all the time and we'd just sit, watch TV, do what you'd usually do in the house, instead of just always being so serious and so hands on it was more just like laid back coz nobody would like 'kick off' as they use it [pause]. Like some kids are just like horrible and then some kids are actually like decent kids to be around and it just depends on who you get put in with, you either get lucky or you don't.

Andi advised that the *limited access to exercise or other preferred activities* in secure care was difficult. Despite access to physical equipment such as a swimming pool, the ability to be able to physically use this appeared to be dependent on others which limited Andi's free choice:

> Mmm. Probably just like you didn't really get much exercise because there wasn't much you could do [pause]. In there you're all just sitting about till - you can do activities in there like swimming and all that but not all the time. Coz there's only certain staff and young people, like you can't always just go to do things that you want.

'They weren't as strict as what people would think': **secure rules make sense to keep us safe**

In an exploration of what was different in secure care, compared to where they lived before Andi focused on the limitations on their freedom whilst in secure care. The examples Andi referred to were that in secure there were more boundaries; you couldn't go out whenever you wanted to; it felt like you were locked up; and access to certain items was limited. I found it interesting that Andi spoke about <u>feeling</u> 'like you're locked up' rather than a clear acceptance that they <u>were</u> 'locked up':

> Mm, well, I lived at home before. Just a lot more freedom basically. Just like you don't get as much boundaries as what you get in secure, when you're like, in, even like in a normal residential, like you still get, like you can go out basically whenever you want, and you don't get that in secure, you just get basically like it makes you feel like you're locked up basically, you don't get as much things.

When thinking about being searched on admission Andi advised that there were rigid rules about certain items not being allowed in to secure, but that

these *rules made sense* to them in terms of containment of young people's unmanageable behaviours:

> Yeah when you go in they have a scanner thing that you have to stand in and you like spin around in it and it detects if you have anything like hidden under your clothes and all that. And then, they said to me that was in case you bring like things to [pause], like lighters, sharp objects and all that, or like, like vapes and all that, you can't bring any of that in… Yeah. Coz some people do silly things when they get upset and then they regret it afterwards.

Andi further evidenced a *sense of containment through the use of boundaries* applied as part of normal parenting which likely increased the felt sense of family referred to above. Andi again referred to differences in procedures across different secure units:

> The rules in [most recent secure unit] it was actually - they weren't as strict as what people would think they were, like you'd think in secure - like in [previous secure unit] there was a lot of rules that was just pathetic basically and just rubbish, but in [most recent secure unit] there's not much rules you need to go by just like bedtime's at a certain times, just like usual things that would happen if you were at home basically.

Andi reflected that although the rules in secure care might seem unfair at times, the explanations received for why these restrictions were in place helped to make sense of them:

> Um. Sometimes I was like 'oh they're unfair' when I didn't understand them at first, like I would ask for like things in my room that 'no, you're not allowed that' and I'd be like 'pfft' like raging at them. But then like, then they would explain why and I was like 'oh

> well that kinda makes sense' but I was like 'but that's some people, not me' but they're just like 'nah'.

Andi appeared able to make sense of the rules in secure care through an understanding that they helped to keep young people safe:

> Like you're not allowed like magnets or batteries in your rooms hardly like unless you're trusted with them obviously you're not really allowed – you're not allowed glass like at all. Which I understand that coz obviously you don't want them hurting themselves obviously. But yeah there wasn't really any rules that I was like 'that's so not fair' like why would that be like stupid rules like you're not allowed things out of your box like sweets and all that that all the young people are like 'no!' but like other than that. It's just like normal rules like so you didn't hurt yourself or nuffin.

Andi advised that managers enforced the rules in secure care. Andi recognised that *different young people had different rules*, and demonstrated an understanding that "some kids needed more rules than others". However Andi reported that some other young people found this to be unfair:

> Mm like managers […]. Like they used to have like team discussions about like rules and all that, different care plans for different young people. [So different young people have different rules?] Yeah. [And was that good do you think?] Sometimes. Coz some kids needed more rules than others. But some of the other kids thought it wasn't fair.

Andi observed that some rules in secure care were very rigid, such as certain items that were not permitted. Again, Andi showed an understanding of the risks associated with such items, although noted that

some staff were more rigid with the implementation of these rules than others which evidences possible inconsistencies in practice:

> Uh yeah. Like the 'don't bring in this stuff', and like family visits kind of like they weren't allowed to take in anything in with them basically, like all their stuff had to be checked through before they bring it in coz in case they brought like lighters, like vapes and all that [pause]. You're like not even allowed your phone in, coz it's like so strict but they have to get searched as well when they come in, so they don't have anything on them. But there was other rules like 'oh you're not allowed' [pause], like some young people weren't allowed a TV remote in their room, at first, because some kids like hurt themself with batteries and all that, so they're not allowed that. And we're not allowed tinfoil because you can make fires with tinfoil and batteries [pause]. But if we have tinfoil out in the living room we're not allowed having it in our room, like you have to put it in the bin or like give it to staff before we go to our rooms. But some of the staff are more stricter than others, some of them are more just like 'I don't care', just like 'as long as I get it back, like I don't care.'

Andi advised that the structure and sameness of morning routines in secure care was helpful for them. Andi demonstrated an acceptance of the rules around having a tidy bedroom being reasonable, through the use of "they weren't expecting like sparkling floors and all that":

> Probably the routines getting up at half eight and then school at nine and then showering every morning, just getting yourself ready for the day. And then you could have [pause] just [pause] yeah probably just the morning routine because you would just like wake up, shower, school. And then if you're not on school days, you can wake up, like whatever time. But you still have to shower when you wake up before you get out your room, you need to like tidy it

> up a bit before you get out. In secure like the staff wouldn't let you out until they see your room's a decent - they weren't expecting like sparkling floors and all that but they were expecting like a decent - not just like clothes everywhere and all that.

'Obviously I shouldn't have been put in there': **secure care shouldn't be for autistic young people or those with mental health needs**

Andi appeared to find it difficult to self-reflect, and described hobbies and likes rather than personal characteristics when asked to describe themself. This may have been because it was easier for Andi to describe what they liked rather than who they were. Andi advised that they were primarily funny, which appeared to be an important quality for them as it was also highlighted in their preferred people above:

> Um, well, people say I'm quite funny. So I would have said quite funny, because obviously, I just think I'm funny [laughs]. And then em, I'm always quite like, I'm quite a happy person kind of. Like sometimes, I'll have some days, like moody and all that, and then other days when I'm just like happy, jumping about [pause]. And I like singing, so I'd say I'm quite artistic, I like art and all that, and drawing and stuff. I really love pets. Pets are my favourite [pause].

Andi's *view of themself seemed to be influenced by others*, and they were able to expand a little more on their personal characteristics when viewing this through the lens of how others would describe them. It appeared Andi was able to construct this by drawing on descriptions they had heard of themselves such as "coz everyone says I'm funny", "they say that I'm sassy", and "they said that I'm up for trying things". Andi was also able to articulate that they 'liked what they liked' and didn't like doing things on other people's terms:

> Umm. Well the staff from there they still come and see me, well some of them, em, and I think they would say that I was [pause] mmm like funny, coz everyone says I'm funny. And that erm I'm really talky and like really chatty when I wasn't to be. And then that I'm bossy as well, and sassy. They say that I'm sassy all the time because I'm just like 'ugh, leave me alone'. And then I'm kinda just like, I like doing things on my own terms, I don't like doing things on other people's terms. Like I don't like, see when people ask me 'oh do you want to go do this activity with me?' I'll do it if I like it, but I won't do it if I don't like it. But they said that I'm up for trying things, but if I don't like it then I don't like it.

Andi reflected on societal pressures in relation to their weight and how they looked. In part this can be seen as the development of teenage identity, however for Andi may also relate to finding a way of belonging through masking (in this instance through the use of a literal mask of makeup). Alongside this Andi was able to express how their behaviours had changed as a result of their time in secure care:

> But one thing that I struggle with is my weight, coz all the kids in school, like even now, all the kids in school sit there and they call you fat, like they think they're trying to wind you up coz - we - when I - when people used to call me fat I used to just blow the lid, I would go mental, and I would just like start hitting everybody basically and just getting angry, but now I've kind of learned that that's not the way to go about it. The thing is it's hurting you and all that, but just, like, basically I argue with people quite a lot, like I don't really, I'd rather argue with someone than hitting them and all that coz that's not the way to go about it but I always argue back I just go 'says you' but then – I would never - I used to like not even argue back I'd just go for them and all that but I've stopped that now [pause]. And then like, but I always get told like that I'm quite pretty and stuff like that, and, I think I am, when I put my make up

> on. I love my make up, I love doing beauty and all that, erm, like I'm doing a beauty thingy in school, like hairdressing and beauty. I like the beauty side more than the hairdressing side coz I'm too lazy to cut hair. But make up you can do like eyes, looks and all that. I hate when like people come in and they have wrinkly skin and they're like 'can you do my make up?' and I'm like 'no' [laughs]. But em yeah I like doing people's hair, but I don't like really - I like cutting people's hair but I don't really like the blow drying and boring stuff. But I like cutting people's hair and I cut my own staff members' hairs coz they just let me. They're like 'okay, yeah' and I cut their fringes and all that coz they ask for it. They liked it.

Andi advised that their behaviours had been influenced by the young people they had lived with in secure, in that they had learned coping strategies (such as swallowing batteries) from others. Andi appeared to have internalised this in a way that impacted on their identity, shown through their use of "that's the way that like I cope coz I was in secure". It is possible this was located within the significance of shared experiences for Andi, and that the sense of trauma shared had in some way supported Andi's healing:

> Um, kids in secure, well you can kind of see, like see when you sit there and you go 'oh this place is rubbish' like living in a care home like you can be like 'oh yeah' - but they're in secure, they're struggling even more than me. But they're just like, they just feel like they're locked up all the time and all that. But they're, some of the kids like, I - they kind of changed my behaviours as well - so the kids, like some of them - like in [previous secure unit] some of them made it worse, some of them - like in [most recent secure unit] - most of the kids made my behaviours better, but in [previous secure unit], some of the stuff that the kids had done I still do it now. Because that's the way that like I cope coz I was in secure. Like I - when I self-harm, I don't like use glass or anything like that, I

> swallow batteries, but I learned that from the kids in secure. But compared to the ones in [most recent secure unit], they kinda just made me better about myself, coz they just like, they just used to - but I was in with a good bunch of kids like you get some that are horrible and all that, but the kids I was in with were actually like really nice kids like em.

Andi stressed the importance of early intervention and mental health support for young people, with an understanding that secure care should be used only as the last resort. However Andi appeared to feel quite strongly that *secure was not appropriate for young people with mental health needs*. 'Obviously' was a word that Andi made use of a lot, however in the context of 'obviously I shouldn't have been put in there' it seems suggestive that this would be common sense. Given Andi's reflections above on what a positive experience secure care had been for them, there is a sense of ambivalence threaded throughout this response as they attempt to make sense of their experience within the context of a system that had failed them:

> Um I feel like yes and no. Coz I felt like obviously I shouldn't have been put in there, as in like for my behaviours, coz I feel like kids with mental health issues and all that, like secure shouldn't really be a thing for them. I feel like they should try something and see if it works and if it doesn't then obviously secure's like the next thing but they didn't do that with me they kinda just like put me at home with no support and then I was like - and then obviously I went off the rails – started kicking off and doing things and then obviously they put me in secure straight away and I'm like well they could have at least tried me with like mental health support and all that, just things to help me get better. But no, they didn't try that they didn't give me support at my dad's - I had to go home – for about - I got put in care when I was 12 so I didn't get to go home full time till I was 14 and that was three years until I got to go home,

> well four basically until I got to go home, and then obviously like I went home with no support and I was like 'well that's a bit rubbish' coz they didn't give me any support or nuffin.

Andi's confusion as to how they felt about secure care continued, evidenced with the use of both "I felt like I belonged" and "I didn't deserve to be there". This was in the context of the *shared experiences and supportive relationships with other young people that had created a sense of belonging* for Andi in secure care. However secure care was also viewed by Andi through the societally constructed punitive lens and therefore felt like a punishment. This was compounded by their previous placement breaking down due to the actions of others:

> And then when I feel like I'm not supported - well - and then there's times where I'm like 'yeah, I'm' - I felt like I belonged in secure kind of - coz the kids just like really welcoming, as I said, like even the staff they were like 'yes, yeah', and we used to like do baking and all that but on the side like I didn't deserve to be there, just like, they should have helped me a lot more than just putting me in the deep end and basically I always say this to my social worker 'you put me back to the start' coz obviously when I got taken out of [previous secure unit] that was like my fresh start after being in secure, like behaviour wise and all that, and I was doing well. Like I was, obviously I had my moments, like everyone has moments, like they can't expect us to be perfect. Erm but in my placement before my dad's that was my favourite placement like they had - it was just me, and I had my animals, and my staff, and it was actually doing really well until they got another young person and that's where I went off the rails and got moved to my dad's but then obviously I didn't get any support at my dad's so then I was still doing the same behaviours and then obviously got put in secure and I just didn't deserve it basically [pause]. Yeah like if they didn't get another young person I feel like I would still be in that placement

today. And like even social workers gave them into trouble for that basically coz they did it behind social work's back, it was supposed to be a singleton placement for me, and they went behind social work's back and got this young person in, so social work gave them in trouble for that because they shouldn't have done that because they knew I struggled basically.

Appendix V2: Personal Experiential Themes – Bobby D

Bobby D's table of PETs and subthemes
Secure care offers transformational relationships
Not belonging
Experience of staff contradicts the fear and uncertainty
Individual people were important
Secure care as deprivation of liberty
Deprivation of liberty element different
Food was not good
Positive memory of first day
Secure care presents an unknown structure
People not telling them what was happening
Staff enforce the rules
Lack of consistently felt safety
Societal perceptions impact on sense of self
Struggle to articulate own identity
Limited autism awareness of others
Internalised society's responses

Bobby D engaged with the research project over a twelve-month period, providing verbal data both during and after their time living in secure care. When we met for the last time, Bobby D was living in a non-secure residential setting, provided by the same organisation as their most recent secure experience. Limited autism awareness was a strong theme for Bobby D, and threaded throughout their responses to the process of their admission, and the way others communicated and understood their sensory differences.

'The staff were nicer than where I lived before': **secure care offers transformational relationships**

Bobby D had been accommodated in secure care on more than one occasion. Despite this, Bobby D noted that their first full day following their recent admission to secure care was very scary due to the volume of new people:

> No, that was just scary coz there was a lot of new people.

It is likely this feeling of being surrounded by new people would have reinforced any sense that Bobby D had of themselves as *not belonging*; a view commonly held by autistic people living in an allistic society. Bobby D advised they did not feel like they belonged in secure care, and was unable to reflect on the thing that had had the biggest impact on them. Despite this sense of not belonging, the key relationships that Bobby D was able to form may have reduced their sense of feeling like an outsider, even a little:

> The staff helped, specially my safe staff helped, and [two key young people] also helped [change how I think about myself].

Bobby D expressed that they spent time with particular members of staff in secure care, and two key young people. They noted that:

> The staff were nicer [pause] than where I lived before.

This shows a sense of ambivalence as their *experience of staff contradicts the fear and uncertainty* they felt about being secured. There was more than one member of staff that they recognised as a safe person:

> Em, more than one.

It was these *individual people that were important* to them and they missed the most once they had moved on from secure. Whilst relationships with staff were able to be maintained to a certain extent post-secure, this was not the case with the young people. Whilst this is understandable from a

risk management perspective, it creates an additional layer of complexity for young people moving on from secure care if they cannot maintain important relationships with peers. People both coming into, and going out of their life, then becomes a strong theme:

> Sometimes I see the staff but I can't see [young person].

'It's locked': **secure care as deprivation of liberty**

Bobby D advised the main difference between secure and where they lived before was the *deprivation of liberty element*:

> It's locked.

The use of the phrase 'it's locked' shows a symbolic physical representation of loss of liberty. Concrete symbols of the environment (such as locks on doors) may be better understood by autistic young people experiencing secure care than abstract ones. Bobby D emphatically confirmed that the *food was not good*, compared to where they lived before, and that:

> The food comes in a big yellow trolley from the kitchen.

Again, Bobby D makes use of symbolic physical representation here, of the food not being good. This is coupled with a sense of being othered through the stigmatising institutionalised way in which the food arrived. Food is a symbol of being well cared for, and quality food experiences are often deemed to be significant in creating a nurturing containing environment. However Bobby D reported a *positive memory of their first day* in secure care. The experience of showering in a 'very, very nice shower' and simultaneously becoming clean by washing away the blood and dirt could be viewed as symbolic of being cared for:

> I remember having a shower and it was a very, very nice shower coz I hadn't showered in like four days and I was very dirty and covered in blood so it was a very nice shower.

'Very scary… I didn't really know what was happening': **secure care presents an unknown structure**

This was not Bobby D's first time in secure care, but they advised that the arrival was:

> Very scary.

They believed this fear was due to *people not telling them what was happening*, and that if someone had been able to tell them what was happening this would have made it less scary for them. The sudden removal of normal daily routines, coupled with the addition of an unfamiliar environment, appear to have increased this sense of fear:

> Mmm, I didn't really know what was happening.

Bobby D expressed that the *staff enforced the rules* in secure care. Bobby D advised that they were able to keep their own rules for things that were important to them most of the time whilst in secure, which no doubt contributed to feeling safe some of the time. They were unable to reflect on what they thought about the rules:

> I don't know [what I think about the rules here].

In response to the question 'does it feel like a safe place here?' Bobby D replied:

> Not always, but most of the time. Not always.

This *lack of consistently felt safety* points to a connection with the perceived absence of information about what was happening. Bobby D may have felt a sense of uncertainty, due to the conflicting experiences which at the same time helped them to feel safe and not safe. This contradicts the 'black and white thinking' commonly associated with autistic people.

'Because it means disorder which makes it seem like there's something wrong': **societal perceptions impact on sense of self**

Bobby D appeared to *struggle to articulate their own identity*, and seemed to link this to more tangible characteristics that are perhaps easier to conceptualise for autistic people:

> Mmm [pause]. Smart because I'm good at science […] Honest.

Bobby D showed a good understanding of their own autism, and of the *limited autism awareness of others*:

> Mmm yeah I don't like it when people say ASD […] Because it means disorder which makes it seem like there's something wrong but there's nothing wrong with having autism - it doesn't mean there's something wrong with me [pause].

Interestingly Bobby D did not complete this reflection with the anticipated 'there's nothing wrong with me'. It may be that they did identify as 'having something wrong' but this could have been related to their admission to secure care and the impact this had on their sense of self.

Despite the positive relationships they had formed with key members of staff, Bobby D advised their experience may have been improved if staff had understood their autism better. They were unsure who they wanted to know about their autism. This uncertainty appears to have been based on

their experience of others not talking to them once they became aware Bobby D was autistic. Bobby D reported that they didn't really talk about their autism with anyone, and gave a firm 'no' in response to being asked if they spoke to any staff about it:

> Sometimes I talk to my mum about it […] I don't like when, sometimes like when people find out about my autism they don't talk to me they talk to the person I'm with [pause]. Coz sometimes I wear a badge when I go out, my sunflower badge, but then if I wear it then people won't talk to me they talk to who I'm with but if I don't wear it then they talk to me and I don't reply straight away and I'm thinking about what to say they think I'm being rude. If I don't wear it.

This shows Bobby D's lived experience of stigma in the ways in which they are responded to by others, both through the lens of autism and through an allistic lens. The communication barrier these perceptions create suggests an impact on their formation of relationships. This is increased further by their sensory needs varying on a daily basis depending on arousal levels, which made it harder for others to understand:

> It changes quite a lot so sometimes I can be okay with people touching me and sometimes I might not. It changes all the time and on different days I can handle different amounts of sensory stuff.

Bobby D commented on the limited autism awareness amongst the allistic population:

> I also hate all the very stereotypical autism awareness stuff and all the puzzle pieces, like it's stupid [pause]. I don't like when neurotypical people think they know everything about autism just because they did some training or they read something online and they think that applies to everyone [pause]. And I don't like when I'm stimming and people stare at me, because everyone says, you

> know, like one time I was stimming and someone told me to stop pretending like I had Tourette's but I wasn't actually I was just stimming. and then when people just tell me to stop doing it.

Despite their insistence (above) that 'there's nothing wrong with having autism' it is likely Bobby D had *internalised society's responses* to them.

Appendix V3: Personal Experiential Themes – Bobbie M

Bobbie M's table of PETs and subthemes
Secure care staff help me process how I'm feeling
Others' behaviours can impact on experience
Staff were important in helping to feel safe
Difficult to be away from family
Secure care as a nurturing setting
Quality of food helps to feel nurtured and well cared for
Relaxed atmosphere helps to unwind and feel calmer
Miss being outdoors in the fresh air and countryside
Secure care reduces your autonomy
Inconsistency in implementation of the rules can be confusing
Should be more flexibility with rules, based on young people's age and how much support they need
Daily routines are helpful for supporting to know what was happening
Secure care as a transformational experience
Difficult to reflect on how others saw them
Able to engage with activities that were important to them and enhanced identity
Secure care as a transformational experience

Bobbie M engaged with the research project over a two-month period, providing verbal data during their time living in secure care. Bobbie M had previously lived in a young offenders institution and was able to reflect on the environment, procedures, and staff interactions in secure care with this experience in mind.

'A few people I can talk to': **secure care staff help me process how I'm feeling**

The people in secure care appeared important to Bobbie M, and were the thing they thought they would miss the most when they left:

> Erm I'd probably say the young people and staff members that I get on with in here.

When thinking about how people in secure care made them feel, Bobbie M advised that this was mostly good, but that *others' behaviours could impact on their experience.* This led me to wonder about the admissions criteria for the service, and in what ways young people are appropriately matched together:

> Mostly, good. Some people, some people how they can act or behave it makes me feel a bit down, but for the most part people make me feel happy and included.

In response to the question about whether they sensed anything from different people, Bobbie M advised that they got on better with some staff than others. Bobbie M demonstrated an understanding of being able to change their behaviour depending on who they were around, which may be an example of masking behaviour that is common in the autistic population:

> Erm, sense anything from different people. Different people have different vibes. So I know how to, I know how to treat one person - well not treat but I know how to conduct myself with one person rather than another. Say for example someone I don't like very much, I wouldn't really talk to them at all. With staff members as well, if I, if I need something or need help with something I go to staff members that I get on well with.

When thinking about what a new young person would need to know when moving into secure care, Bobbie M recognised the significance of relationships in secure care. They advised it was important to get on with staff and young people, stating "if you get your head down, play the

game how should I put it, of the way it works in here, then you will be alright." It is difficult to determine whether this is a learnt skill, or just an adaptation to the environment similar to masking. It would be interesting to consider whether it is a skill which is transferrable once Bobbie M moves on from secure care:

> I would say, I would say to them don't worry, this - it can be scary coming in here but once - if you get on well - if you can get on well with other young people and you can find staff members that you can talk to. Basically you don't cause a scene, you don't keep causing a scene, er, like for example being rude to staff and nasty to other young people - if you get your head down, play the game how should I put it, of the way it works in here, then you will be alright.

When thinking about whether there was anyone in secure care who 'gets you', Bobbie M suggested that they felt understood by staff and most young people.

> [long pause] Yes. I'd say so, yes […] Staff. Young people - mm - reasonably yeah.

However Bobbie M advised that they preferred spending time with staff rather than young people, and noted the importance of particular staff within this:

> Who are the people I spend time with? Young people or staff members? [...] Oh well. Yeah there are particular members of staff I enjoy spending time with. Shift that's on tomorrow I would say I get on *the best* with. Um yeah I get on alright with young people, one guy I'm not so keen on but it's good, sort of stable at the moment.

Staff appeared important to Bobbie M in helping them feel safe. Bobbie M was clear that it was staff, and not young people, they would talk to about how they were feeling:

> Safe person? Yeah, a few people I can talk to - if I'm not feeling right, or in that place […] Um definitely staff, wouldn't talk to young people about it.

When exploring what was different in secure care, compared to where they lived before, there was a suggestion in Bobbie M's response that the number of staff in secure helped them to feel safe. This resulted in them reporting that "there's a lot less survival needed" possibly due to feeling that others were looking out for them and helping them to feel cared for:

> You feel like there's more people - you feel like there's *more* people taking into account you know your safety and things like that and you're a lot less - there's a lot less survival needed in here than where I was.

In response to the question about whether there were people in secure care who help, Bobbie M replied that there was. Bobbie M went on to articulate some of the ways in which staff were able to help them such as through their positivity, or simply by listening with a non-judgemental attitude:

> Yes. Yeah, absolutely […] Yeah some more than others […] Erm some staff it's different, some staff are, coz they're optimistic, they - when I say optimistic I mean they wanna, they're very, you know, sort of like 'don't worry, you'll get through this' they, they're always positive. And other staff it's just coz you can sit down with them and have a conversation about what you're going through and they'll just listen to you and they - you won't feel judged.

When thinking about whether there was anyone in secure care who they used to like and now don't, or didn't like and now do, Bobbie M suggested that how they felt about people could change over time but was not keen to expand any further on this:

> Yes. Um yes. I'm just going to say yes.

When asked if there were people Bobbie M knew before secure care that they missed, they responded:

> Yeah of course. My family.

The use of language here suggests that this should have been obvious, that 'of course' they would miss their family. This was reinforced when asked to think about what they missed most during their time in secure care:

> Yeah. That and just my family.

Bobbie M spoke of how *difficult it felt for them to be away from their family*, and that this was the thing that had had the biggest impact on them. Their use of "being kept from" is illustrative of the severance of this interrupted relationship:

> Just in general? Oh, erm.. It's not being home I'd say. It's being in here. It's being in - being kept from my family I'd say, that I find difficult. That's all I can think of [pause] I do regularly see my family [pause]. Yes, I'd say probably my biggest difficulty I'd say.

'Lot more caring environment': **secure care as a nurturing setting**

When exploring what was different in secure care, compared to where they lived before, Bobbie M reported that the environment of secure was

nurturing and helped them to feel cared for and protected. The quality of food was an important theme for Bobbie M:

> Lot more caring environment, feel a lot more nurtured, food's nicer aswell. Um, what else? Just um, you feel more careful, you feel more protected.

Reflecting on their first day in secure care, Bobbie M advised that the *quality of the food helped them to feel nurtured and well cared for*. The extent to which it was different to their recent experience of a young offenders institution is illustrated through their use of "it felt like something else" and "first day in here it felt like a breath of fresh air":

> What do I remember? Ooh I remember coming in the jail car. I remember the two prison officers er drop - leaving me here and saying goodbye and I hoped - I like to think I've left that part of my life behind, but er. Yeah, meeting Steve my er unit manager, and um other staff members, and just being taken up to the unit, meeting the other young people um. Just sitting there eating fish and chips and I was like 'wow, this food is' - I couldn't believe, I couldn't believe what the food was like, it was, it felt like something else, it's like an Italian restaurant or something. Just like compared to what I was used to, it was, it was, first day in here it felt like a breath of fresh air.

Bobbie M advised that yes, secure care felt like a safe place:

> Yes. I'd say so.

However despite secure care being better in Bobbie M's view than where they lived before, they still felt as though they didn't belong and didn't want to be there:

> I wouldn't say I feel like I belong here, but, I've been in worse places put it that way. But um, but no I don't feel like I belong here. Um [name of YOI unit]. For about 9 months […] Erm, a lot better, yes definitely. Still don't wanna be here obviously, but it's better.

This ambivalence continued with Bobbie M advising that the *relaxed atmosphere of secure care helped them unwind and feel calmer.* They felt this was one of the things that had had the biggest impact on them in secure care, and found this particularly helpful when preparing for their court hearings.

> Nothing specific it's just everything. The relaxed - the relaxed - I feel like the attitude of the secure [name of unit] is fairly relaxed and it's helped me unwind from the tension of where I was before so that I can properly prepare myself for court hearings and things like that […] Everything. Just everything […] It helps me de-escalate easier when I'm in a tense situation. It helps me unwind my built-up, pent-up anger that I've had over the last few months. The last few months when I came here.

When thinking about what they missed most during their time in secure care, Bobbie M advised that they *missed being outdoors in the fresh air and the countryside.* There is something very symbolic about this being the opposite to having one's liberty deprived – the very antithesis of living in secure care. It is possible that access to the outdoors may have enhanced the feelings of calm that Bobbie M reported benefitting from:

> Ooh. Where I lived before I came into custody? Um. Probably the fresh air and the countryside.

When asked to describe the secure unit they were living in in three words, Bobbie M's initial response was a three-word sentence 'not too bad' which suggests a literal interpretation often associated with autism.

Bobbie M continued to suggest that their needs were met in secure by staff. Bobbie M advised that they were not bored or deprived of things to do, and it appeared that their identity could continue to develop as they could take part in activities that interested them:

> Three words! Not too bad. Well it's um, the food's alright. Don't really, can't really complain about that. Um, you're looked after, people make sure, staff make sure you've got what you need um. When I'm in my room at night I've got my TV, I've got my maths work and stuff like that that I can do. So I never feel, I'm not frequently bored of - and deprived of things to do. If that makes sense.

Thinking about their first day in secure care, Bobbie M advised they had been worried secure would reduce the level of independence they were used to. They were of the view that secure care had reduced their autonomy of decision making, despite recognising that they got 'more freedom' than where they lived before. Conversely, continuing with the earlier ambivalence, Bobbie M stated that the environment in secure care was positive, and it felt like a fresh start for them:

> I remember getting taken into the visiting room and meeting the unit manager and other support staff, and I remember them saying if you've got any questions please ask. Erm and I felt like I was having a fresh start, I felt I was having a fresh start in a new environment. Much more positive environment but at the same time I was very nervous to what - coz I'd heard rumours before that secure can be a little bit - get your independence taken away, that's what I was sort of concerned about when I came in that was like the vibe I was getting… Yes, I feel like you get more freedom in here, you get more like freedom, but where I was before you get more - erm, how do you say - like you're treated like your age.

'There needs to be more flexibility on how you're treated': **secure care reduces your autonomy**

Bobbie M expressed a view that despite understanding the rules well, some of them were annoying:

> The rules? Sucks sometimes not being able to swear. The rules, what do I think of the rules? Well, I understand most of them, some of them get on my nerves sometimes but I respect the rules and I like to think that most of the time I can deal with them to a certain extent.

Bobbie M advised that there weren't really any rules they didn't understand:

> Probably would say none. One that I'm a bit hazy on but nothing I don't understand.

However Bobbie M reflected that the *inconsistency in implementation of the rules could be confusing*:

> Um, oh, I was just, I'm just generalising, not anything specific. There's nothing that I don't understand I tell you that but. Just a couple of things that can depend, vary on person to person.

Bobbie M noted that managers enforced the rules:

> I'm not sure, I probably, I'd have to say erm higher up's, unit managers, things like that.

Thinking about what a new young person moving in would need to know, Bobbie M advised that knowing the routines and rules, which they referred to as 'the code of behaviour' was important, as was knowing particular members of staff. Bobbie M advised that they didn't know

anything about the routines or staff before they moved in, and this may be of particular relevance for autistic young people:

> Oh I remember getting that question in one of your letters. Um I think they need to know the routine. They need to know who the staff are. They need to know who their personal staff are. So their keyworker and case manager. Um they also need to know sort of the code of behaviour, so how to conduct yourself in front of other young people. Obviously don't be treating people like rubbish basically. Um just people they need to know um just the structure of the place, the behavioural patterns, the routine, um and just who they're working with and their peers. [And do you think it would be useful to know those things before you moved in?] Yes. [All of that?] Mmhhmm. Or a rough outline of that. [Did you know any of that before you got here?] No! No. No idea.

Bobbie M stated that secure care could be unpredictable due to other young people. In their view this was dependant both on the young person's personality, but also their previous experiences and how informed they were about life in secure care. This links back to Bobbie M's point above about how helpful it would be for young people to be informed of 'the code of behaviour' prior to admission:

> Yes, it can be unpredictable for example if you get a new young person, you don't know what they're like. They could be - I don't want to say the word raw - but they could be used to the system. They could be, keep their head down, you know you get on well with them, and normally that's a good sign. And then you can get people that haven't been in care or this system before, they're new to it, they need a bit of extra support.

Bobbie M advised that some rules, for example in relation to items allowed in the bedroom, education classes, or sanctions could vary for

different young people. However it appeared that Bobbie M was able to make sense of this:

> Some rules do yes. Most don't, most of them are firm in place but it's different young people for example things you can have in your room. Um what you do at school, what courses you do depending on your education and what level you're working at. Um how long you can be, whether you can have recreation or not, whether you have - what time you go to bed for example if you don't go to school. Young person doesn't go to school they don't get recreation, they get an early bedtime. Things like that the rules can vary for one person who's been to school all day and someone who hasn't - the rules will be different. [But does that make sense to you, that the rules would be different in those circumstances?] Yes.

When thinking about whether the rules could be changed, Bobbie M expressed a view that the rules were quite fixed but could vary for individuals. This suggested that either there was some flexibility in the rules dependent on individual young people's risks, or that there were inconsistencies in the way the rules were applied by staff:

> I think the rules are very fixed, um, depending between person to person the rules might vary a little bit. One person interprets one thing different to another person, but um, the baseline rules are very much the same, and I think I've learnt probably the majority of them by now.

Bobbie M expressed a view that there *should be more flexibility with rules, based on young people's age and how much support they need*, for example if they have a disability, which led me to question whether such an approach would offer a more supportive transition for young people moving on from the service. Similarly, Bobbie M advised that older young people should be given more autonomy with decision making:

> Erm, it's just a case of I understand why they have such rules with younger folk, like if - 13, 14, but I feel like when you're 17, 16 or 17 and you're bordering being an adult there needs to be more flexibility on how you're treated. And how you're treated and the decisions you can make, er, based on your life in secure. […] I mean, I think people should be guided about what age they are, and given advice, but I think, and supported, but I think people that are older should be able to make their own decisions for their future because I mean you're almost an adult. It gets to a point where you - unless people have disabilities, um - when you're almost an adult it's the point where you, you, you've developed your own kind of intuition if you know what I mean.

Bobbie M appeared frustrated by some of the environmental restrictions, and suggested that this could be better informed by consideration of individual young people's risks based on a combination of age and needs:

> Yeah, someone's age and someone's needs as well. I'll give you another example right, in our unit we have plastic cutlery, in case some people pose a risk to, pose a risk to you-know-what, erm, but I don't have that risk. Other people in the unit don't have that risk. But because one person has the risk, everyone had to - do you know what I mean? That kind of thing? […] Yeah I've got flexibility with my bedroom coz I don't have that many, I don't have many risks for me personally, of - to the stuff I can get. So I'm quite lucky with my bedroom, but it's still restrictions on what you can get in and what you can have in your room.

When thinking about whether there were any rules that couldn't be changed, Bobbie M again advised that there should be more flexibility with rules, informed by young people's age and associated risks. Bobbie M also refers to an explicit rule in the context of insomnia, which may

have specific applicability for autistic young people with disrupted sleep patterns:

> There are some rules that are fixed, but I think there should be flexibility on them. Um, I'll give you an example. Um, the power for your TV, the power for our TVs gets turned off at midnight, erm, I understand why they do that for someone who's younger but again, I feel like if you're 16 or 17 you should be able to take your own responsibility for the sleep you get, and, if you wake up in the middle of the night and you can't sleep and there's nothing else to do, you know you need to watch - you need to have your TV - coz I've had that issue a lot coz I get insomnia, but erm I feel like that's a very firm rule that doesn't necessarily need to be as strict as it is.

Bobbie M reiterated this view when thinking about how the unit made them feel, noting that the lack of autonomy with regards to decision making increased their stress levels and felt insulting. I wondered if this in turn had an impact on their sense of identity (for example not being worthy or capable of making decisions) or distressed behaviours as a result of associated stress and frustration. The point Bobbie M makes here about feeling like staff are 'always supervising you' conveys another dimension of ambivalence as it differs from the point above about an increased feeling of safety due to staff presence:

> Mostly it makes me feel happy. Er, it's stressful sometimes. Coz er, oh I'm not sure, I don't know sometimes I feel like the way things go, the way things work in here is, er, a little bit demeaning for young people, for especially older young people, coz sometimes I'm made to feel a bit younger than I am if you know what I mean. […] Don't get me wrong, I like to go to school anyway. But I feel like there's some rules that apply, that don't necessarily have to apply to us but they're still enforced. […] Um, well I mentioned to you last time about the school and the, and er [pause] I think it's just a case

> of the staff being protective of the young people, is, when you get, when you have older young people it feels a bit insulting because they're always supervising you and there's always someone watching you and you feel like saying "I'm 17, I can, I can look after myself" if you know what I mean.

When thinking about whether young people had different rules to staff, Bobbie M expressed concern that not all young people respected staff. This showed a level of empathy that isn't often associated with autistic people:

> Yes. One young person in our unit, I won't name them, is often rude to staff. Erm doesn't have, don't have any respect for certain staff members, it's a case of if they don't provide a use to that person, then the person then, they won't show any respect for staff. And I think that's wrong, I think it goes two ways. It's a - I think it should be a 'you respect me, I respect you' basis, and I just - I hate to see staff trying to show respect to that person and them not returning - you know - not returning the gesture back.

Bobbie M reported that the search on admission followed standard procedure, and evidenced an understanding that it's to "make sure you not got anything". It appeared that there was an experiential element to this, as having been searched previously gave Bobbie M a better understanding of what to expect during a search. This led me to wonder how young people are informed about this if they do not have this prior experience to draw upon:

> Yes. Well they were very good um, they put the dressing gown on me, wand you down, make sure you not got anything. Fairly standard, um you know, I'm used to that sort of thing at that point so I didn't have an issue with it. Personally anyway.

Bobbie M indicated that the *daily routines were helpful for supporting them to know what was happening*. It appeared that having set times for daily

routines (such as getting up, lunch, dinner, and bedtime) helped them to manage their daily rhythm and know when things were happening. This is relevant in the context of autism as routines can be supportive to communication and managing anxiety:

> Anything about my routine? […] Um, ooh, the fact that there's set times for things to happen, the fact that there's a set time for lunch, that there's a set time for dinner, that there's a set time um you go to your room, and like get up in the morning on school days. That's good. It helps keep, it helps keep a routine so that my sleep patterns can stay in sync, things like that.

When exploring what about the routines in secure care Bobbie M found unhelpful, they noted that it can be difficult to challenge existing rules. The example Bobbie M gave in this response related again to the variation in restrictions they expected for individual young people based on their age:

> About here? One thing I would say I find difficult would be the mandatory - the level of strictness on mandatory school for older young people. Um, say for example, say for example you have to go to school six periods every day, six periods every day for all young people, all young people have to go to school. If they don't then there's consequences like I mentioned earlier like the rec and early bedtimes and I feel like if a young person over 16 years old who doesn't legally have to be in school there should be less restriction, there should be less restriction on the - not necessarily whether you go to school or not but the quantity of what you do. So you should be able to have more freedom of choice on subjects that you do. It shouldn't be rigid for everyone - it shouldn't be as one size fits all if that - if you know what I mean. […] Um it hasn't been an issue, it hasn't really been enough of an issue for me personally to say to them. Coz I mean school's going on quite good at the moment and I don't mind going in six periods everyday - it's good, gives me a

> good challenge, but it's something I've noticed overall, it's something I've noticed overall. Um as I say I haven't raised it with them coz it's not something affects me personally.

'The step forward this has given me': **secure care as a transformational experience**

Bobbie M appeared confident to describe themself and perceived themself as stable and calm:

> Stable […] Stable and very calm.

However it seemed that Bobbie M found it more *difficult to reflect on how others saw them*, which may have been related to the way they understood the world as an autistic person. They were able to articulate this with their use of "that's something I struggle with, guessing what other people think about me" and "course I won't know, but it's just that's what I'd like to think anyway."

> Oh, I don't know! Erm. You'd have to ask other people. Erm. I honestly don't know how other people would describe me. I'd probably say laidback. I would like to think people would think I'm quite laidback. Before I lived here? [..] What, would you say, like when I was at home? […] Ooh, that's something I struggle with, guessing what other people think about me, but. Hmm. I'd like to think people would say I'm fairly polite. Um I keep, I like to keep myself to myself a lot. Try to be, I like to try to be outgoing and speak to people, er speak to people you know, be friendly um. I like to think I'm, people don't see me as rude. Um, course I won't know, but it's just that's what I'd like to think anyway.

When thinking about whether they had changed as a result of their time in secure care, Bobbie M advised that they had matured, but didn't appear

able to say whether that maturity had been impacted by their secure experience:

> Oh myself then as myself now - yes. […] Um on the outside I'd say not much - the way I present myself hasn't really changed that much since I was at home but I just think I'm a bit more mature now coz I've experienced a bit more of life than back then.

When reflecting on something that happened that week, Bobbie M shared that they had been able to progress with some of their artwork and modelling projects, showing that they were *able to engage with activities that were important to them and perhaps enhanced their identity*:

> New Year. Oh very good, didn't take much notice of it, just another day really. Um, what else, what else happened this week? Christmas was last week wasn't it? Just er got doing some of my modelling projects, doing a little bit of my artwork still, keeping busy. Erm, same old thing really. Nothing much - apart from the new year nothing much to write home about.

Bobbie M reported that staff helped them to have perspective and to manage their anxiety and paranoia, and that this had helped them to be strong and get 'through things':

> Um, I get a lot of support when I feeling a lot of self-doubt, um I feel paranoid or anxiety - when I feel paranoid or I feel anxiety or worried about certain things, people will help me with that, and it gives me a better perspective on myself and help me tell myself - remind myself that I'm getting through things and I like to think I can be strong. And things like that, people will help me with that sort of thing in here.

Thinking about what would stay with them when they left the service, Bobbie M constructed *secure care as a transformational experience* with

their use of "the step forward this has given me to better myself as a person". It seemed that entering secure care as an unknown had given Bobbie M an opportunity to be a new person and change their life. It's interesting that Bobbie M advised "the good things, sort of overrule the bad things" which shows a level of ambivalence about the experience as a whole:

> Uhm. Just memories. Memories of what it's like being up in in - memories of what it's been like when I've been in secure, and, and the people - and the step forward that I've had, the step forward this has given me to better myself as a person. And, and just, and just, and remember - think I'm happy and my life's been improved, and not so much the things that have been a bit of a pain - because, it's that, the good things, sort of overrule the bad things, since I've been in here I'd say. Just my memories. Um hopefully my knowledge I've gained in school and just of - just of other young people and how to be supportive of - how people should be supportive of each other. Just more, more knowledge and some experience and memories.

Despite appearing to find it difficult to reflect on how others would describe them, Bobbie M appeared confident to express what they thought people would say about them when they left secure. Bobbie M's response that secure had given them the opportunity to change for the better is indicative of an experience of transformational change:

> Changed. I think I've changed a lot by the time I come in here in the first place, but I feel like I've still got room to change more and better myself for the community.

Appendix V4: Personal Experiential Themes – Charley

Charley's table of PETs and subthemes
Secure care offers beneficial relationships
Enjoying relationships
Secure care as physical containment
Deprivation of liberty element challenging
It can be difficult to process the admission to secure care
Overwhelm made it difficult to process or retain information

Charley engaged with the research project over a three-month period, providing written data during their time living in secure care. Charley was only able to provide a very small amount of written data which makes it difficult to extract themes, however similarities can be seen between their responses and some other young people's, and these will be explored in the discussion chapters that follow.

'Good consistent relationships': **secure care offers beneficial relationships**

When thinking about what was different in secure care, compared to where they lived before, Charley advised:

Good thing - Good consistent relationships.

The use of 'good' and 'consistent' points to Charley not just *enjoying the relationships* they formed during their time living in secure care, but also feeling a level of benefit from these.

'Having to be locked in rooms': **secure care as physical containment**

When exploring what was different in secure care, compared to where they lived before, Charley reported:

> Bad thing - having to be locked in rooms after 9.30pm.

This suggests that Charley found the *deprivation of liberty element of living in secure care challenging*, or that they found it difficult to understand the rationale for the bedtime rule.

'I don't remember my first day': **it can be difficult to process the admission to secure care**

When asked what they remembered most about their first day in secure care, Charley responded:

> I don't remember my first day.

It is possible that on the day of admission to secure care Charley experienced a level of *overwhelm that made it difficult to process or retain information* including what happened and how they felt.

Appendix V5: Personal Experiential Themes – Lindsay

Lindsay's table of PETs and subthemes
Secure care offers a range of relationships
Relationship with mum interrupted
Reflection on relationships difficult
Felt better understood previously
Secure care as physical safety
Felt like a safe place
Restrictions both kept them safe and deprived them of their liberty
Restrictions of the environment form part of the rules
It can be difficult to make sense of the rules in secure
Using 'secure criteria' to try and make sense of admission
Blanket rules are confusing and unhelpful
Daily routines are helpful
Self-reflection is difficult
Tangible constructs are more easily identifiable
Did not view themself as having changed
'Good self' incompatible with societal construction of children who are deprived of their liberty

Lindsay engaged with the research project over a four-month period, providing verbal data during their time living in secure care. Deprivation of liberty was a strong theme for Lindsay, and was woven throughout their responses to the way they perceived the environment and procedures in the secure setting, and how they made sense of their admission. Lindsay appeared to really enjoy participating in the research and was keen to maintain contact with the researcher afterwards.

'Staff and kids – all of them': **secure care offers a range of relationships**

Lindsay had lived in a residential unit prior to their admission to secure care, however didn't appear to miss any staff from the service. When asked if there was anyone they missed who they knew before they responded:

> Er yeah, my mum.

Lindsay confirmed that they saw their mum sometimes, and that she was able to visit them in the secure unit, meaning that their *relationship was interrupted* but not entirely broken. Lindsay seemed to find *reflection on their relationships with others difficult*, perhaps due to the presentation of their autism. When asked who they spent time with in secure, Lindsay didn't appear able to identify particular people of importance:

> Staff and kids - all of them.

Similarly, when asked if they sensed anything from others Lindsay appeared to find this difficult to conceptualise, advising that others made them feel 'good'. Lindsay suggested it would be beneficial for young people moving into secure to know 'who people are', showing perhaps that they hadn't had this knowledge at the point of their admission. When thinking about who a 'safe person' in secure might be, Lindsay stated that they found all staff to be safe people. Lindsay confirmed that there were staff they could turn to when things were difficult, and when asked how these staff help them, replied:

> Talk.

However, when asked if 'anyone here 'gets' you?' Lindsay responded:

> Not really.

When we explored this in comparison to where Lindsay had lived prior to their admission (in a residential unit) Lindsay felt that the staff there had understood them better, although when asked why, answered:

> Can't think why.

The sense of *feeling better understood previously* may have been due to the differences between the residential unit and secure unit staff's autism awareness, or it could have been that as Lindsay had been recently admitted to secure when we first met (and was moving on by the time of our last meeting) they'd had limited opportunity for others to get to know them.

'You can't leave the building, that's why it's safe': **secure care as physical safety**

Lindsay appeared to find reflection difficult, and often focused on concrete examples of the environment in their responses. This may have been because it was a more tangible concept for them as an autistic young person. Lindsay advised that the secure unit made them feel 'okay' and confirmed that it *felt like a safe place*, expressing that this safety was found in the physical security of the building:

> Erm […] because […] you can't leave the building, that's why it's safe.

However they appeared conflicted in their views of the security of the building, recognising that the *restrictions both kept them safe and deprived them of their liberty*. When thinking about what would stay with them when they left secure, Lindsay found the question difficult to answer but was able to acknowledge the impact of the 'big locked doors' as a symbolic physical representation of their loss of liberty:

> Will the big locked doors stay when I leave here? […] What, like your freedom of liberty is away that they've taken away when I lived here?

When exploring what had had the biggest impact on them in the secure setting, and whether the locked doors had helped to keep them safe, Lindsay expressed this ambivalence again:

> Probably help to keep me safe, but you can still go through them, still knock it down.

When asked about rules that can never be changed in the secure setting, Lindsay again linked this to the physical environment, recognising that the *restrictions of the environment form part of the rules*. Lindsay drew once again on the symbol of the locked door as a concrete example that made sense to them as an autistic young person.

> You mean like strict? [...] The locked door.

'They're very strict': **it can be difficult to make sense of the rules in secure**

In thinking about the rules, Lindsay gave much fuller answers than they did in response to the other themes. As an autistic young person Lindsay continued to draw on the concrete aspects that were tangible to them, viewing these primarily through the lens of restriction of liberty. When asked 'what is different to where you lived before?' Lindsay located these restrictions in procedures, the physical environment, and staff practice:

> In the community? [...] Yeah so I was allowed outside, but in here I'm not […] You're behind locked doors […] And staff have to [pause] secure's very restrictive I would say [pause] staff have to follow you when you go […] That's different compared to residential,

> the staff didn't need to follow you […] But the staff would still be there just in case.

Lindsay advised that the thing they missed most from before their time in secure care was:

> Erm YouTube and that. Yeah internet access. Yeah. You're allowed it in 'resi's', but you cannae in secure.

Recalling their admission to secure care, Lindsay advised that the lack of communication meant that it had been difficult to understand what was happening and had impacted upon how they felt at the time. It appeared Lindsay was unable to recall exactly how they felt, with the use of 'I was probably scared' which may have been due to a level of overwhelm that made it difficult to process or retain information including how they felt:

> Well talking about that. Tell me if my social worker should have did this. But my social worker said that she was taking me for a drive and to McDonalds and all that and then I was very annoyed at her when I came here […] I was a bit [pause] shocked […] I was probably scared coz I wasn't sure where I was […] Scary but.

We explored whether anybody had explained to Lindsay where they were and what was happening on the day of their admission. This response shows Lindsay *using 'secure criteria' to try and make sense of their admission*. For an autistic young person the notion of 'secure criteria' may be a helpful structured way of processing secure admission as it offers a clear set of 'rules':

> The manager here […] In this unit […] She just said I was staying here […] Until there was like a proper decision - do I meet secure criteria or not […] Still waiting to see if I do meet secure

> criteria or not […] Eh I've got another panel tomorrow, this'll be my fourth panel.

Lindsay spent a lot of time in our meetings talking about 'loss of freedom' and secure criteria (as defined by regulations and set out in the introduction chapter above). They appeared to have learned the criteria by rote but were perhaps still struggling to understand what freedom meant as an abstract concept. They asked multiple similar questions in relation to this, perhaps as a way to try and make sense of it, with one such example being:

> And how do you know it's taking someone's freedom away when they're in secure? And how do you know that?

The repeated reference to this shows what an important construct it was for them. Lindsay advised that being involved in planning for moving on from the secure service through their placement meetings felt 'good'. Lindsay expressed that there was not much they would miss when they left secure, again relating this response to their loss of liberty as a concrete construct:

> Erm not very much, I'll be glad that my freedom's back.

Lindsay found it difficult to recall being searched upon admission. This may have been related to the level of stress they were under on the day of admission which could have made it difficult to process or retain information about what was happening. They appeared to have a limited understanding of the search procedures:

> Yeah […] I was getting searched, see me coming in here what do they search for when you come in here? [...] If you have anything you shouldn't have. So see next week I've got an unsupervised visit,

> see when I come back to the centre, am I going to get searched if I'm on unsupervised visit? No? [...] Don't know.

Lindsay advised that nobody had explained to them why search procedures were carried out in secure units, however was able to articulate a response that evidenced a level of understanding of risks associated with certain items which are not permitted in secure units:

> Why do you get searched in secure? [...] So why do you get searched when you come in here? [...] Glass? [...] Knives? [...] Yeah.

Lindsay reported that the rules were strict and silly, and we explored an example of a blanket rule in relation to the use of earphones:

> Erm. They're very strict [….] Strict […] Silly like you're only allowed to have one earphone on. That's quite silly […] Because you should be allowed to listen with two […] Because in case staff shout on you but you can still hear them with two.

Although Lindsay didn't seem able to articulate why 'you should be allowed to listen with two' it is possible that this type of *blanket rule is particularly unhelpful* for those who may find it calming to immerse themselves in music. This could include not only autistic young people, but also those who are prone to becoming dysregulated or with sensory differences. When thinking about other young people moving into secure, Lindsay suggested that it would be beneficial for them to know:

> The - about er the rules […] How it works?

This highlights again the importance of the rules for Lindsay. They advised that the managers set the rules in secure, but appeared to lack clarity over

which rules managers had a role in, and which aspects of decision making lay with other professionals in their life:

> The managers […] Yeah. Does the staff and the managers decide what happens in here when the kids come in here? [...] Yeah […] But they don't decide what kids come in and out? [...] But they won't decide whether I get out of here or not?

Lindsay's confusion over the rules in secure continued to be present in other responses. When asked about any rules they didn't understand Lindsay responded:

> Ehh, going to bed at quarter to ten. Yeah […] Like why do you need to go to your bed at like so early in secure but in residential you can stay up till like 11/12 o'clock […] No, I just dunno why you can't just stay up till 11/12 o'clock but. I don't get that.

Lindsay identified this as another blanket rule that they found to be unhelpful:

> When we have to go to bed early […] Yeah. Mmhhmm.

It appeared that it was difficult for Lindsay to challenge existing rules. When asked if they'd been able to explore the rationale for the bedtime rule with staff Lindsay answered:

> No. Coz they deal with other situations usually.

Lindsay also identified that there were rules which could be changed, although noted that they did not:

> Yes there could be. Like you should be allowed unsupervised in the kitchen and that. That could be changed.

Despite the challenges Lindsay identified with the rules in secure, they were able to identify elements of the *daily routines that they found helpful*, and confirmed that they liked that most days were the same:

> The routines. When I get up in the morning. Eh I go for my shower […] Going for a shower […] When I go to school […] Yeah.

'That's the only two I can think': **self-reflection is difficult**

Lindsay appeared to find self-reflection difficult, but there is also the possibility that reflecting on the self was harder to do with the researcher than with a trusted adult or peer. When asked to describe themself they responded:

> Funny. I'm fun. And I like playing football. Trying to think what else. That's the only two I can think.

The use of 'that's the only two I can think' shows their difficulty with identifying personal characteristics, and it is notable that 'playing football' is more an interest of theirs rather than an element of their identity. It is possible this relates to their view of the world as an autistic young person, and that *tangible constructs such as football are more easily identifiable*. Lindsay described themselves before they lived in secure care as:

> Err, good?

And described themselves now as:

> Same.

The fact that they *did not view themself as having changed* may have been related to the short period of time since their admission, or may have been because they found it difficult to examine these aspects of their self. When

thinking about how they would want others to describe them, Lindsay responded:

> Describe me […] I do well […] That's about it.

And what people would say about Lindsay when they left secure care:

> Good […] Mmhhmm.

These responses suggest Lindsay has a view of themself as a good person who does well in life, however must be considered in the context of their apparent difficulties with self-reflection. Nonetheless, this view of a *'good self' is incompatible with the societal construction of children who are deprived of their liberty*, and likely created a sense of ambivalence or confusion for Lindsay. Whilst Lindsay did not appear able to articulate this explicitly, it can be seen through their repeated references to their loss of liberty, in the context of a self that is good.

Appendix V6: Personal Experiential Themes – Sammy

Sammy's table of PETs and subthemes
Secure care changes relationships
Reduced contact with family and friends
Relational importance of key staff
Inconsistencies in staff' practice
Secure care as a fear of the unknown
Future admissions are easier
Physical space is supportive
Did not belong in secure care
Secure care as emotional safety
Secure felt like a safe place
Structure and routine beneficial
Struggle to understand the routines and rules
Limitations of secure care to enact change
Difficult to articulate own identity
Secure care had had a limited impact on their life
Anxiety about the uncertainty of their future

Sammy engaged with the research project over a four-month period, providing a mix of verbal, drawn, and written data during their time living in secure care. Feeling as though their authority was undermined was a strong theme for Sammy, evidenced throughout their responses in the context of loss of freedom, impact on pre-existing relationships, and in the way blanket rules were implemented.

'Relationships and friendships are forced': **secure care changes relationships**

For Sammy, people were a strong theme which threaded through many of their answers. Sammy had lived in secure care on more than one occasion. They reported that prior to living in secure care on this occasion they had

lived with their family, which offered free choice in who they spent time with. The use of 'love' and 'genuinely care' in their responses are of symbolic relevance, and help us to understand that these are important constructs for Sammy:

> Live and cared by a family that love and genuinely care for me […] I get to choose my friends. Lots of time to spend with my family and I'm closer to my [siblings].

This was reiterated by one of their hand drawn responses. The style of this image depicts a family unit or group of friends united in loving relationships. Sammy has reinforced this with the gendered colour choices of blue and pink, and childlike drawing style with use of felt pen as the media:

Living in secure care had led to *reduced contact with family and friends* for Sammy. Existing relationships were broken or interrupted, and new relationships were forced. People both coming into and going out of their life was an important theme. Sammy reported finding it difficult to live with people they felt they had little in common *with*, and wouldn't otherwise spend time with. The way Sammy described life at home shows a stark contrast to their framing of life in secure care:

> Forced to live with people I don't like […] These people get paid to care for me […] Relationships and friendships are forced. A

> lot of control of my life has been taken away from me. I only see my mum once a week for one hour and hardly see my dad, granny or [siblings] […] I'm also very close with my family and look forward to the one visit a week I get with my mum.

Sammy was able to provide positive examples of time spent with family members whilst in secure. However they were unable to have any contact with their pet, which they described as 'the most important thing to me'. This use of language appears to emphasise the significance of the severance of this relationship, and further highlights the lack of control previously alluded to. There is a real sense of loss evident from Sammy as they are locked away from all that is dear to them; the loss of freedom, loss of a pet, loss of friends and family including their own close sibling:

> What good thing happened - oh, my [close sibling] came to visit, I hadn't seen her in a while [pause] Well we pretended it was our birthday, coz our birthday's next week […] I can't see the most important thing to me - my [pet].

The *loss of family* may have been the biggest loss for Sammy during their time in secure care. To emphasise the connection Sammy felt to their family they illustrated this response with the following hand drawn picture with felt pen. The string of hearts shows both the importance of loving relationships in their life, and the significance of that connection. The use of repetition of both the image and colour pattern reinforces this further:

However, Sammy was able to recognise that there was a safe person for them in secure care. And that some new relationships formed whilst in secure care, particularly with key members of staff, had had a positive impact on their life. Sammy articulated a sense of emotional safety felt from one member of staff in particular, in emphasising the feeling of trust,

and *relational importance* of him in their life. This relationship was of particular significance as it had been maintained since Sammy moved on from the service, and may have positively impacted on Sammy's own self esteem:

> I also have a very strong and special relationship with my old keyworker from [previous secure unit] he visits often and he has a newborn who came for a visit […] Rowan who was my keyworker became someone I could trust, that made things easier. Rowan since then has become a major part of my life. We still keep in touch via phone and visits, I really don't know what I would do without him.

This was despite the difficulties experienced with *inconsistencies in staff' practice*, which point to increased discrepancies for Sammy between preferred staff and those they found it more difficult to relate to. This is of particular relevance when viewed through an autism lens in the context of finding consistency helpful:

> I don't like a lot of the staff because I hate how inconsistent they are but I do have three staff that I go to.

These inconsistencies suggest a reduction in felt safety for Sammy, as they don't approach the staff they identify as being inconsistent for support. However positive influences were observed as a result of group living, whilst recognising that this came with it's own challenges. Sammy's response to this offers evidence of their sense of injustice:

> I had not done much group living before [previous secure unit]. I found that hard, I fought with a lot of young people mostly through me trying to stick up for younger peers. Living with others was new and strange but is also how I met my 2 best friends.

Staff were the factor that had most significantly influenced Sammy's time in secure care, and which they had or would miss after moving on. Their

description of this helps us to understand the relational importance Sammy indicated they felt from these staff members. They were clear however that this related only to some, not all, staff:

> Um, probably some of the staff. I never really thought I'd like any of them but then I did. Not all of them, only some of them […] The trust and relationships I had made, especially with my keyworker Rowan. But since leaving I still stay in touch with Rowan and Stevie […] I honestly won't miss much. I'll miss some staff… Xavier and Yvonne and Zoe (staff). Yeah that's it [pause] just people.

'I remember being angry and scared at my admission': **secure care as a fear of the unknown**

Sammy had been accommodated in secure care on more than one occasion, and was able to reflect on the differences in these experiences. Through familiarity of alternative living environments and their associated procedures, *future admissions became easier* for Sammy to process. Sammy illustrated this with the following hand drawn response, with the felt pen lovehearts and rainbow presenting a more hopeful, happy, and loving experience. Sammy again makes use of the gendered colour choices of blue and pink lovehearts, with a broader spectrum of colours included in the rainbow, representing perhaps the range of influences on their secure experience:

Increased familiarity resulted in admissions being less memorable which demonstrated a reduction in their importance for Sammy:

> When I got here I had already been in the secure part of [previous secure unit] twice so this is my third time in secure so I was used to it. Although some things here are different to [previous secure unit] most things are the same or similar […] Mmm, I don't really remember much about my first day here, it was ages ago.

Despite this, Sammy was unable to suggest what information other young people would need to know to prepare them for moving into secure care. It appeared as though reflection was difficult for them, and the concept of thinking about what others' know was not one which was accessible to them:

> What would they need to know? I don't know what they would need to know. I don't know.

Notwithstanding the strong relationship Sammy had with their family, they were able to recognise that *secure* offered a *physical space which was supportive* in managing:

> But I do also benefit from alone time when things get too much.

However, Sammy expressed feeling as though they *did not belong in secure care*:

> I belong in a place where I can see my family when and where I want.

In relation to feeling as though they did not belong, they went on to say:

> Not somewhere with people I would not normally be around.

This was largely due to the mix of young people living in secure care, and Sammy's difficulty with making sense of why young people who can't keep themselves safe are placed with young people in conflict with the law. For Sammy, this appeared to increase feelings of being an outsider and not belonging, and impacted on their own identity in trying to make sense of this:

> Yeah, some positives, but I just don't, I've always thought being in [previous secure unit] and here, I thought like the mixture of people that have like committed serious crimes and the people that just can't keep themselves safe, I think it's a bit unfair and a bit stupid to put them all in the same place - I've always felt like that [pause] A separate place, yeah. Somewhere that was more like tailored to the needs of them people that have broke the law and people that just can't keep themselves safe, rather than putting them all under the same roof and having the same rules for everybody.

Sammy also described a sense of boredom and feeling trapped in secure care due to the loss of freedom. Both of these feelings could be viewed as physical manifestations of being deprived of one's liberty. This contrasts starkly with Sammy's description of where they lived before:

> Can do what I want. I'm not treated like an infant […] I have independence and feel normal. I get to do what's important to me. I have more control over what happens in my life […] More to do when I am bored. I feel a sense of purpose and feel less trapped.

When describing life in secure care, Sammy's use of words like 'stuck', 'vicious' and 'cycle' paint a symbolic picture and help us to understand how life feels for them:

> Get bored very easily. Stuck in a vicious cycle.

'It's a lot more like structured and it's a lot more like rules': **secure care as emotional safety**

Like many young people living in secure care, Sammy had previous experience of a variety of living situations:

> I dunno coz I've lived lots of places and they've all been very different.

Sammy recognised that *secure felt like a safe place*, and spoke of the sense of emotional safety that it had provided. It afforded freedom of expression for them without fear of repercussions. This appeared to influence an improved relationship with their mum as a result, thus promoting a positive sense of self:

> I mean if it would be what's different from here to home - my mum, it's very different [pause] it's a lot more like structured and it's a lot more like rules and people around [pause] and when it's just my mum, she found it very difficult and very different, and difficult just to see eye to eye all of the time, yeah. Because it's your mum it's harder isn't it, because you don't want to upset her whereas if it's the staff sometimes you don't mind.

It may have been that some of the *structure and routine Sammy benefitted from* as an autistic young person had been lacking at home. Sammy recognised that some of the rules were helpful in this regard, and was able to draw out the aspects that were of benefit:

> Some are good for structure and routine.

The first admission to secure care was of significance for Sammy due to the *'struggle' experienced to understand the routines and rules*. The use of 'put into' points to the use of force and lack of autonomy Sammy felt about the placement. There is a suggestion that the internal struggle Sammy experienced may have been externally visible:

> It was my first time ever in a place like that. I remember being angry and scared at my admission and after that it took months for me to fully understand the rules and routine. I struggled a lot when I was first put into [previous secure unit].

Sammy expressed difficulty with understanding some of the rules in the current placement, and found these to be overly restrictive. This points to a negative impact on their experience of living in secure care. Sammy articulated this as feeling less homely, and more like living in a prison, again drawing on symbolism to articulate their experience. This reduced sense of nurture in the environment is in contrast to the way that Sammy described interactions with particular staff members (above). It suggests that the staff' inconsistencies (referred to above) increased the feelings of confusion and resulting uncertainty Sammy expressed feeling about the rules:

> Some just don't make any sense and makes this place feel more like a prison and less like a home […] Some of them I think are just total and utter stupid, and some of them are alright I guess.

Sammy reported a sense of unfairness in having the same rules for everyone, and this may in part relate to their views on the mix of young people living in secure care (explored above). Sammy expressed a similar sense of injustice, perhaps related to their status as someone society views as different. Sammy perceived a disproportionality in the unit's responses to harm to self:

> Some of them make sense, and some of them just don't make any sense, like for example if someone was to take one thing off me because I had misused it that's fine, but then they would just take literally everything, everything off me, ban me from every single room in the place, yeah it just doesn't really make any sense, I just think it's a bit stupid.

Sammy's use of the word 'forced' (in relation to relationships, above) is of particular relevance in the context of secure care, and the restrictions this places on young people's lives. Despite this not being a word used by the researcher, it is a word that Sammy makes repeated use of, as though to signify the impact on how this made them feel:

> Forced to go to school and can't go on pitch or get fresh air if I don't go.

Sammy found there to be a range of people who enforced the rules:

> Eh, a mixture of people really, like a team of people [pause] Yeah like it's staff and the [psychological] workers and sometimes the managers.

'They try, but it doesn't really work': **limitations of secure care to enact change**

Sammy appeared to find it *difficult to articulate their own identity*, and was not able to express what their own rules were. In the end, Sammy described their identity as activities that they liked rather than a sense of who they were. It appears that, as an autistic person, drawing on concrete aspects such as this may have been easier for them to reflect on:

> What does that mean? [pause] Not really […] I don't know! Eh [pause] I don't know, just fine [pause] Yeah, I like music and I like art.

Sammy described finding it difficult to accept autism as a part of their identity, which is suggestive of a rejection of labelling and deficit constructions of autism:

> I just say that I dinnae have it all of the time, even though I know I probably do I just like to disagree with everybody [pause] Yeah kinda [I don't like to talk about it]. When they say that's because of your autism, I say 'shut up, I don't even have that!' even though I know I probably do but I don't care. I just like to disagree with everything everybody says.

Sammy noted changes in the way that they interacted with others, in order to make the experience of living in secure care more manageable. There is a suggestion that the identity management adjustment in their own presentation impacted on their sense of self:

> Although I find it hard to make and keep relationships I do try build relationships with the staff here because it makes things easier.

Sammy was of the view that *secure care had had a limited impact on their life* in terms of any transformational change. This was illustrated by the sense of stuckness that they felt about their life whilst in secure,

experienced through this inability to bring about change. This offers further evidence of Sammy's resistance, which aligns with their sense of justice explored above:

> Mm, no. They try, but it doesn't really work.

Despite this, Sammy recognised that the intervention work delivered by the secure unit had positively impacted on them, and therefore likely on their own identity:

> I'll miss the intervention work I do that helps me.

Sammy was unable to offer any more detail on the intervention work or the ways in which it had helped. In our final meeting, Sammy was preparing to leave secure care to move onto hospital, due to being unable to remain in secure care because of their age. Sammy expressed *anxiety about the uncertainty of their future*:

> And I'll miss not being under 18 anymore as I'm worried I won't have the same support I have now […] I don't know coz a lot happened this week [pause] Mmm well something important that happened this week is that I got told I was leaving and where I was going and it stressed me out a bit [pause] I'm unhappy about where I'm going [pause] Well yeah, I think social work could have done a bit of a better job if I'm being honest, but they didn't [pause] Not even finding somewhere better, just finding somewhere at all, but they didn't so [pause] Yeah I'm going to hospital, I dinnae want to be going to hospital, I'd rather they found somewhere that was gonna be a bit better [pause] They've not managed to say [how long I will be in hospital for] [pause].

Appendix V7: Personal Experiential Themes – Ziggy

Ziggy's table of PETs and subthemes
Secure care as shared experiences
Relational importance of staff
Shared experiences with other young people helpful
Maintain a relationship with their mum
Secure care as an inconsistent environment
Understanding of why they were searched
Inconsistencies between the way the environment looked, and what this meant in terms of feeling safe
Food was an important feature
Secure care as structured routines
Routines in secure care helpful
Difficulty making sense of the rules
Consistency across the secure centres
Secure care as transformative relationships
Sense of calm as a result of their time in secure care
Secure care as a punishment
Difficult to process the impact of others

Ziggy engaged with the research project over a nine-month period, providing a mixture of written and verbal data both during and after their time living in secure care (during which time they were living in a restrictive residential setting, provided by the same organisation as their secure experience). Their written answers, which were completed with staff, often differed from their verbal answers, which were given in the presence of the researcher only. Inconsistency was a strong theme for Ziggy, evidenced through their responses to questions about the environment, the rules, and staff practice.

'That they go through the exact same as you': **secure care as shared experiences**

Ziggy noted that the staff were better than where they had lived before (in a variety of residential childcare placements). They explained that this meant that they experienced staff as caring more about them, and helping to implement better routines which they found supportive:

> Better staff here […] Yeah it does have better staff, yeah […] Just the staff are mair motivated, not as pisstaking, don't just care about the money […] They're more understanding.

People were a key feature of many of Ziggy's responses when reflecting on their time in secure. From their first day, their memories centred primarily on the people they met:

> It was shite. Didn't like it. Didn't like the young people. Didn't like the staff. And the atmosphere, it was horrendous […] And the staff that I met […] Meeting two staff who I get on with well now […] And how unsettled the group was when I arrived.

When thinking about who they spend time with in their written response Ziggy said:

> Staff and young people.

However in their verbal response Ziggy replied:

> Me, my Xbox, staff. [Staff - not any other kids?] No, we're in the lounge, that's it. [Is there anyone that you get on with particularly?] Naw. [What about staff - any staff you get on with?] Most of them.

This suggests Ziggy may have felt uncomfortable disclosing how important staff really were to them in the presence of staff. This was reinforced when asked if anyone here 'gets you':

> No, not young people. Yes, staff did.

When asked what they would miss most when they left, Ziggy gave the following as their written response (written in the presence of staff):

> Nothing - if I was in the community then I could just do my own thing.

But as their spoken response (alone with the researcher) they again highlighted the *relational importance of staff*, which further reinforces the suggestion above that Ziggy wasn't confident to express this in the presence of staff:

> The staff, which I'll still get. Probably.

There were some staff they could turn to when things got really difficult. Ziggy advised they felt they could rely on some of the staff to understand when things were difficult for them:

> Yeah. Like four. Four out of the [counts] thirteen staff here [pause] Staff would understand, staff would try to make things easy but then ye gottae - easy to deal wi'.

Later, however, when discussing the rules in secure Ziggy indicated a dislike of some staff. This appears to show some ambivalence, given that they shared both positive and negative experiences:

> Really it should only be sound staff on weekends and weekdays man in the morning. Brutal [pause]. Some staff just shouldn't be allowed to work in this place.

And when thinking about what new young people would need to know:

> I would tell them to keep their heed doon, don't get involved in the staff shit. If they start givin' you attitude just tell them to shut up in front of the other young people […] Aye. Staff in here get really cheeky with us.

Ziggy noted that they divided people into two types. This may have been a structured way of making sense of different people's behaviours for them:

> Yeah you got the strict staff, you got the different staff. Young people you got the two different types of young people. The wans that thought they were solid, the wans that were just cunts. That was it.

Ziggy stated that having *shared experiences with other young people was helpful*. This may have been related to the way the units were structured in this service, as young people with similar needs were placed in the same unit together:

> Good. It's just different having people that you actually get on wi'. That they go through the exact same as you… The kids. We've all been through the same sorta stuff [pause] We know what it's like when we get the orders that we shouldn't be gettin'.

Similarly Ziggy expressed an element of young people sticking together:

> But then we'll all back each other up saying 'naw we didnae dae that.' Aye but we've done it but we're no telling anybody that we've done it.

Despite feeling like they got along with other young people, Ziggy advised that they didn't identify them as friends. Additionally, there were a couple of young people Ziggy reported finding it difficult to get on with:

> Naw. There's one cunt, there's two cunts I didn't like and I despised them, I didn't like them [pause] Aye, naw there were alright people but, like we wouldn't be pals on the outside if you know what I mean. We got on wi' each other because we knew we might as well just get on wi' each other, it made our days easier.

Interestingly, this alludes to a sense of masking, or norm compliance to make life 'easier'.

Outside of the unit, Ziggy didn't have a great number of people who were important to them. Whilst in secure, Ziggy missed:

> Mum […] No many, no. Just my family, that's about it.

Ziggy described ways in which they had been able to *maintain a relationship with their mum*:

> So had an outing with my mum in the community. Was really nice as I have not been out with mum since before I came in to [unit]. We got to go to [shopping centre] and although staff were there to supervise, they weren't on top of us, so I got to enjoy my mum's company. I really liked this as I have missed spending time with my mum.

However they expressed how group living can make life more difficult when others' behaviour impacts on activities, and showed an understanding of the consequences of this:

> Saturday - felt shambles because my outings changed and then got cancelled because of other young people being unsettled […] I remember that how I felt back in my old resi when I wasn't able to go out with my mum for two weeks. [Was that because you've not been able to see your mum here?] Yep for two weeks and it's been pretty much like it's been in my resi. So it feels like it all over again. [Has anyone explained to you why you've not been able to see her?] Yep. Just staff being staff.

As noted above, people were important to Ziggy. When asked to describe the unit, rather than consider the physical environment, they did so in terms of the people they lived with and the emotional environment that created as a result:

> Happy, sad, depressing. Happy coz one minute it was happy. Next minute the group was unsettled and then it was depressing when we were all unsettled.

'It's more like they're trying to cover up - making it look safe, but it's not': **secure care as an inconsistent environment**

This was Ziggy's first time in secure. They advised that arriving felt:

> Nervous, scary, excited.

The things they reported remembering most about their first day were sounds and smells, possible due to the sensory impact of these:

> The sounds of the garage door […] A strong smell of bleach / disinfectant.

Being searched appeared to be a key memory for Ziggy from the day they arrived in secure. However Ziggy advised that they couldn't recall an explanation of the search procedures, and it is likely that this contributed to the feelings of nervousness and fear noted above:

> Yep. It was just shite. Everyone just [pause] in ma mind I had no idea, but then staff were, you know, they were just trying to keep this place safe […] Naw. I just kept ma heed doon, got it over n done wi n then went to ma bed. I was fucked.

However Ziggy did express an *understanding of why they were searched* upon admission in their use of 'they were just trying to keep this place safe', and were able to expand upon this further:

> Aye if they've got any weapons, drugs, contraband, vapes. That sorta stuff. Stuff that we weren't allowed.

Ziggy reported that their initial impression had been that secure was worse than other places they had lived:

> No freedom […] You couldn't get out our rooms.

When asked if secure felt like a safe place, in the written response completed with staff Ziggy simply responded 'yes'. However in the verbal response, with no staff present, Ziggy was able to reflect on the *inconsistencies between the way the environment looked, and what this meant in terms of feeling safe*. Ziggy illustrated this beautifully by drawing on the example of TVs being secured in boxes (which is typical of a secure care environment). This may be related to Ziggy's construction of truth as an autistic person, due to the differences in theory of mind to the allistic population, the inconsistency of the setting may feel dishonest, with the 'TVs in boxes' offering a symbolic concrete example of this:

> Naw. Shite… We cannae get out our rooms ourself. Eh, some some some staff don't care. It's [pause] secure. There's fights every day of the week. It's unsettled most days. It's crap TVs are in boxes. So they're trying to make it look safer, but it's not […] Naw it's more like they're trying to cover up - making it look safe, but it's not […] Aye, they TV boxes are breakable. Any young person could put their fist through that plastic […] I just dinnae like that they have stuff up that makes it look safer, but it's not […] So if I punch that, that's me got a very sharp piece of plastic right there. Just leave it as like that.

Despite their views on the internal environment, Ziggy expressed finding a sense of peace in the garden, which may have been a reflection of the busyness of the internal environment. The main things they thought that would stay with them when they left were:

> My phone. Events like sports day. Being in the garden […] Aye the garden, that's about it […] I get to sit and relax. It's peaceful. It's quiet for a change.

This response also illustrates Ziggy's processing of the questions posed as an autistic young person, with their initial literal interpretation and resulting response of 'my phone'. Ziggy noted that the environment/furnishings were different to where they lived before. They made no further comment on the furnishings, except to say that:

> The bit I won't miss, is the mattresses […] They're bricks.

Food was an important feature for Ziggy. There is a strong significance of positive food experiences in creating a nurturing environment:

> Food was terrible when I first arrived, it was always pasta and chips. Terrible […] Chips. And goujons […] Felt everything was

> deep fried, but it is much better now […] We don't get a choice. [I'd choose] a McDonalds or something […] Now that I can get outings I can get McDonald's yeah. If you've not got outings you cannae. You can get a chippy or a Chinese or an Indian brought for you in.

When thinking about what they would change if they could, Ziggy related this to food and noted that the food was 'rubbish':

> Aye, decent food. In here they don't have nice food.

'It's the exact same every day, you know what's coming': **secure care as structured routines**

Ziggy advised that they found the *routines in secure care particularly helpful*, and noted that this was different to where they had lived before (in a variety of residential childcare placements). Ziggy advised that the routines helped them to know what was happening, and made it 'easy to deal with':

> Better routine. Generally better routine. You know what's happening every day, it's not complaining, it's not a challenge.

The routines appeared to have had such a significant impact on Ziggy, that they stated this was the main thing they thought new young people moving in would need to know:

> To keep your head down and get it done with. I would tell them the routines of the house, although they might sound strange it's something that works in the house.

Ziggy indicated that there was an element of becoming accustomed to the situation that made their stay in secure care more manageable. The

experiential element of this may relate to their lived experience being their truth as an autistic young person:

> See when you're in there for a couple of week, you're fine. Just get used to it. Doesn't affect ye.

Ziggy advised that they didn't have any of their own routines. This may have been due to a lack of structure in previous settings:

> Naw. I get up, I go for ma shower, and am out - that's me.

Although Ziggy appeared to find the routines beneficial, they didn't seem to like them. It's interesting that they were able to separate how they felt about the routines from the impact of them:

> Coz it's the exact same every day, you know what's coming […] It's easy to deal wi'. It's easy to deal wi' coz you've got less shit […] They were the same every day except weekends but - you stay in your bed till 12, you got up about 1, you went into the lounge. We would argue. And then that was us [pause]. Weekdays were even worse. Your power's off at 12 the night before. You were woke up at 8, by getting a towel flung at you and getting your meds. And then you would go for a shower, you'd be out in the lounge for quarter past / half past, and then you'd get arguing wi' staff about why it took so long to answer your buzzer 'aw we're busy'. And then we'd go to school. For a whole two periods. And then at break we'd moan how it's unfair we don't get food until break. And that was us [pause]. The routines were good, but could definitely be changed in a better way [pause].

When asked if there were things that happened in the unit that were unpredictable, Ziggy replied 'not really'. Ziggy advised that every week was the same, but expressed a sense of boredom with this:

> Naw. Naw. Same week every week. Except when the schools are aff, that changes it up. That's just like a weekend on repeat for six weeks.

Whilst Ziggy advised that they found the routines to be generally helpful, they reported finding the rules unfair. They appeared to understand them, but expressed that they found them unhelpful:

> Aye the routines are better, but the rules are just stupid […] The rules aren't fair, understand why they are in place but don't see the point in them […] They just don't help the situations.

To support this, Ziggy was able to provide some examples of rules that they found unfair:

> Like they wouldn't let us have food till break, which was [pause] 11 o'clock / 12 o'clock / 11 [pause]. They didn't like ye walking in the courtyard too slow, too fast, they'd moan at ye […] Aw, nine o'clock bedtime for being late for school. Aw, very funny. Aw, niner for swearing three times. That's about it. Aw yeah, you're not allowed to move the cutlery thing. That's about it.

However Ziggy appeared to have *difficulty making sense of the rules*. They made them feel:

> Annoyed. They were fucking too strict man. I didn't care. I didn't care. I still [interrupted by another young person shouting outside the room] definitely too strict.

Ziggy reported that staff enforced the rules, but that there were inconsistencies in this and the level of implementation depended who was on shift. It is possible that this uncertainty influenced how they felt about the rules:

> All staff, some staff are more lenient depending on what it is […] Staff. Well they try, it doesn't always work but they give it a good shot.

When thinking about whether other young people had different rules to staff, this view of inconsistency of practice was evident from Ziggy again:

> Aye we've all got the same rules […] Yeah and no. Yeah certain young people would disagree with a rule. But staff would - some staff - would disagree, would agree with them, but then other staff would gie them. Staff hated it, change on one shift mate, oh my god [pause]. Aye depends on the shift.

It appeared from Ziggy that there was no route to challenge existing rules:

> I don't have rules […] In here we have no say. I would change rules in here, I would allow young people to get more rewards.

Ziggy advised there were some rules that must happen and could never be changed, and that there was one very strict rule which didn't make sense to them:

> Some [pause] In bed for quarter to ten, if you've got your late bed. Your power has to be aff at twelve. I'm sorry, it has tae, but at the end of the day mate nightshift urnae cunts. We're gonna be onto nightshift, they don't care. They don't care less if you've got your power all night, it's easier on them […] The power gets cut off at 12 o'clock […] It's crap man. You cannae sleep […] Aye. I fall asleep at 2am.

And that although some rules could be changed, they weren't. Ziggy reflected on this in the context of *consistency across the secure centres*, through the lenses of both environment and procedures:

> Aye but they weren't, the centre's stingy. I'm sorry, every other secure does [particular protocol relating to safety] except in here. Every other secure's got a [particular piece of exercise equipment] except here [pause]. Since I've been here there's been twenty young people that have done the tour. Of secure, in Scotland. Here, [another secure unit], [another secure unit], n [another secure unit] [pause]. They've all said, this is one of the first things they've said was - in here, in any of the others you get [particular protocol relating to safety]. In here you don't, you get [particular protocol relating to safety]. And every other secure's got a [particular piece of exercise equipment] except here.

This quote has been heavily redacted to reduce the risk of the service being identifiable, but it is possible there may have been sensory implications for Ziggy of the variation in availability of equipment and safety protocols they referred to. This is important when thinking about autistic young people for whom sensory input may play a significant role in their life experiences.

'Staff have had the biggest impact on me in a good way': **secure care as transformative relationships**

Ziggy appeared confident to articulate their own identity, when asked how they would describe themself:

> Happy, fun, strong, willing to do anythin' to help people. Knock down doors to get people's faces.

And this was supported by a similar description when asked how they would want people to describe them:

> Happy. Annoying. Loud. Funny.

This appeared to be a well-established view of themself, as Ziggy reiterated this when asked what they would want people to say about them when they left:

> That I'm annoying, I know that. I'm loud. I'm very short-fused at times. That's about it.

And again when asked how they would describe themself before their time in secure care:

> Annoying. A daftie. Stressed. Annoyed. Short fuse.

Ziggy was able to reflect that things were easier now, and they were less stressed due to the routines in secure care. This resulted in their current description of their self being:

> Happy. Annoying. Loud and Funny.

When defining other people as 'two types' as discussed above, Ziggy did not see themselves as fitting either of these categories. This illustrates a sense of their self as being different from others perhaps:

> I'm none. I'm the wan that couldn't give a shit what happens. I'm just the calm cunt. I'd probably be like a fight breaking out like 'shut up, trying to watch this shit.'

The *sense of calm may be as a result of their time in secure care*, as prior to secure Ziggy described themself as having a short fuse. When asked

how the unit made them feel, Ziggy reflected a view of themself in the context of how they are responded to by society:

> Nah. It just felt, you just felt like 'ooft, the government hate you.'

This shows Ziggy's construction of *secure care as a punishment*. They offered a view on whether they were 'deserving' of this, when asked if they felt like they belonged in secure:

> Yes at start, no at end I didn't deserve it (I had been good) […] Yeah. Not towards the end but […] Coz I didn't feel like I needed it.

The view that they didn't belong conflicted with the sense of identifying with other young people Ziggy expressed above, which alluded to a sense of belonging. This offers a further example of the ambivalence they felt about their time in secure. When thinking about the impact of secure on them, Ziggy again gave two different answers when talking about staff in their written and verbal responses, but in the opposite way to above. In their written response, completed in the presence of staff, they said:

> Staff have had the biggest impact on me in a good way.

However in their verbal response given in the presence of the researcher only, Ziggy stated:

> Nah. Nah. [Just the same as you were?] Yeah. Allegedly […] It's loud, hyper, staff are constantly moaning 24/7.

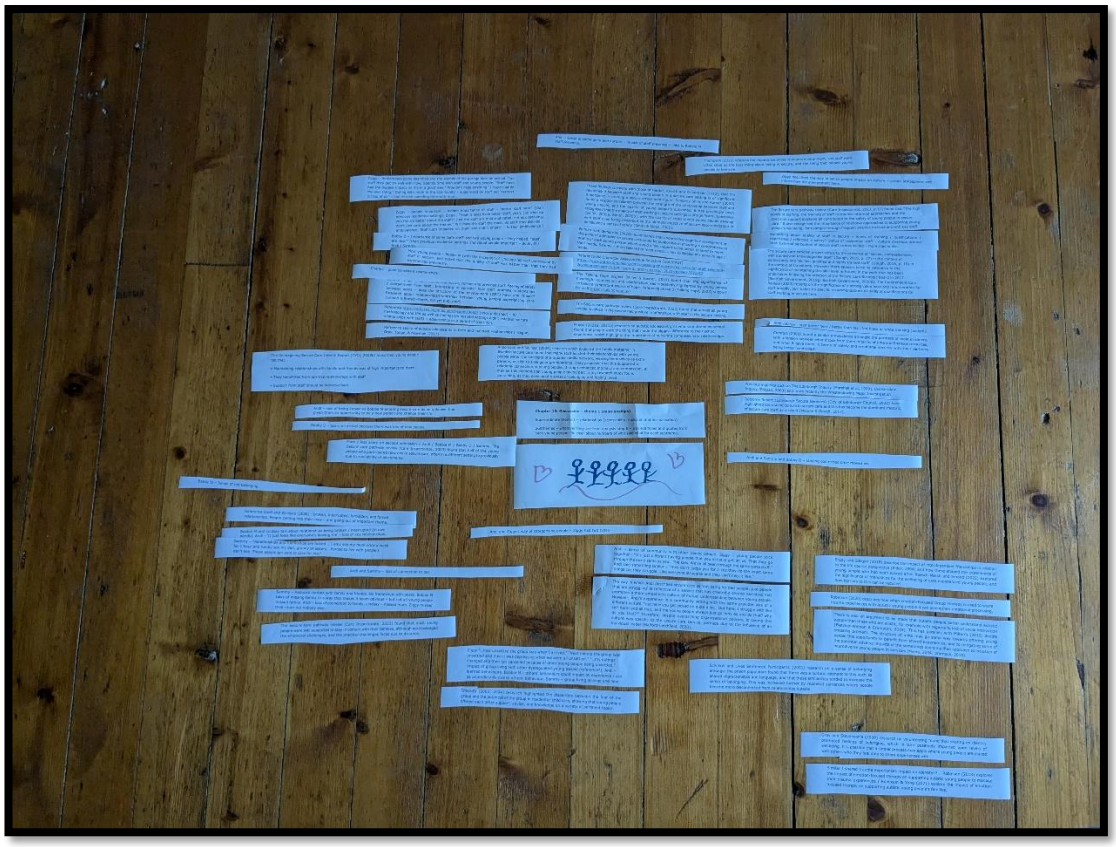
Although Ziggy did agree that staff had helped them to look at their actions in a different way, their view that staff hadn't helped was reinforced in their response to reflecting on how staff change how you think about yourself:

> Don’t really […] Mm naw.

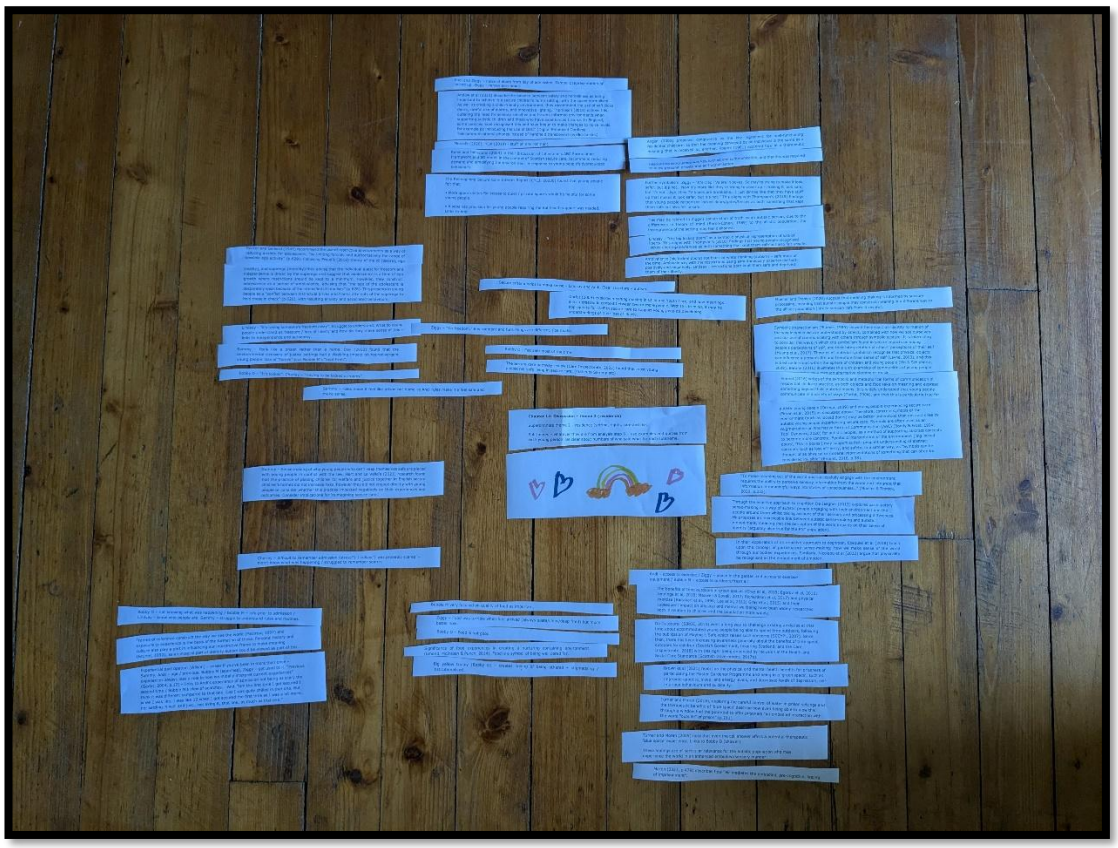
When asked if there were people in secure who helped Ziggy to think things through and make sense of stuff, Ziggy replied that there was not. Despite positive reflections on staff relationships, the power of shared experiences with other young people, and previous acknowledgement of the impact of secure above, Ziggy still maintained a belief that people did not help. This may have been because it was *difficult to process the impact of others* given that there is no tangible or concrete output.

Another possible explanation for the number of seemingly contradictory views of staff and people more generally that Ziggy offered is simply the labile nature of mood and perspective for many adolescents.

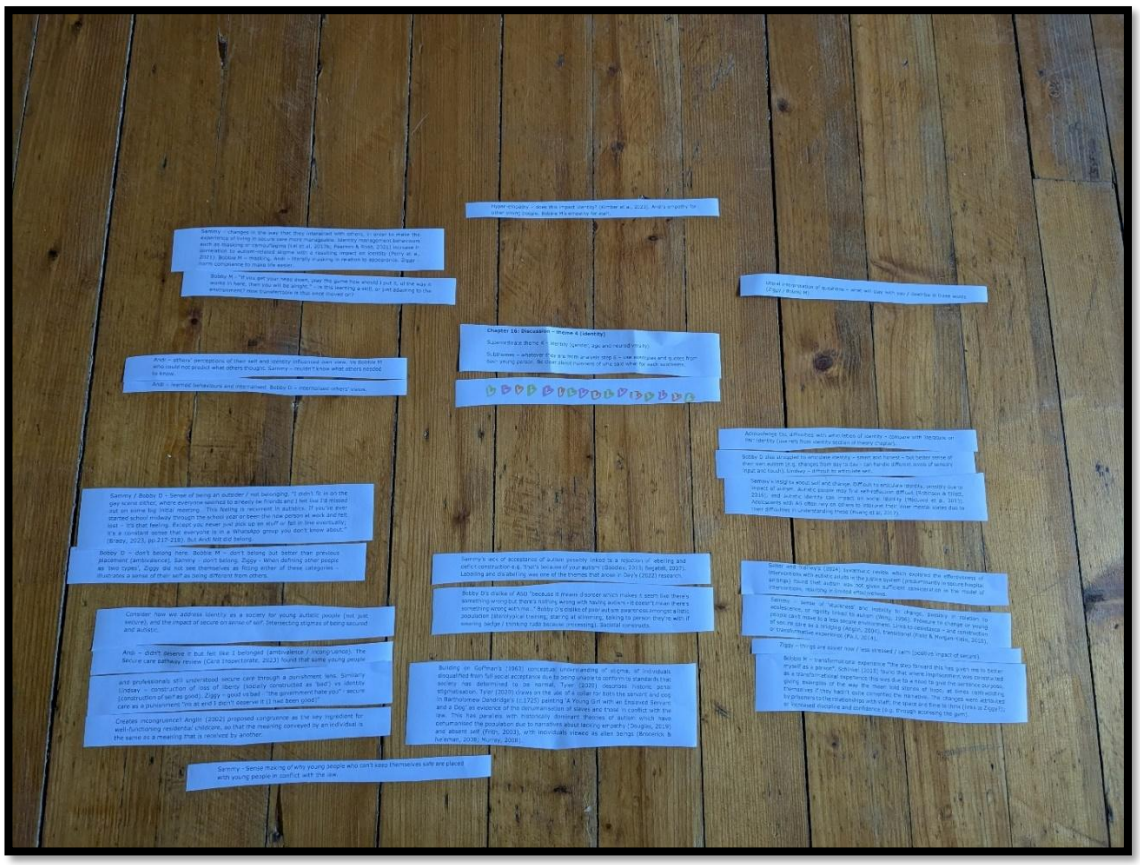
Appendix W: Group Experiential Themes v1



Relationships map



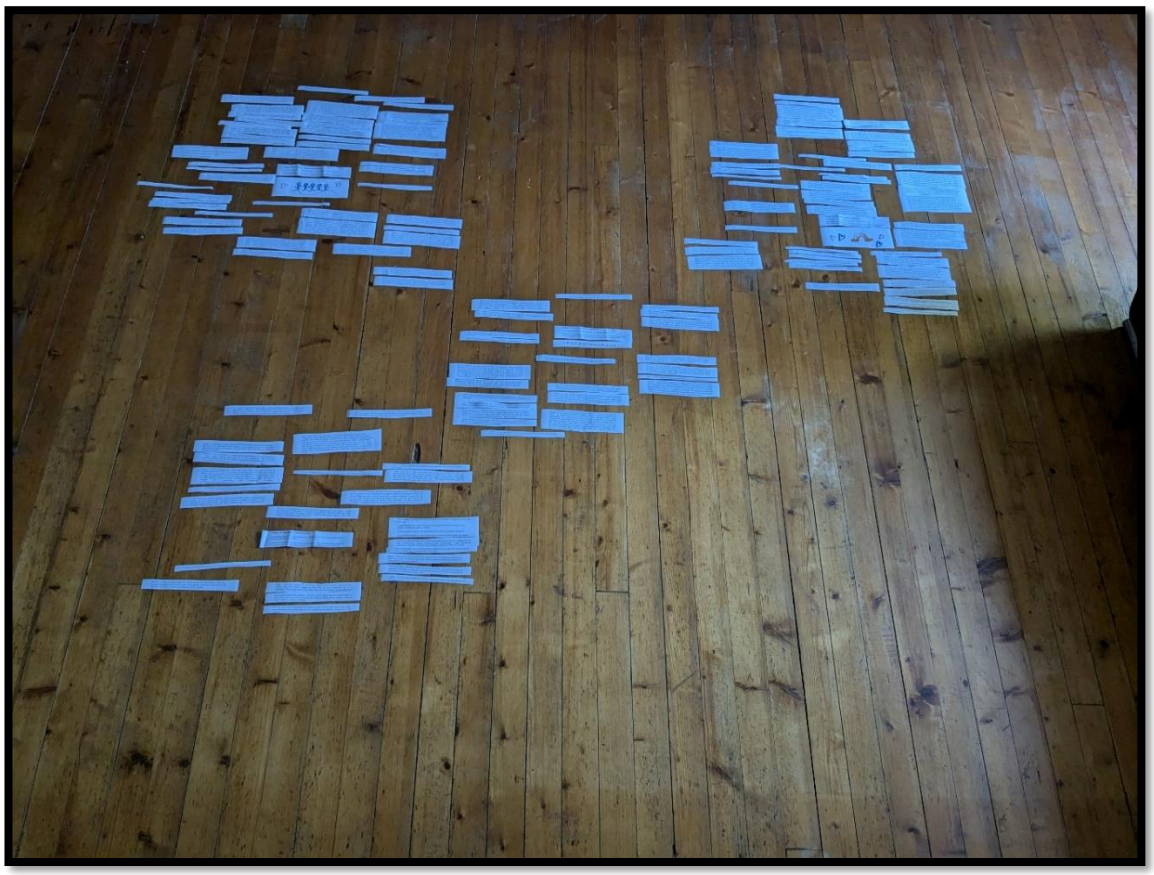
Residence map



Identity map

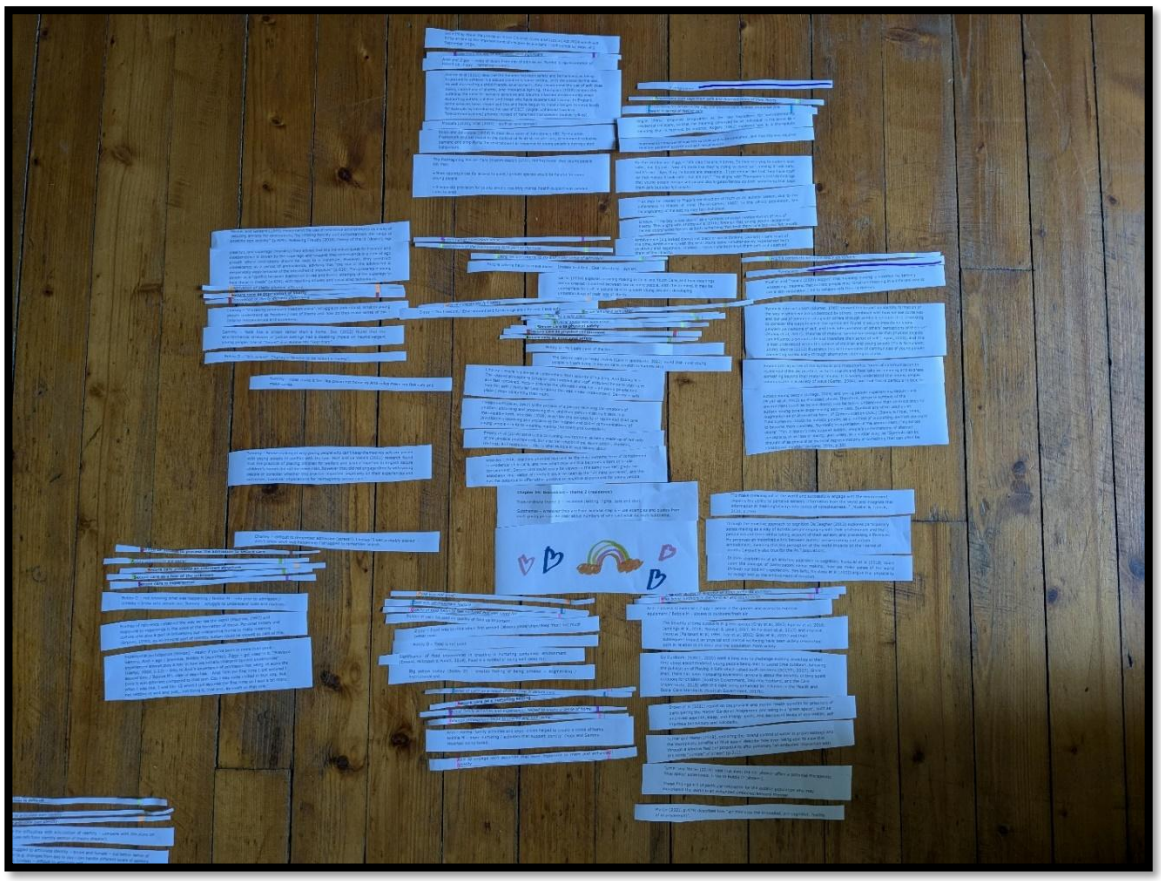
Relationships and identity map

Relationships, identity and residence map



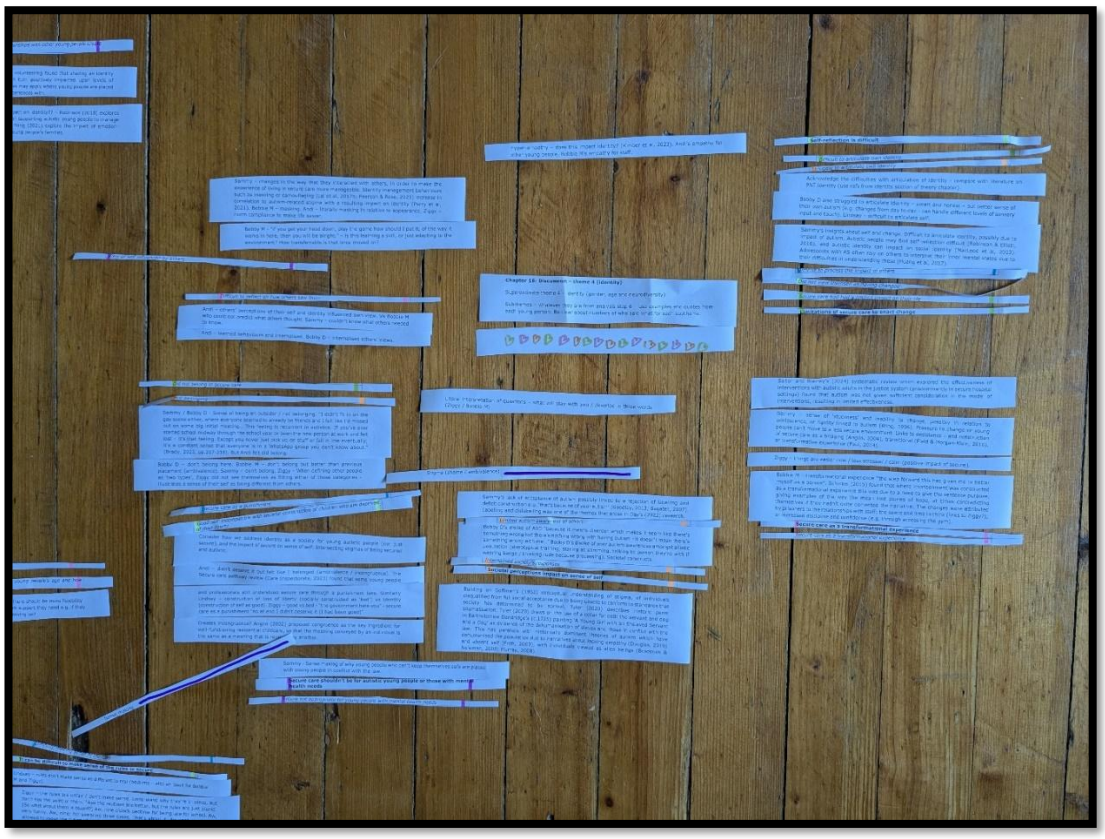
All GETs map

Relationships with subthemes



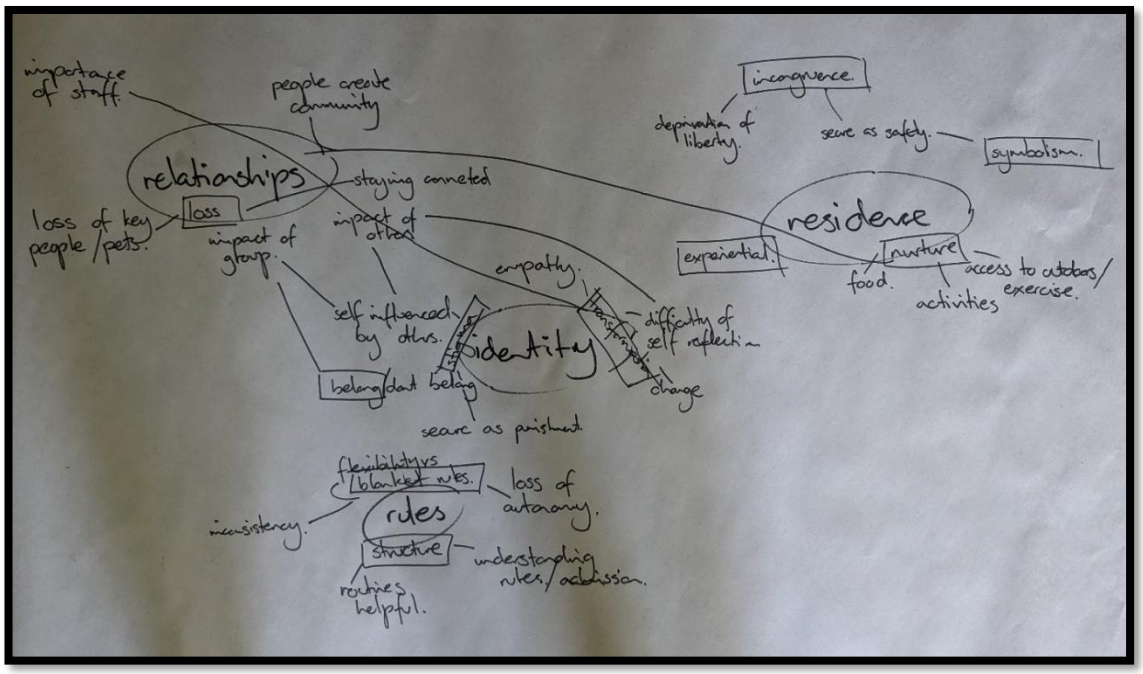
Residence with subthemes

Rules with subthemes

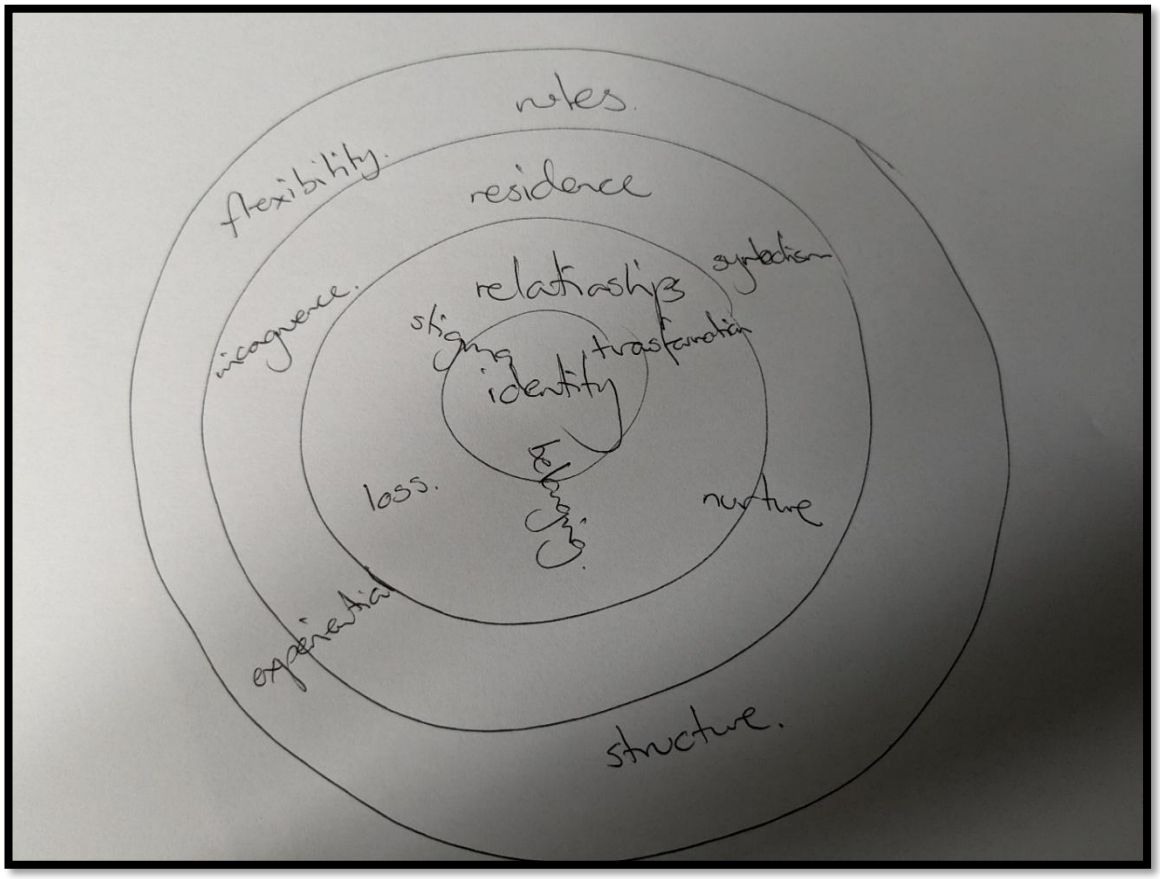


Identity with subthemes

All GETs with subthemes map

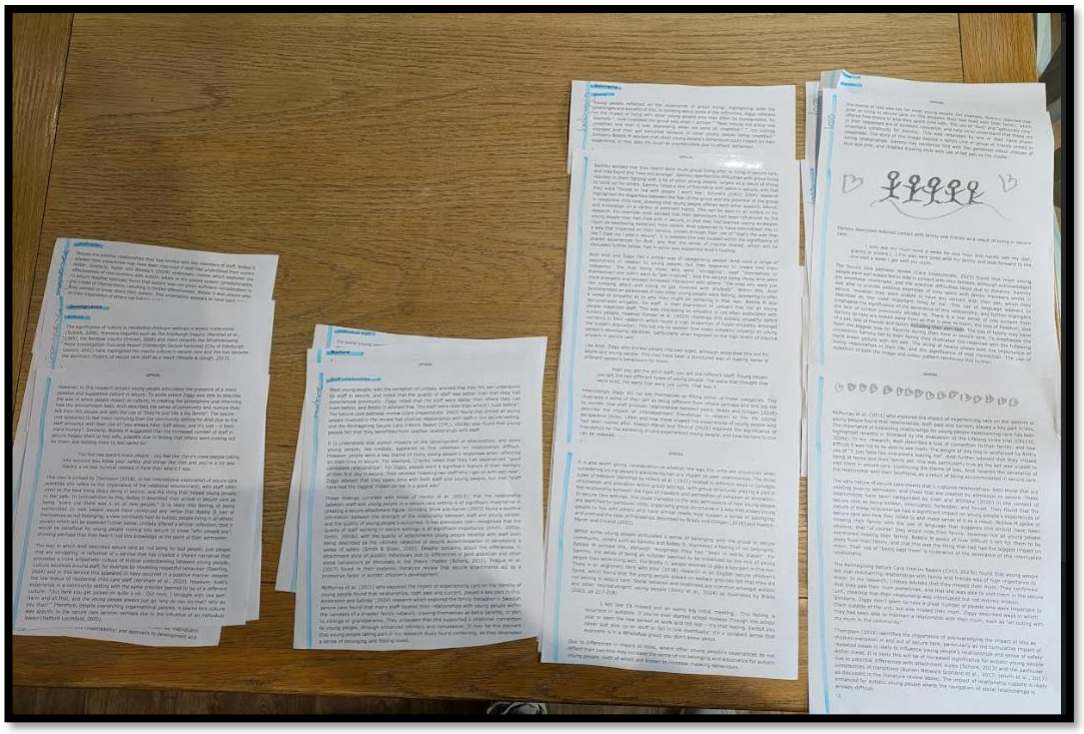


GETs mind map

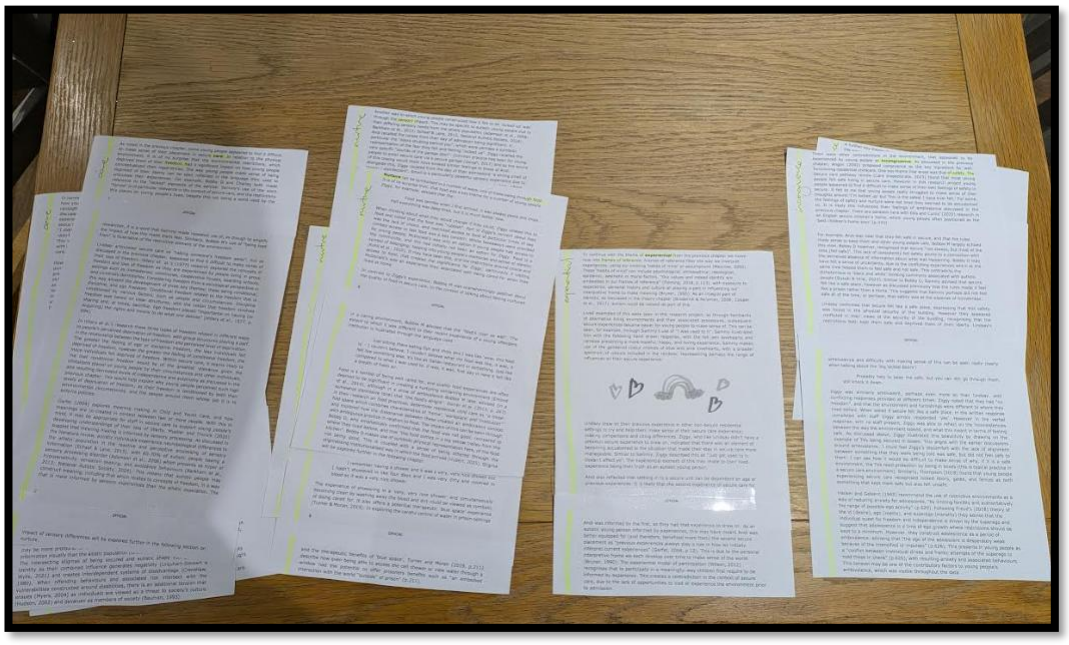


GETs identity dial

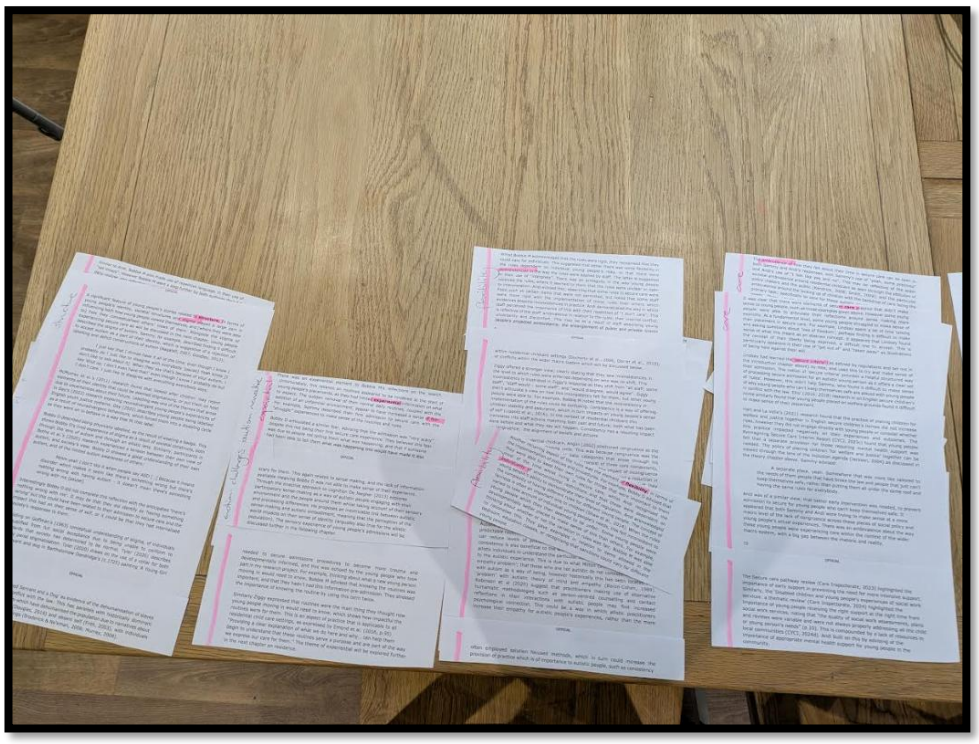
Appendix X: Group Experiential Themes restructure



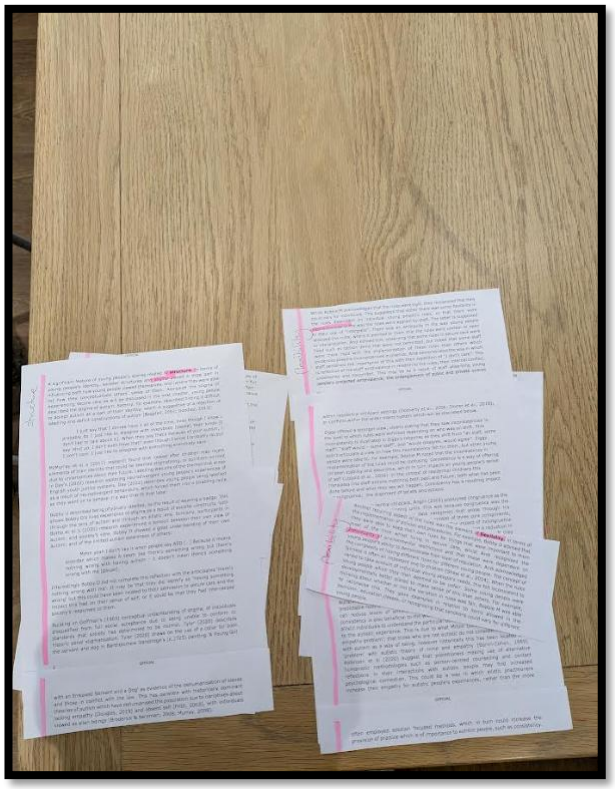
Original relationships themes



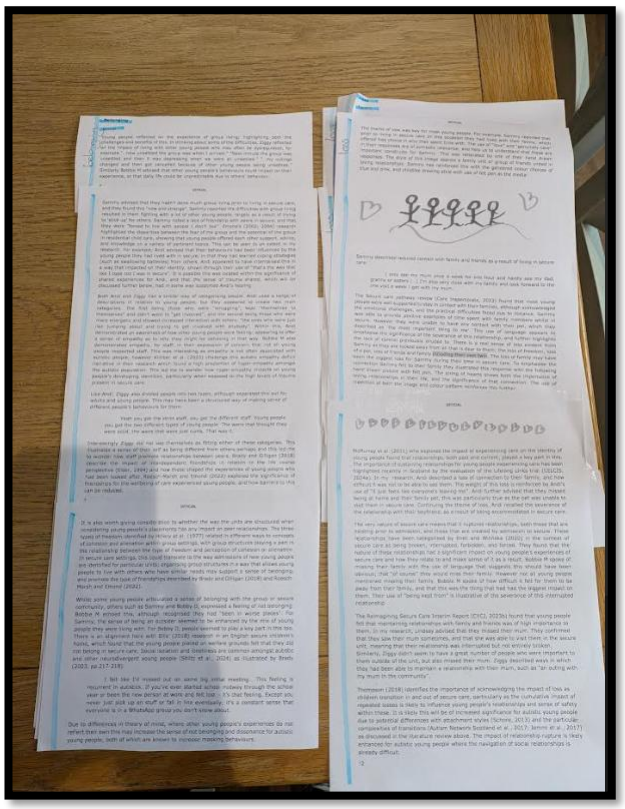
Original residence themes



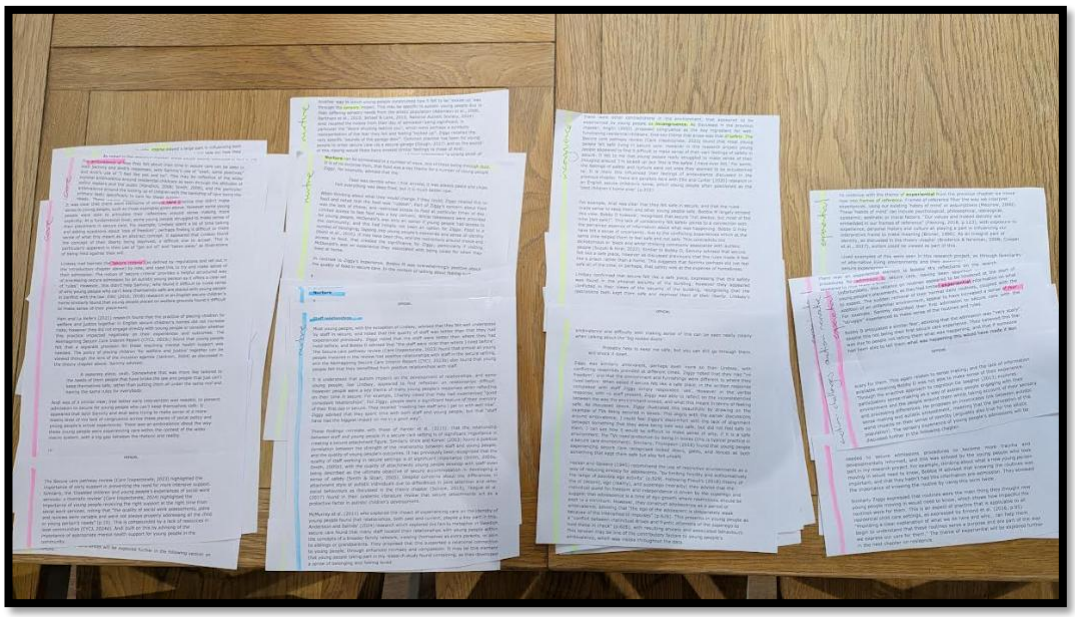
Original rules themes



Structure and flexibility grouped

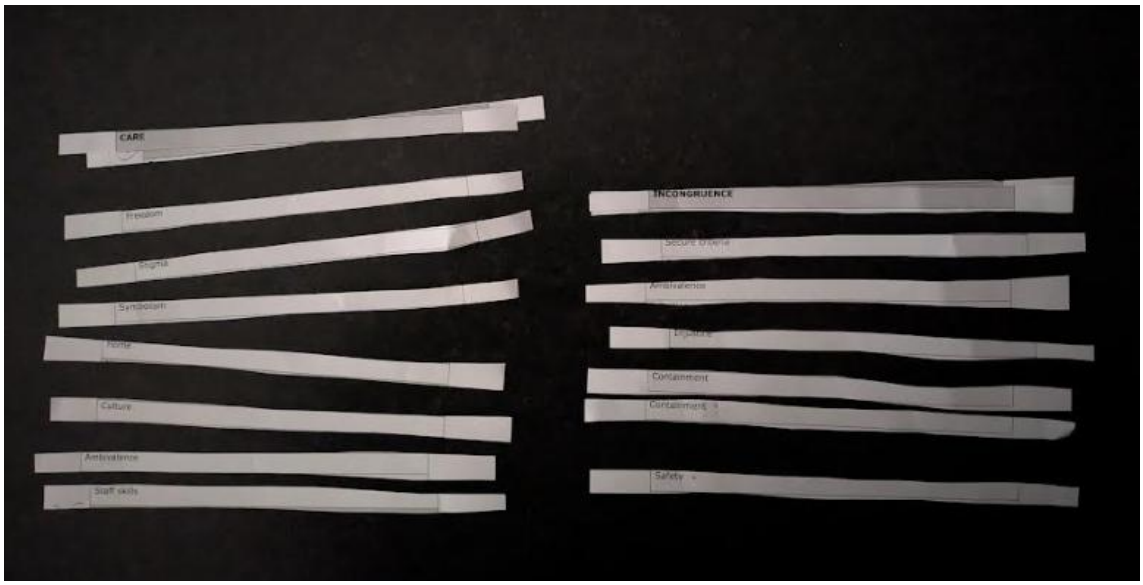


Belonging and loss grouped

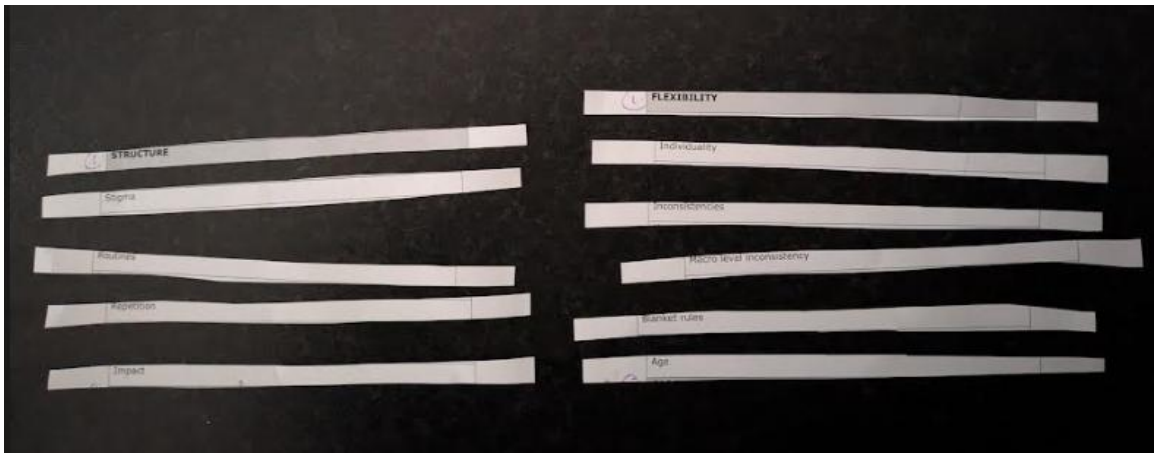


Care/nurture and incongruence/experiential grouped

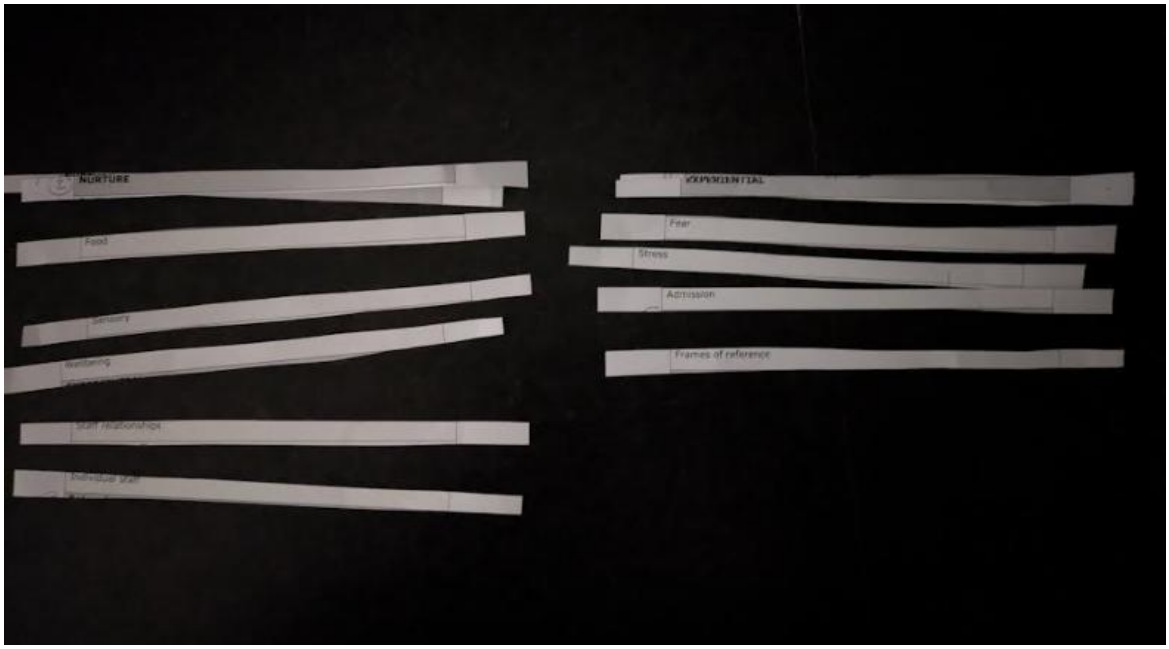
Appendix Y: Group Experiential Themes subthemes



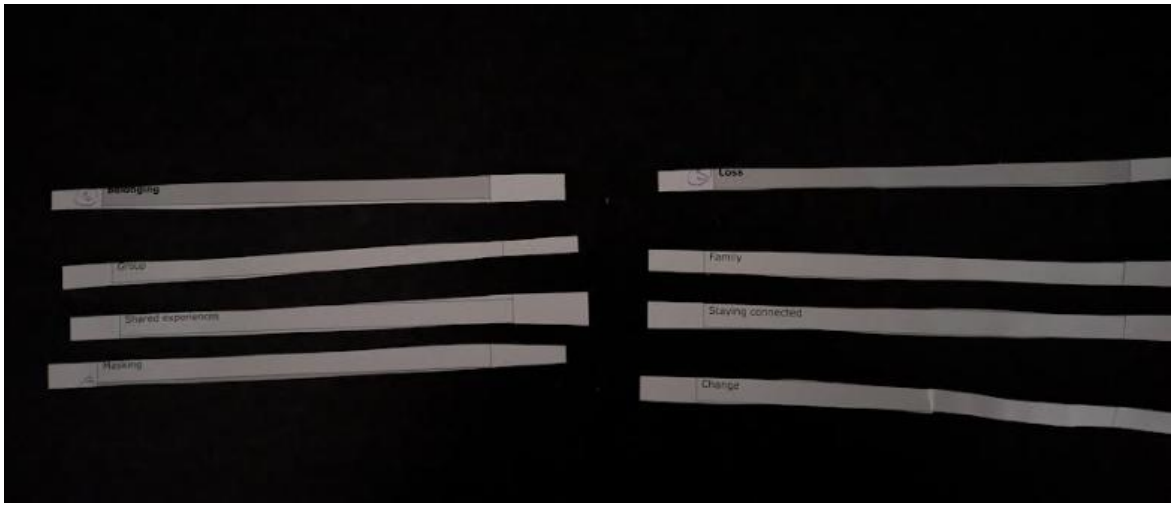
Care vs restriction



Structure vs flexibility



Nurture vs experiential



Belonging vs loss