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NEW TRENDS  
IN THE TREATMENT  
OF YOUNG OFFENDERS

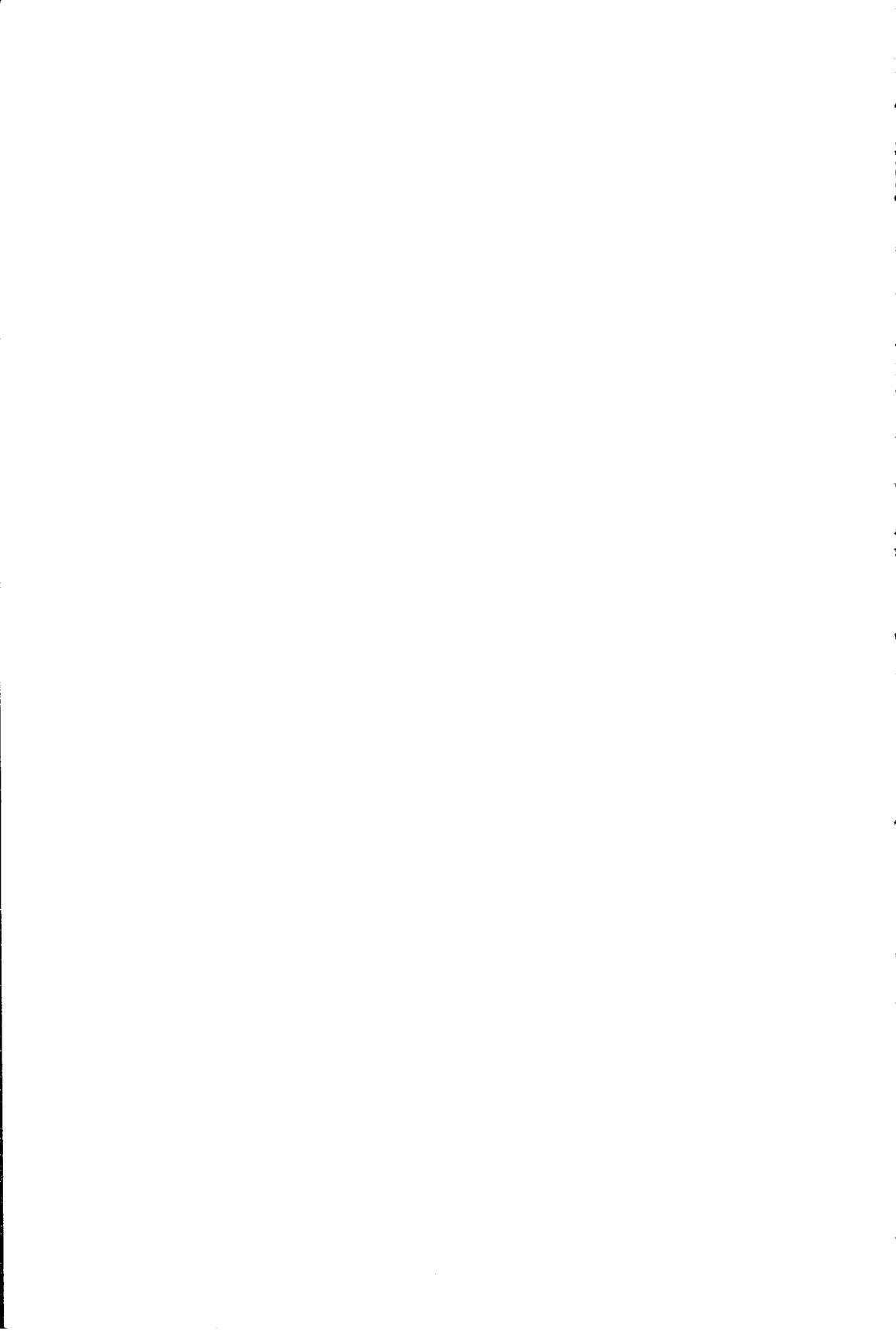
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**NEW TRENDS  
IN THE TREATMENT  
OF YOUNG OFFENDERS**

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1974**



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## BACKGROUND

In 1969, the Committee of Ministers of the Council of Europe expressed the wish that the European Committee on Crime Problems (ECCP) should continue its work in the field of juvenile delinquency.<sup>1</sup> In accordance with this decision the ECCP set up a sub-committee to investigate new trends in the re-education of adolescents and young adult offenders. Between 1970 and 1973, this sub-committee prepared a report and came to a number of conclusions on the basis of answers obtained through a survey carried out in the member states of the Council of Europe. This report, which follows, was submitted for approval to the ECCP at its XXIIInd Plenary Session in May 1975 and to the Committee of Ministers of the Council of Europe at the 224th meeting of the Deputies.

### *Object of the study*

The object of the study is to survey critically the methods of re-education employed in working with young offenders, to make a comparison between national systems and, so far as possible, to draw valid conclusions which could serve, with special reference to innovations and experiments already undertaken, as a source of guidance to other member states in the treatment of offenders and the prevention of crime among young people.

The sub-committee set about this task by compiling, not a complete survey of all known types of treatment used in the various countries, but an inventory of the most recent experiments embarked upon in this field and the most novel solutions applied to this problem, in both the public and private sectors. Only new, original and significant experiments were included, whether or not they were accompanied by research.

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#### 1. The following publications have already appeared:

- *Juvenile delinquency in post-war Europe* (1960);
- *Effectiveness of programmes for the prevention of juvenile delinquency* (1963);
- *The press and the protection of youth* (1967) - Resolution (67) 13 on the press and the protection of youth;
- *Short-term methods of treatment for young offenders* (1967) - Resolution (66) 25 on the short-term treatment of young offenders of less than 21 years;
- *The cinema and the protection of youth* (1968) - Resolution (69) 6 on the cinema and the protection of youth.

From the answers given by member states of the Council of Europe to a questionnaire (see Appendix IX), supplemented by guide lines (see Appendix X) and other available material, Dr G. Rose prepared the report which follows. A number of experiments carried out in various countries are described in the appendices.

*Membership of the sub-committee*

The sub-committee consisted of:

Miss Simone Huynen (Belgium), Chairman,  
Mr Y. de Thevenard (France),  
Mr Guy Reiland (Luxembourg),  
Mr K. Bødal (Norway),  
Mr N.C. Honey (United Kingdom).

The following three consultants took part in its work:

Mr Gordon Rose (United Kingdom),  
Dr J.A.M. Schouten (Netherlands),  
Mr Jean Chazal (France).

*Structure of the report*

The report consists of three parts devoted respectively to:

- I. a note on changes in approach prepared by the sub-committee,
- II. the report prepared by Mr Gordon Rose,
- III. the conclusions drawn up by the sub-committee.

May 1973

## I. CHANGES IN APPROACH

Dr Rose's report sets out to show how widely approaches to the treatment of young offenders vary, how they have developed in all directions, how solutions abandoned in some countries have been rediscovered in others, so that it is difficult to disentangle any kind of common strand. Despite the complexities of the problems involved and the current experience in this field, the sub-committee has tried to identify some of these trends and to suggest some future possibilities.

Very roughly, in the beginning, juvenile delinquency can be said to have been viewed solely from the individual angle (A) and considerable progress was made when horizons were broadened to include the family (B), though this was still inadequate as long as no effort was made to include the social dimension (C).

### A. Treatment of the adolescent as an individual

At one time efforts to combat juvenile delinquency—since indeed it really was a combat—were founded solely on the theory that punishment, whether administered in the form of actual imprisonment or a period of labour in some residential centre, would make it possible to reform the adolescent and, above all, to protect society, at any rate for the time being, against a repetition of the offence.

The very fact of agreeing that punishment should no longer be determined solely according to the seriousness of the offence, but also in the light of the offender's personality, marked a considerable advance in our knowledge of the phenomenon of delinquency since this meant the recognition that in some cases, at least, an offence might be a symptom of graver disturbances.

Originally many people thought that such personality disorders were congenital. However, as the human sciences developed, it was discovered they were usually associated with the accumulated mistakes and by all those concerned with the upbringing of the child.

An unconscious transition thus took place from thinking of the adolescent as guilty to regarding him as a victim. It was realised that very often he had suffered:

— physically, by rough treatment or lack of care, even when not actually suffering from privation;

- intellectually, by inadequate schooling or occupational training;
- emotionally, by being deprived of the parental care and love he needs;
- morally and psychologically, by lack of positive parental images with which to identify.

The idea therefore took root that in all such cases the adolescent should be helped rather than punished, i.e. sanctions should give way to proper educational treatment suited to his personality. However, this task was so complex that it was felt necessary to divide problems into different categories and quite separate institutions and services were set up, capable only of carrying out one function at a time:

- centres designed solely for reception purposes;
- diagnostic and observation services and institutions ;
- special boarding schools;
- residential vocational training centres;
- probation and allied services;
- hostels of various types etc.

Splitting up educational activities made it possible to develop methods of studying personality and forms of treatment.

However, the idea that it is necessary to think for the adolescent and that instinct, experience or scientific knowledge will reveal what solution is best suited to him leads very frequently to the conclusion that the adolescent must be removed as far as possible from the undesirable influences which have placed him in this situation and he must be subjected instead, if necessary forcibly, to the wholesome influence of "sound models" upon whom he should be kept dependent. The staff function was thus primarily to provide an example and to make the adolescent accept the restrictions imposed by the particular institution or environment. The solutions which appear to offer society the most effective safeguards in the case of especially difficult adolescents and to keep the adolescent most dependent on treatment staff were, on the one hand, the large educational or vocational training schools in the country, run on hierarchical and semi-military lines (which developed great emotional immaturity and a conformity that might be deceptive) and, on the other hand, the small home with a tiny and excessively protective and paternalistic staff.

However, the practical difficulties of keeping together disturbed adolescents with personalities which sometimes clash for fairly long periods and in artificial surroundings result in groups

becoming smaller while the number of staff increases, which by itself provides no solution to the problem. Such systems of training as those described have however undeniably produced results and continue to do so.

A rigid system of training in autonomous closed institutions and unrelated services leads to rejection of those who cannot be fitted into the available institutions, and thus increases the risk that those who rebel will be regarded as disturbed, will be passed on to a more penal type of treatment, or discharged and abandoned to their own devices or returned to families which continue to be unsatisfactory.

Only gradually do the limitations of the separation of an adolescent from his natural environment and family become apparent: the "good" habits he has acquired vanish speedily when the influence of the institution is withdrawn or he is no longer dependent on "sound models". His personal problems which have been pushed temporarily into the background recur, sometimes in a more acute form, when he finds himself on his own again. He then looks for a "protector" and for the security he lacks, and is liable to succumb again to any undesirable influence with which he comes in contact.

#### B. Treatment of the adolescent within the family

A basic difficulty arises when the adolescent is separated from his family, even in the most favourable situations, i.e. when he adjusts well to the immediate problems of separation. The mere fact of being cut off means that the gap which already exists between him and his family is widened while an attempt to treat both would, at least in some cases, make it possible to limit the effects and to avoid the complications of returning to live under the family roof.

Consequently, side by side with these segregative measures, others of a more or less formal character depending on the country concerned, are now being made to enable the treatment staff to extend their attention to the adolescent's family. Experience also shows that previous hesitations over leaving particularly difficult adolescents at large on account of the danger they may present for other people are far from justified, and that such young people are in fact often responsive to treatment in their natural environment whereas treatment in a strictly residential institution only leads to failure. Nevertheless, it is essential to have sufficient

resources in the community to cope with the number of eligible adolescents. The impact of non-residential schemes of this kind could be limited to the non-availability of funds to provide lodging or to give financial help to those concerned.

### C. The social context of treatment

Comprehensive treatment presupposes that the administrative structure can accommodate the adolescent's changing needs, that is to say that the organisation of treatment can react flexibly, covering the whole range of residential and non-residential treatment, within a broad system of legal guardianship. Contact must be kept not only with the adolescent but with his family and the group of young people to which he belongs.

The functions of treatment staff then change. Direct action gives way to action at one remove, enlisting all types of resources of the family and society and possibly including those of the "alternative society". The worker's presence acts as a "catalyst" which enables a number of interactions to take place and he becomes a resource to be called upon in time of trouble. Thus the bond of allegiance between the adolescent and his supervisor is mediated by the need to preserve the adolescent's other relationships, both with his family and with the group of young people to which he belongs. These other young people who, as a rule, have not been arbitrarily selected for this purpose, sometimes assume responsibility for him and co-operate with the supervisor.

The aim is not to adapt the adolescent to any existing type of society but to develop his ability to adapt so that he can cope with the requirements of a continually changing world, and the methods employed should cultivate his critical faculties, and his powers of judgement and character, as opposed to conditioning his reflexes. Such a system makes constant use of clinical services, especially in efforts to cure persistent behaviour dangerous to the individual (e.g. drugs) or to society (repeated acts of aggression, for example) where psychological problems are added to disorders which are primarily social in origin. However, specialist treatment, no matter what form it may take, is not the most important aspect.

Just as treatment teams, under a guardianship system, may move the adolescent, depending on his needs, from one service to another—from the entirely residential or semi-residential centre to different forms of non-residential treatment—and review these

choices continuously when his development makes it necessary, it is essential that this team, which must be multidisciplinary, has not only a varied range of resources at its disposal but is also able to review its own actions or that of any of its members. Continuity of treatment accordingly requires facilities to be organised on a regional basis and teams to be supervised. It is also essential that the adolescent should be continuously in the charge of one person, preferably someone who is personally acceptable to him. These experiments are often accompanied by research designed to assess the results achieved in relation to the project as originally conceived.

Thus, along with other experiments based upon specialised actions, the general idea of a comprehensive and flexible system of supervision of young offenders, avoiding segregation of individuals, can be seen as a current trend in treatment. We might think in terms of more scientific criteria for categorising offenders and their needs but research has not provided sufficiently reliable and useful categories; and, indeed, if it did there would be some dangers in using them. In pointing to this trend one must, however, acknowledge that the effectiveness of the approach remains dependent upon an understanding attitude on the part of the public; and we very much need to continue to attempt to expand public awareness.

It is realised that, either for the protection of society or in order to demonstrate that there are limits as to how far one can go, use is made—and will continue to be made, in some form or other, and for some time to come—of imprisonment. But it must be made clear that prison sentences should be imposed only in the last resort, because they are tantamount to an admission that all other methods have failed. To encourage progress towards more positive treatment methods, all possible steps should be taken to ensure that penal sanctions of this type become exceptional. But this implies that society's threshold of tolerance towards young offenders must be raised in order to increase public acceptance of the risk arising from community treatment of young offenders.

Studies of the "dark figures" show that only a small proportion are detected and prosecuted. The decline in numbers of persons found guilty after the age of 20 may well indicate that many cease to commit offences without treatment. It is therefore essential to avoid making scapegoats of some of them, and so run the risk of turning them into hardened criminals by inflicting sentences which may well have adverse effects in total contrast to what was intended. For this type of offender even repeated periods of training are by no means always effective. Must we

go further? Should one not also bear in mind that the concept of "delinquency" is gradually giving way to that of "deviance"; nevertheless some aspects of what established society refers to as deviance can even prove beneficial to the life of that society by showing up the imperfections of its present state.<sup>1</sup>

One cannot overlook the fact that the price paid for the overall rise in the standard of living in our countries is permanent frustration, brought about by the exacerbation of artificially created needs that can never be fully satisfied. Associated with this widening gap between the legitimate desire, induced by technical progress, for greater prosperity, and the impossibility (for the majority) of satisfying it, there occurs a state of disequilibrium—the motive force behind that same progress—which forces us constantly to readjust our attitudes, not only towards our scales of values but to the social order itself with its ever-growing demands.

The result is a climate of uncertainty, bringing distress and anxiety and causing feelings of insecurity and difficulties in facing the problems of life which can lead either to suicide, drug addiction and increased psychiatric disorders or to delinquent acts.

If the naked vision of the adult world therefore inspires certain young people, now more than ever, with the temptation to opt out, just at a time when, to make matters worse, factors such as the raising of the school-leaving age exclude them from that world for longer than before, it can no longer come as a surprise to find that henceforth the family, which anyway is often overburdened, cannot always fulfil its traditional role of protector.

These are all facts with which public opinion must come to terms if it is to understand that, however much one improves the methods of treating adolescents and young adults, the problem of juvenile delinquency and deviancy will never be solved simply by administering punishment, education or treatment to those who commit offences, or give signs of maladjustment. It is even more important to create, on the social level, the most favourable climate, whatever may be the trends in the development of civilisation, in which young people, whether or not they are given to delinquency, can find fulfilment.

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1. See also on the subject *L'adolescent et la société*, by D. Szabo, D. Gagne and A. Parizeau, Ed. C. Dessart, Brussels (1972).

## II. REPORT PREPARED BY Dr GORDON ROSE

### *Introduction*

The progress which has been made in dealing with young offenders has rested primarily upon the development of the social sciences. As we have understood better the considerable complication of personal and social factors which comprise a "case", we have moved steadily towards increasing differentiation in treatment. There have always been pioneers who saw the need to deal with young offenders in the setting of their families, or, where this was not possible, in small groups, even in periods where the large impersonal institution was the norm. Events have shown how right these people were.

The problem of differentiation has been to try to divide offenders up into suitable groups for treatment.<sup>1</sup> One might say that this has a negative and a positive side. On the negative side the goals are minimal—to avoid making things worse by mixing disparate groups. Apart from the separation of boys and girls, the main distinctions here have been to attempt to separate the older, the more sophisticated offender (often but not always the same thing) from the younger and less experienced, the very dull from those who are normal, and the heavily disturbed.

In practice there is a tendency to extract from the total those who need special treatment and those who require only a warning; both for their own good and to make it easier to deal with the rest. This is the beginning of a positive classification which attempts to formulate goals more clearly and to classify with objectives clearly in mind.

The setting up of goals does not necessarily mean that there must be a considerable degree of administrative classification. In a very real sense a common goal has been individual treatment. This is often not clearly expressed; but the organisation of a system of treatment is often in terms either of supervision at home, or of a minimum classification in institutions, which, as suggested above, simply separates out those who cannot be contained without harming the majority, and then divides the rest into small groups—

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1. The word "treatment" is used in this report in a very general sense to indicate any kind of reasonably constructive methods of helping the offender to cease breaking the law, and to come to terms with the demands of society.

within one building, on campuses, or in scattered homes—on the assumption that once this has been done, those who deal with these groups will have the maximum opportunity to help and treat in as individualised a way as possible. (By individualised, we do not mean isolated; obviously every individual has a group setting whether it be family or “cottages” in residential institutions.) The negative aspect of this process is to attempt to take out those who could not be fitted into such groups; and the positive to make every member available for “treatment” which may vary from general support to carefully thought out and highly staffed therapy.

We emphasise the negative and positive aspects of classification because much of the change which has taken place in this field and in others, in the sixties and seventies, has been motivated originally by a reaction against the type of residential institutions, often large but not necessarily so, which ran primarily on the basis of an ordered life rather than upon understanding, and upon highly over-simplified concepts of the way in which the minds of young people worked, and therefore what ought to be done to alter behaviour. What has changed very much is our appreciation of the complexity of people in society, and the ways in which the helping agencies can successfully intervene.

To react against the over-regimented can in itself improve the situation by placing young people in a more constructive environment; but we have learned that this is still not positive enough. To put people into small groups does not necessarily lead to any progress in rehabilitation—it may, indeed, intensify the influence of the more anti-social elements. To put people into hostels upon the assumption that they are then “in the community” and that this is a good thing in itself irrespective of the needs of the group, does not necessarily bring them into any real contact with “the community”, however defined. One can be just as cut off in a small institution even if it is called a “hostel” or a “family home”. We have learned that some kind of positive policy is essential; but what kind for which people? It is this problem which constantly confronts us at every turn.

Our reaction to this, and our general understanding of “people-situations” as being highly complex, has been joined to the understanding also of change as a process. What is good at one point in an individual’s career is not appropriate at another. This may seem obvious, but it has not, in practice, been incorporated in many treatment systems where a court decision involves only one specific type of treatment. There is an understandable reason behind some of these rigidities. One of the characteristics of young people in society is that they have rights and these

include the right not to be deprived of liberty without due process of law and without safeguards. The operation of this principle has tended to set up a strong division between residential and non-residential treatment. This is very clearly illustrated by recent legislation setting up children's panels in Scotland, under which the panel not only has to make a separate decision over committal to residential treatment, but also has to confirm it annually. This theme runs strongly through much of the legislation, particularly in English-speaking countries and their former dependencies.

Yet, as the English Children and Young Persons Act (1969) shows, the trend is towards introducing much more flexibility even within these limits; and, whatever the actual basis of the legislation, criminal or civil law, there is a general movement towards an elaboration of the range and complexity of treatment, which involves the blurring of the lines between the residential and non-residential, and between case work, group work and community work. We are learning, sometimes painfully, two things: that administrative and legal structures must give way to treatment based upon need; and that need is both a total and flexible concept in which emphasis on the family as the constructed small group, or the natural peer group, while it may be the most appropriate thing to do in specific situations, is never enough. We cannot isolate and insulate large areas of people's lives without seriously affecting our ability to bring about effective change in their behaviour. This lesson, which is fundamentally that which we learned from the impersonal institution, has become a basic problem for all therapy. For on the one hand we cannot treat on a larger scale without some degree of isolation (unless we believe that our capacity for crucial intervention without a heavy involvement of time and expertise is high); and on the other hand we are only too conscious that the only real test of treatment is re-immersion in the total stream of living, and that prediction of behaviour in that context from the specially structured contexts which we create under the heading of treatment is a prediction from a narrow base which only too often fails.

The society into which we launch young people has changed enormously in the last thirty years. We have seen the emergence of a self-consciousness and self-reliance which, although it creates many problems for parents, is a strongly positive force in a changing society. By far the greater proportion of young people emerge into adulthood better educated and more capable of standing on their own feet than ever before. Confronted by the ever more complex bureaucracy of a technological society, the assertion of individuality is a growing necessity for the maintenance

of a sound social structure. In this report we deal mainly with the casualties of the social system, but we do not forget its successes.

It is within the framework of the changes briefly outlined above that we turn to a more detailed consideration of trends in treatment of the adolescent offender.

### *Framework of the discussion*

We have found it necessary to impose some structure upon our discussion of the trends which are taking place in the treatment of delinquents. This must, in the nature of things, be arbitrary, and some matters will come up under more than one heading.

We start with a consideration of the trends in methods having a punitive element. We then go on to consider a variety of problems concerning residential treatment, which has been subjected to a good deal of criticism in recent years. There follows a discussion of the increasing elaboration of non-residential treatment. Lastly we look at the problem of the alternative society and how it can be related to the treatment of delinquents, taking in a number of relates problems on the way.

#### **1. From punishment to resocialisation**

Punishment is in some senses the most simple of our methods of dealing with offenders and in others the most difficult. It is superficially a clearly enumerated statement of intent to produce a clear result; to inculcate such a degree of fear of the consequences by imposing some form of pain and deprivation, that the offender will not be prepared to risk once more undergoing this experience. This simple view lies behind all the varying levels of punishment elaborated over the ages, from unspeakable tortures to fines and admonitions.

Yet this idea rests upon an over-simplification; a belief, common in previous ages before the advent of social sciences and the growth of the modern form of humanitarianism, that the lower orders, and in particular the criminal orders, are simple people whose sensibilities are blunted, and who will inevitably react with fear to the application of pain. Understanding of the complexity of human behaviour and the capacity for adaptation to adverse circumstances has grown apace since the beginning of this century. In the light of that knowledge we now see punishment not as something simple, nor as the major way of dealing with all types

of problems, but as one possible way of producing changes in behaviour, and one among many. Nor can we any longer assume a direct link between those things which we expect to be punitive and the reaction experienced by the person we are trying to alter; there may be many according to the circumstances in which the attempt to punish is carried out and the personality of the offender.

This has not deterred a number of countries from continuing to keep young people, though not juveniles, in punitive conditions for long periods. It is true that there are often accompanying constructive features in these regimes. Nevertheless, imprisonment in any form should not be used for young people at all; it is not only inappropriate but at best it has no effect, and at its worst is a hardening process which makes subsequent treatment more difficult.

We have increasingly tended to avoid the use of punishment in less serious cases, although we still see it as the only practical solution to the vast mass of minor infringements which are the major task of the courts all over the world. Even in those situations where it is believed that some action must be taken beyond an admonition or a fine, informed opinion is moving away from the belief that a short sharp shock is the right answer.

The strength of this movement varies from country to country, depending upon the degree to which they are affected by rapidly increasing crime rates, and also by the general structure of public and official opinion. In some countries there has been considerable pressure towards sharper short sentences, in others towards more intensive short-term treatment.<sup>1</sup>

An instance of a strong reaction to a rising crime rate has been the attempt to create in England a special form of institution, the detention centre, based upon the concept of "a short sharp shock" (the description used by the British Home Secretary at the time of the introduction of the measure in 1948). It was felt very strongly at this time that ordinary imprisonment for young offenders was a mistake (it was subsequently banned under 17, and restrictions placed on the courts up to 21). It was also felt equally strongly, however, that an alternative was necessary. No one reading the original debates could argue that it was intended as anything but punitive. There was a basic period of ten weeks; two age ranges, 14 to 16 and 17 to 21; no after-care (twelve months was subsequently added). The first centres were very

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1. We refer only briefly to short-term measures since the subject has been thoroughly discussed in a Council of Europe report, *Short-term methods of treatment for young offenders*, Strasbourg, 1967.

brusque in the way that they handled children; a public outcry toned this down, but there has remained a basic regime of strenuous exercise and strong discipline, though overlaid with educational and recreational provision, after-care, and the attachment of social workers.<sup>1</sup>

Has this experiment been a success? Although figures are available showing reconviction rates, it is always difficult to assess these in relation to what might happen to similar cases dealt with in other ways. Suffice it to say that failure rates in a three-year period of 60 to 70 % have reinforced the growing feeling that the experiment has failed. On the one hand it is said that a short-term measure with a distinctly punitive element is necessary to deal with increasingly recalcitrant youth; others maintain that it has done no more than to re-introduce short-term imprisonment for young people and extend it down to the age of 14, and that the regime, if applicable at all, is only suitable for a limited range of cases.

It is this latter view which has prevailed. Junior detention centres (14 to 17) will disappear as a result of the Children and Young Persons Act 1969, and the future of senior centres is under review. It may be that there is a category of "naughty boys" who are not sufficiently disturbed to require long-term treatment, but it has proved too difficult for the courts to identify these offenders accurately, leading to many misfits, and the possibility that additional resentment is being engendered in many cases.

#### *Warning as a deterrent*

Another type of short-term sentence which has become increasingly popular is that which takes the form of a period of attendance at some specified place. There are some variations in approach, but for the most part these are short periods which do not allow for anything in the way of extended treatment relying upon the part-time use of schools, homes, police stations and prisons. The best known examples are weekend arrest in West Germany and the attendance centre in the United Kingdom. Both have limited periods of attendance (in the United Kingdom a maximum of 24 hours usually in a two-hour period each weekend), and a punitive element, although this is mediated by recreational and educational activities.

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1. Dunlop, A. B., McCabe, S., *Young Men in Detention Centres*, London, Routledge, 1965; Home Office Advisory Council on the Penal System, *Detention Centres*, HMSO, 1970.

These methods can be used in conjunction with a longer period of supervision, of which they tend to constitute the punitive part, followed by more extended constructive action. An English study shows, however, that those sent to a combination of attendance centre and probation constituted more difficult problems and that the results were worse than attendance centre alone.<sup>1</sup>

This type of approach might be regarded as very similar in intention to the fine. It is a form of warning which does not so much constitute a heavy penalty—and few fines for minor offences are for large amounts—as a notice served upon the offender that his offensive behaviour should cease. There are excellent reasons for using such warning systems. They are simple and do not use resources better employed elsewhere. They are usually applied to those about whom it is safe to say that a high proportion will not continue to offend; and, in any case, at this early stage in a situation in which there is a vast amount of minor crime which is often undetected, there is an element of chance in the matter of who actually is caught and prosecuted, which should make one cautious in the use of more complex treatment facilities.

## 2. Trends in residential treatment

There is, of course, a movement away from residential treatment and an increasing emphasis upon other methods. It would be just as accurate, however, to describe this as a further development and elaboration of the residential idea, while turning away from its traditional forms. We have tended to work upon the basis that what we need to do is to put the boy into a total environment, which we control, and to use this to provide stimulation towards new activities and new perceptions and thus change behaviour. We are increasingly conscious, however, of two important defects in this conception. In the first place, it has become obvious that the kind of relationships we hoped would develop between boy and staff in the type of environment provided, needed more deliberate techniques than the provision of opportunity and a sympathetic ear. Secondly, we are increasingly conscious of the need not only to co-ordinate work on the home and on the boy, but also the interpenetration of the two. We are conscious of the frailty of behaviour change which is not repeatedly tested against the real problems of everyday living in the milieu

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1. McClintock, F. H., *Attendance Centres*, London, Macmillan, 1964.

which produced the original problem. Or perhaps it is more true to say that we were always conscious of this, but that we now feel more strongly that the methods formerly used were inadequate.

There have thus developed a whole series of approaches which are less committed to the idea of the total environment, and which rely more upon smallness as a means to reducing anti-authority group effects (not always effective since this is dependent upon a capacity for selection which we are rarely in practice able to exercise as fully as we would wish), and of increasing rehabilitative power. This trend, moving outward from the older type of residential establishment, has met an increasing feeling amongst those who supervise offenders in the community that some residential provision is called for. The result has been a great proliferation of special kinds of residential institution which we shall call collectively "hostels" although they have many names in different countries. In order to consider these adequately, they need to be looked at as part of a range of facilities which stretches from the heavily controlled "closed" residential institution, with or without a highly psychotherapeutic regime, to case-work and group work in the community without any residential element. It is useful to look at all the residential aspects together, and to consider them under different headings.

a. *Towards flexibility in organisation* Perhaps it is simpler to set out the situation as a table:

<i>Residential</i>	<i>Education or work</i>	<i>Periods at home or out of residence</i>	<i>Examples</i>
i. All the time	Inside or outside	Holidays	Variously called homes or hostels - widely followed
ii. Week-days	Inside or outside	Weekends	Pre-release and after-care hostels in a number of countries
iii. Nights	Outside	Evenings and weekends	Hostels for young workers
iv. Weekends	Inside	Weekdays	Northop Hall (UK) which takes probationers for weekends
v. Crisis hostels			The "Holding" hostels (Holland - discussed subsequently)

In the above, i represents the most common form of residential provision with the greatest degree of immediate control, and normally covering a lengthy period. For those without viable families, a considerable degree of provision is, of course, necessary, but it is common to send those of school age to outside schools. A problem arises here because so often the deprived, whether delinquent or not, need compensatory education which often cannot be provided in ordinary schools. Often enough the authority providing the residential facility is not the same one that provides educational facilities. Teachers suitably trained in compensatory education are often in short supply, and the higher staffing ratios necessary are difficult to obtain in the face of competition from other parts of the educational system. A facility situated in a high deprivation area has to contend with the general inadequacies of schools in such areas; one situated in a middle-class or rural area may find the schools unwilling to help. The result is a tendency to provide within the facility itself. One can thus be sure that suitable education is provided, but at the expense of increasing the "total institution" effect on the adolescent.

Similar problems apply to work. Vocational training has receded in importance as a treatment method, but still has a useful part to play. There is an increasing tendency to arrange for those of a suitable age to work outside the institution. In some countries, however, the increase in anti-social elements in the population makes it more difficult to avoid repeated absconding and other troubles, which militates against this very desirable practice.

Another area in which development could take place is in the use of extended leave from residential establishments of the first kind. Many countries have regulations which provide only for very limited periods of leave, and the only way in which there can be a return to the establishment after some period of absence—which usually constitutes discharge—is by a further court order. There are considerable practical problems; for example, the need to hold a place open which could otherwise be used and the interruption of educational and vocational training. However, it would surely be advantageous to make more flexible provision for periods of varying lengths away from the institution, according to the developing needs of the juvenile or young adult.

This kind of approach is implicit in ii above, which is a quite common pattern of weekend release where a discharge from the institution is contemplated. Item iii is simply a freer version of this with more ability to come and go and to use the hostel purely as one would a bed-sitter, but there is more control than there

would be in lodgings with case-work supervision. Item iv is a further move in the direction of being at home, but here there is still intensive contact at weekends; this has been used for probationers but not, we believe, for those who have previously been in more closely supervised institutions; it is, in fact, a variation on the long-leave system. It has the advantage of imposing restrictions at periods when the delinquency risk is higher, and of having some penal element. Crisis hostels and supervised lodgings we shall not discuss for the moment; they are better dealt with in a subsequent section.

b. *Trends towards smaller units in the use of therapeutic measures*

The original concept of the residential institution was largely to provide a constructive and educational atmosphere in which deprived delinquent children could grow up, and this is still the situation in a number of places where no special therapeutic regime is provided but where there are plenty of healthy activities. Such arrangements should not be decried; but it is important that such regimes should at least control the nature of their populations, and that those requiring more complex and positive treatment should also be provided for.

Much more common, nowadays, is what might be described as the activity-contact type of treatment, where activities—domestic duties, recreation, education, work—are seen not only as providing a sense of achievement but also as providing a base for individual contact and personal relationships which can then be developed and broadened to produce change through the personal influence of “counsellors”, “housemasters”, “educators”. There are no set pieces in terms of psychotherapeutic interviews, group counselling or therapy, and everyone is assigned to groups (“family groups”, “houses”, “cottages”), usually of the same size. In countries with a larger number of smaller homes, the same effect is produced by distributing residents amongst these homes.

There is some danger here of creating large organisations which are subject to a degree of bureaucracy, but this has to be set against the increased ability to transfer from one home to another, according to the needs of the offender.

This pattern can be seen both in long and short-term institutions. In the latter it characterises the more positive side of the British detention centre which, after an initial “rigorous and vigorous” regime, settles down into an activity-based approach for the rest of the short period, and has social workers attached to the institution to keep contact with the home and a year’s subse-

quent statutory supervision. In Holland there are two examples of this entirely activity-based type of approach in short-term institutions. De Corridor is a centre for young offenders aged 18 to 23 with a sentence of three to four months. The criteria for selection are reasonable intelligence, good physical health and ability to cope with a closed group. There are six groups of ten, the groups being used as a basis for discussion and general supervision. In De Sprang (120 men aged 19 to 23) more emphasis is laid on groups, there being both therapeutic and task groups, but the approach is similar.

Both these short-term and many long-term examples show that this type of approach, if well staffed and well planned, has much to offer. There is, however, too great a tendency to accept it as a standard pattern without paying enough attention to analysing how it works and, in particular, whether it is true that effective contact is made with a substantial number of offenders and under what conditions and with what range of personalities this works best. Research into what actually happens in residential situations is extremely difficult, and the reaction against residential treatment has tended to turn interest away from it, instead of underlining, as it should, the need to provide better information for effective classification. We have not made any special enquiries about research in progress, but it does not appear that there are any European counterparts to Street, Vinter and Perrow's elaborate comparison of a number of residential facilities with different objectives and methods of working,<sup>1</sup> or of the long series of studies made in California. It is, however, important to analyse and categorise a range of residential experiences and to attempt to assess their effect upon the personalities which experience them, and thus to suggest how the effectiveness of the system can be improved.

In general, it would appear that we have moved towards a greater understanding of the use of the group approach. There is a much more positive attempt to think in terms of a variety of group approaches, varying from what might be described as group counselling and which is carried out on unselected groups by personnel with little training, to group therapy with carefully selected groups carried out by experienced experts. It is likely that this would have something of a haphazard aspect, since it is very dependent upon the enthusiasm and expertise of individuals, but enthusiasm can be sparked off and training provided, and this does not always seem to be pursued as strongly as it might.

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1. Street, D., Winter, R. D., Perrow, C., *Organisation for Treatment*, NY Free Press, 1966.

A further development of the specialised group approach is to concentrate in one house or cottage a selected group, and to provide selected or specially qualified staff to work on them. This is sometimes done with those of special difficulty, when they are put into a secure unit; but problems can arise about mixing with the rest of the institution, and a separate facility is often better.

c. *Towards precise objectives*

Perhaps the extreme of the group approach is the use of a "total" system which is planned to produce an active and direct effect upon the offender's behaviour. The more generalised approaches discussed above tend to fail because:

- i. They are not focused with sufficient precision upon the offender's particular behaviour problems, and therefore fail to affect those aspects of behaviour which are the prime cause of the trouble. We shall describe this new approach as *specificity*, the specification in detail of the job to be done.
- ii. They fail to state the problem sufficiently clearly, which leads to difficulty in acting upon it directly. Better definition leads to the possibility of a more *direct* approach; that is to say dealing with the behaviours themselves rather than with what are thought to be the deeper problems from which they spring.

As a result it becomes possible to work more *actively* and intensively, since one is concentrating on a series of much more clearly defined problems.

It also becomes possible to set a series of *goals* which can be seen as a number of progressively attainable stages in behaviour change. In the USA this has tended to take the form of written contracts made between therapist and client and signed by both; but this idea does not seem to have caught on in Europe.

It will be seen that this type of approach, based on specificity, directness, activity and goal setting, is a reaction against the more generalised therapeutic ideas which previously held sway and which were derived from varieties of Freudian interpretations and from the development of child guidance and child psychiatry. This reaction, strongest as always in the USA, has taken two major forms. One school has turned to applications of behaviourism, itself a reaction against psycho-analytical ideas, and has produced a system often known as *behaviour modification*, which is based largely upon the concept of positive reinforcement. A very clear example of this is the Karl Holton School in California; a

note on its techniques taken from a research report<sup>1</sup> is to be found at Appendix I.

A second type of reaction might be described as *humanistic psychiatry*. This is based upon attempts to make people aware of the precise nature of their behaviour and then to help them to alter it. There are a number of schools of thought of which perhaps the best known is *transaction analysis*, which is an attempt to bring the person concerned face to face with the kind of roles he himself is playing and the roles in which he is casting others. A good example of this is the O.H. Close School, also involved in the same Californian research project and at Appendix II will be found the *Transactional Analysis Handbook* which is used there.

We do not think there are any examples in Europe of the employment in such a comprehensive and extreme form of techniques like this in a particular institution, but they are certainly widely used. A well known variety of the humanistic approach is to be found in "encounter" or "sensitivity" groups, which rarely in Europe use the kind of bodily exercises which have been well publicised, but which much more often consist in guiding people in groups to see themselves and their group reactions more clearly, and enabling them to derive strength from the group.

Another example of the more humanistic approach is the method called *guided group interaction*. This is of particular interest in this context as it provides a technique which seems to offer the possibility of an effective short-term therapy which can effectively replace longer terms in many cases, and which does not require professional personnel with a long and complex training.

This technique was first developed at Highfields in New Jersey, a short-term residential facility, and was later tried out at a non-residential day centre (Essexfields), and also with difficult high school children (Collegefields), in each case an evaluation being made.<sup>2</sup> The general idea has now spread widely in the USA, and

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1. Jesness, C. F. et al., *Youth Centre Research Project: Differential Treatment of Delinquents in Institutions*, second report, 1969.

2. McCorkle, L. W. and Elias, A., *The Highfields Story*, NY, Holt, Rhinehart and Winston, 1958; Weeks, H. A. et al., *Youthful Offenders at Highfields*, Michigan, University of Michigan Press, 1958; Pilnick, S. et al., *The Essexfields Concept: A New Approach to the Social Treatment of Delinquents*, *J. Appl. Beh. Sci.*, Vol. 2, No. 1, 1966; Stephenson, R. M. et al., *The Rehabilitation of Delinquent Boys*, 1967 (mimeo); Pilnick, S. et al., *Collegefields: From Delinquency to Freedom*, Laboratory for Applied Behavioural Science, Newark State College, 1967.

has been included in recent developments of the Community Treatment Project in California. An account of its working in the San Francisco Experiment, which is part of this project, is included at Appendix III. Perhaps it should be added that this experiment later ran into a number of practical difficulties, recorded in subsequent reports, but this does not affect the mode of working.

An account of Highfields is already included in the previously mentioned Council of Europe report on *Short-term methods of treatment for young offenders* (1967). Essexfields was a non-residential establishment for twenty boys in Newark N.J. The age range was 16 to 17 and the period of attendance four to five months. The research study on Essexfields (see R.M. Stephenson *et al.* in the previous footnote) showed that it was less successful than Highfields and similar centres, but both were more successful than a matched group in a state reformatory. Neither did as well as probation alone even when cases were matched, and failures while under treatment taken into account. Collegefields was a two-year similar programme dealing primarily with 14 to 15-year-olds who were probationers and difficult and backward at school. There were places for 25 boys and attendance lasted four to eight months. More emphasis was laid on schooling but otherwise the techniques were the same. A battery of tests showed improvement in the boys, but there is no information about recidivism and no comparison with the other two.

No example of guided group interaction could be found in European countries. Many visitors from Europe have seen the technique in action, but no European institution seems to have been founded on this basis. Has it been thought inapplicable to European adolescents? Or are similar things being done under different names?

Material describing these various approaches is reproduced because they are clearly interesting new trends. We do, however, wish to emphasise that there are considerable differences, in therapy and practice, between the behaviour modification approach and the others. It is, of course, for the reader to make up his own mind, but the sub-committee feels bound to comment that a number of the techniques used in behaviour modification seem to them to come perilously close to a return to systems they would now feel outmoded, which relied very largely upon points and reward systems and the somewhat mechanical application of the stick and carrot approach.

### **3. The trend towards flexibility and comprehensiveness**

We now turn to some of the organisational aspects of the trends which are appearing. It was noted under the heading of "Trends in residential treatment" that there had been a very considerable blurring of the lines between residential establishments and the world outside. A deepening interpenetration is appearing between these two spheres. The way in which this has given rise to a variety of hostels has already brought about a considerable organisational change, but more is implied than this.

#### *a. Flexibility*

It has become increasingly clear that what we should ask of an administrative organisation is to be able to follow the demands of the situation. Where a juvenile is in public care for a long period, his needs change, and it is essential that the authority should be able to act freely to follow these needs, whatever degree of control and whatever kind of residential or semi-residential provision is required. It is of basic importance to be able to move from one approach and one type of care to another, as the occasion demands; testing for reaction in the community, and providing the right degree of support, whatever this might be.

#### *b. Comprehensiveness*

The keynote, therefore, of recent changes has been the breaking down of administrative barriers, so that it becomes possible to provide a comprehensive service covering as wide a range of facilities as possible, in the way which allows them to be brought into operation most easily.

There appear to be two types of administrative approach directed towards achieving these aims, but they are not mutually exclusive. In some countries, the United Kingdom and Denmark, for instance, there has been a development of wider grouping of social services which encompass not only children's services, but also others, and which cover a much wider range of facilities. In the United Kingdom also the probation services are expanding into community and youth work and the provision of hostels. Some countries, however, already had very wide administrative groupings which facilitated movement in and out of different types of residential care, both for delinquents and non-delinquents.

In France, on the other hand, the *éducation surveillée* has been developing a range of facilities based upon residential establishments but extending also into a variety of other activities. Examples of this are the residential establishments at St Jodard, Emancé, and at Bourges. To take Bourges, for instance, there is a reception, observation block, the main residential institution, a hostel for girls and also an apartment in one of the state-aided apartment blocks (*habitations à loyer modéré*). Thus it is possible to provide the following:

- living and education within the establishment;
- living in the establishment, education outside;
- placement at home or with foster parents outside and education inside;
- boarding out;
- young workers (girls) in the hostel;
- young workers (girls) in the HLM apartment;
- young workers (girls) in bed-sitters, or in a hostel in the town;
- domestic workers who return to the establishment for weekends, holidays, or if ill;
- girls under supervision who need temporary accommodation in a crisis.

In this way, the residential establishment extends into the community, and the community extends into the residential establishment.

Further examples are to be found in France and Belgium.

The Home de Fontenoy-sous-Bois (France), a private organisation, provides a children's home for 80, aged between six and fourteen, divided up into cottages; a reception/observation centre for 25, aged ten to sixteen; an advisory centre (*consultation d'orientation et d'action éducative*) which helps young people with educational problems; supervision of those in their own homes (*service d'OMO-observation en milieu ouvert, et d'ÉMO-éducation en milieu ouvert*), and three family group homes for those aged fifteen and over, two accommodating 15 and one 24. Some are at school and some at work. There is thus a considerable variety of possibilities and a good deal of flexibility.

In Belgium the state system is in process of being re-organised on a regional basis, each region offering the whole range of facilities: reception, observation, residential treatment, attendance at outside schools, vocational training both inside and outside the institution, hostels for young workers, and after-care services. In

the private sector, it frequently happens that institutions of different kinds collaborate with each other to ensure a range of facilities which can be suited to the changing needs of the young people concerned.

#### c. *Integration with the family*

For a long time residential institutions have been conscious of the need to maintain close contact with families, but have often been prevented from doing so by distance and staff shortages. Both the trend towards interpenetration of "inside" and "outside" and the accompanying administrative re-organisation make it more possible to work with the family throughout the period the adolescent is away, wherever this is possible. It is strongly felt that time spent in eliciting co-operation from parents and discussing with them what can and should be done is time very well spent. A recent experiment in Holland in which great efforts were made to enlist the help of families has shown how valuable and effective this can be. Community treatment cannot be other than family based, and there is a great and very much under-used resource in the understanding and willingness to help of those many parents who very much welcome the expert aid which can be made available to them.

### 4. Specialised institutions

#### a. *Reception/observation facilities*

In the United Kingdom the problems of reception/observation facilities have on the one hand been concerned with an acute shortage of places, and on the other with the problems of trying to integrate systems which have grown up independently: facilities for holding and observation on remand, facilities for reception and observation of non-delinquent deprived children, and the classifying processes of what was the approved school system, now all integrated into the new social service departments.

In a number of countries on the continent the problems are somewhat different. There is a tendency for periods in observation centres to be too long and to continue well after the two or three weeks which is necessary. It also happens too often that a period in one of the centres is used as a form of short-term punishment, the offender subsequently being released. Misuse of these facilities results in blockages in which it becomes difficult to find places for those who need them. We would very strongly urge judges not to

commit to an observation centre unless assessment is really necessary, and to deal speedily with cases as soon as the results are known.

b. *Lack of psychiatric facilities for adolescents*

Considerable problems have always been experienced in dealing with the highly disturbed adolescent. In most countries there is no adequate provision in the mental hospital system; and, in any case, developments in the treatment of mental illness have tended to emphasise chemotherapy, physical treatments and open units and none of these is particularly useful in dealing with most cases of highly disturbed adolescents. The balance of responsibility between medical facilities and child care facilities varies in different countries, but certainly in a number of cases child care systems have been thrown back upon their own resources and have tended to develop special facilities with a high level of psychiatric care. One of several units of this kind planned by the Home Office has just been set up in England to serve the whole child care system run by the local authorities. Dutch examples will be found at Appendix IV.

c. *Special educational institutions*

An entirely different kind of development is that of special study institutions for those whose main need is educational. An example of this is the *Studiegarden* (Sweden). This is a study prison in Uppsala which takes a variety of age groups, highly selected for stability, motivation and educational ability. It is an open institution, but it does not limit itself to taking only those with lesser criminal records. Some offenders study mainly within the prison, others attend the university—it depends upon the nature and level of the studies undertaken.

## 5. Experiments in participation

Experiments of this kind have become very common in recent years and there is some degree of participation in many residential establishments of all kinds. More recently it has spread to prisons and similar institutions for young adults. Representative committees in prisons are widespread in Scandinavia, but at the time of writing are strongly resisted by the authorities in the United Kingdom. In West Germany a number of experiments are taking

place; for instance, in the juvenile prison of Plötzensee in Berlin the governor has set up a representative committee. In a similar establishment at Hamela there are group councils of three, elected by members of the groups by secret ballot. These together constitute an executive group council. The house council is the highest level, and works together with the prison management in solving internal problems. The executive committee of the house council, consisting of three members, takes part in meetings of prison staff, in so far as they deal with questions which lend themselves to collaboration with the inmates.

These developments are very much in line both with the growing belief that young people ought to be treated as responsible persons and not as children, and the parallel move towards insistence upon "consumer rights" which has been spreading throughout European society. In Holland organisations of parents have been set up and have been pressing for more participation in the whole process of treatment, including the right to see reports made upon their children.

Participation is not self-government and it is impossible to tell how far any of these changes have given the young people concerned any real control of their destinies. It is possible that, amongst the many experiments in participation in hostels, there are some which are so managed that the residents have a considerable degree of power and autonomy. The considerable variety of ways in which the management can, in fact, keep power in its own hands, despite a considerable apparent degree of self-government, makes it very difficult to say, without very close knowledge of specific institutions, exactly what the position is. And one cannot avoid the fact that if the inmate has rights, the management has duties—both towards inmates and towards the general public—which it cannot slough off.

These tendencies are closely related to the whole problem of motivation towards behavioural change, both in terms of co-operation with the authorities and in terms of self-examination. Participation, when it works well, helps to reduce the distance between the adult staff and their objectives, and the adolescent inmates and their problems. In the past it has been assumed that the right kind of staff in the right kind of environment can win the confidence of most adolescents, and thus ensure that they are motivated towards the aims of the institution and thus to self-change. While this often remains true, the growing degree of feelings of independence amongst adolescents necessitates some revision of previous views upon how to secure what the staff would regard as a positive motivation. In the case of those who are deeply

imbued with the attitudes implied in the phrase "the alternative society", it is often necessary to take action which at least partially accepts the validity of their point of view, but even in those cases where the identification is not so strong, the problem of attitudes of staff to the strongly critical views of the institutions of our society, which are adhered to by many adolescents, cannot be ignored, and must be faced up to if motivation to change is to be secured.

#### 6. Trends in non-residential treatment

The move towards the interpenetration of residential and non-residential treatment has taken place also from the non-residential side and there are an increasing number of "hostels" of various kinds which are associated with or conditional upon supervision in the community. Where the probation service is strong and independent, as in the United Kingdom, there has been some development of hostels specifically for probationers. In other countries, the use of hostels in connection with general supervision has been elaborated as part of the child care services. We have dealt with hostels above, and in this section we want to deal with some other characteristics of non-residential services.

##### a. *Experiments in intensive treatment*

Both the Californian Community Treatment Project<sup>1</sup> and the Provo Experiment (a similar approach building on probation rather than creating an alternative to commitment to an institution)<sup>2</sup> have demonstrated the possibility of improving success rates and dealing more effectively with offenders of some difficulty, by using more intensive versions of the usual type of case-work supervision. It may well be that heavily reduced case-loads or case-work combined with different forms of intensive group work are more effective for some types of problems, and that in this way the range of non-residential treatment could be widened. Needless to say, this does not constitute a substitute for a very necessary general reduction of case-loads in probation services throughout Europe. Experiments in providing more intensive treatment are at present being conduct-

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1. A useful summary of this project is to be found in Warren, M., "The Case for Differential Treatment of Offenders", *Annals of the American Academy of Political and Social Science*, Vol. 381, January 1969.

2. Empey, L. T. and Rabow, J., "The Provo Experiment in Delinquency Rehabilitation", *American Sociological Review*, 26, 679-695, 1961.

ed in several centres in England by the Home Office Research Unit but are, at the time of writing, in an early stage. Similar developments are taking place at Sundsvall in Sweden.

b. *Use of community resources*

Perhaps the most interesting groups of developments of this kind are those which provide additions or extensions to supervision: youth centres, group work, psychiatric advice, community work, and what are, in effect, day training centres, specially set up for the purpose, which provide much more intensive treatment and supervision. A variety of provision of this nature is now possible in the United Kingdom under the heading of "intermediate treatment" which may be ordered by the court as a condition of probation or supervision. The court sets limits to the amount of time which can be used in this way, but the actual operation of treatment and, within limits, when it is brought into operation, are the responsibility of the supervising officer. Intensive planning is currently in progress to provide local facilities, and several experimental intermediate treatment centres are to be built although it is not yet clear what activities will take place in them. Under the Criminal Justice Bill 1972, it will also become possible in the United Kingdom for a court to make a community service order which will bind the offender, again under supervision, to carry out a certain amount of designated work in the community. This probably overlaps to some extent with the provisions for intermediate treatment, but is less therapeutically directed.

Similar measures are in operation in Sweden, where the Penal Code provides for a period of up to two months in a probation institution. The intention is to provide an opportunity for social background investigation combined with personal counselling and social assistance as a preliminary to the probation process. In one probation institution, an attempt has been made to undertake Rogerian client-centred therapy combined with vigorous activity to find acceptable work. Entrants to this programme must be over 18 and about 80 % fall into the 18 to 23 age group. It is of interest that a study of probation with attendance at the preliminary institution and probation without it found similar results as an English study of probation with an attendance centre order and probation without (see footnote on page 21); in both cases, the results for probation with the addition were worse than probation without it. In the English study, it seemed that the courts sent rather worse prospects to the combined treatment; it is not clear if this was found also in Sweden.

### 7. Co-operation with the alternative society

A vast amount has been written upon the "alternative society" (or "the counter-culture"). It would not be appropriate to attempt to summarise this here. Let it suffice to say that one of the most striking developments of post World War II society has been the emergence of independent action in adolescence and young adulthood. The part of it which has reacted strongly against society, either in mass protest or by retreat into crime, drugs, or merely extensive travel, has severely shaken many accepted adult beliefs and practices. In these extreme forms probably only a small proportion of adolescents are heavily involved, but many more are strongly affected at least in their attitudes to society.

It must not be forgotten that all this maelstrom of confusion has its positive side. In many countries organisations of young people have grown up to help the more seriously affected of their brethren. The degree to which those young people seriously affected are alienated from the rest of society makes it extremely difficult for the ordinary helping agencies to reach them; and those organised by young people who are both conscious of the degree of validity in what is being done by the alienated, and also conscious of the ways in which sympathetic adults and organisations in the wider society can be utilised to help, are often the best recourse. Not only are they in a strong position as interpreters and mediators, but they bring to the task an immense amount of youthful enthusiasm and dedication, and often great depths of understanding.

Organisations of this kind are not always easy for the conventional helping agencies to work with. Their methods may well be unconventional, and indeed the degree to which they identify with the counter-culture may be repugnant. Nevertheless, if help is to be offered to many young people who are in serious danger of ruining their lives, and who are often in conflict with the law, some *modus vivendi* needs to be worked out with these organisations. They seem to be of two kinds: in one the organisations concerned are primarily staffed with people who are not strictly speaking members of the alternative society, but are sufficiently sympathetic to be acceptable. These people act as mediators between the institutions of conventional society and individuals and institutions in the alternative society. In the second the organisations concerned are entirely run by members

of the alternative society and may or may not be acceptable to conventional society.

It is extremely difficult to keep track of developments of this kind but we cite one of particular interest which has been brought to our notice. JAC and Release, the Amsterdam foundations offering "alternative" assistance, take in, in the first instance, most young people in crisis situations who have nowhere to live. Their object is to provide on-the-spot help—the recipient can therefore remain in his or her normal environment—or, if more intensive help is needed, to refer the person concerned to existing institutions or to one of the centres comprising the "Holding" (see Appendix V), where help is given in a completely new way.

It should be emphasised, however, that these organisations are not mainly concerned with offenders, although they do deal with some absconders. They are cited here as examples of the way in which it might be possible to link the "conventional" systems of dealing with adolescents who have become alienated, and who therefore are liable to come into conflict with the law, with those organisations which they are more likely to accept and which can form a useful bridge back into society and its normal means of dealing with young people in trouble.

### 8. Training and research

The changes we have outlined in this report obviously affect staff training. Staff reach the position of supervising young offenders by many different routes, some deriving from education, some from social work, some from the psychological and psychiatric services. All training faces the problem that its products will have to operate in a changing situation and it is difficult, therefore, for training to keep up to date with the developing situation in the field. We hope that the publication of this report will in itself help to introduce new ideas into training courses both at the basic level and at subsequent courses which are given to bring staff up to date.

The new approaches we have outlined place a heavier burden upon staff, since they involve forms of treatment which are time-consuming and which require both control over oneself and over the situation, combined with a considerable degree of sensitivity and understanding. Good management can reduce the burden on staff, but it does not obviate the need for adequate initial training and continuing in-service training, suitably adapted to meet the new challenges.

Training cannot be separated from practice in the field, continuing supervision while in post, or from research. It is of fundamental importance that those in immediate control both in institutions and outside should be themselves fully trained and capable of continuing to expand the capabilities of their staffs. Such a situation also helps to maintain sound relationships between treatment institutions and the judiciary and all those other parts of society with whom it is necessary to co-operate, including the representatives of the alternative society.

The need for continuing research has constantly been stressed. We believe that it is important to build into any system a central research team who can help to create the conditions which make successful and useful research more likely. One can only discover over a period those sectors of information which are most vital to a particular organisation and, in order to provide them, it is usually necessary to set up information systems which are appropriate to what are often difficult problems of long-term evaluation. Centralised and efficient statistical systems are often at the basis of successful research, since they can be built upon by the elaboration of individual projects.

## 9. Some further problems

In this section we look at several areas in which we are unable to perceive any clear trends, but which are actively under discussion, and to which we think more attention should be paid.

### a. *Determinate and non-determinate sentences*

There is a good deal of discussion in Scandinavia at the moment of the advantages and disadvantages of the indeterminate sentence. Some work done by Mr Kåre Bødal<sup>1</sup> has thrown doubt upon the efficacy of limited determinacy in a vocational training school in Norway, which subsequently became a young people's prison (borstal). A longer period of training than normal, combined with more absconding leading to further criminal behaviour, here undermined the efficacy of the indeterminate sentence as against a shorter determinate sentence.<sup>2</sup>

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1. *Fra arbeidsskole til ungdomsfengsel-Klientel og resultater*, Oslo, 1969 (Appendix VI).

2. In Denmark, young persons' prisons were introduced in 1933, but will be abolished in 1973 and fixed prison sentences introduced.

In an unpublished study of a borstal by A. Little in England, it was noted that early discharge of the better inmates led to the worst becoming the dominant influence in each house, and thus setting the tone for newcomers, which led to strong anti-authority pressure on all the boys. This would not happen if the sentence was fixed. There was no evidence that those who stayed longer improved, indeed they were the worst offenders.

b. *Absconders and disrupters*

While we see room for hope in the new developments we have outlined, it would be wrong to neglect the fact that there are a number of difficult juveniles and young adults whose presence causes so many problems that the training of others is retarded. In particular, considerable problems are raised by those who persistently abscond. A certain amount of absconding is tolerated in most countries, but in some the problem has become progressively worse, to the extent of disrupting constructive efforts to deal with the offender.

A common reaction was the gradual and reluctant spread of closed sections in open institutions. To these are often consigned both persistent absconders and those who are exceedingly disruptive in the institution. It is essential that in these units special efforts should be made to avoid the creation of a custodial atmosphere and to continue to attempt some personality change—at the very least extra staffing is needed. The further development of units which can undertake psychiatric treatment, either within the re-education system or outside it, is likely to give some relief, but units outside the system rarely provide sufficiently secure conditions to hold absconders. In England, as a part of the recent large-scale re-organisation, a new attempt to deal with this type of problem has been made in the form of Youth Treatment Centres.<sup>1</sup> The first of these, St Charles, is now in operation, but is not purpose-built and therefore does not entirely fulfil the intentions of the designers of the new regime; the other two will be built to the new design. An account of St Charles is given in Appendix VII.

Another approach, used increasingly in Holland, is to try to ensure that there is some place for the absconder to go where he can stay for a few days and obtain some help, thus also reducing the likelihood of his committing further offences and a further deterioration of his relationships with the authorities. Proposals have

1. Department of Health and Social Security, *Youth Treatment Centres: A New Form of Provision for Severely Disturbed Children*, HMSO, 1971.

been put forward to legalise a stay of up to five days in a JAC hostel, and there is already an informal arrangement with the police to allow persuasion by JAC to have a chance of succeeding. In this way it is hoped both to avoid the often serious consequences of absconding and reduce the likelihood of recurrence.

It may be that the regime of some types of institutions could be altered in such a way as to hold absconders more successfully. This takes us back to our discussion of the problem of motivation in alienated young people. It is not clear whether such new regimes could be operated within the "conventional" system; perhaps the Dutch experience indicates that they would have to be staffed very differently from the rest of the system. There is obviously no easy answer to the question of absconding, but it is one of great importance involving, as it does, not only the problem of getting the absconder involved in the treatment system, but also the protection of the public. Much further thought and experiment is needed in this field.

### c. *Reviews*

The regularly reviewing of the progress of a person under control is also important. It is common in many countries for juveniles to be placed under legal control for long periods. The trends towards flexibility and comprehensiveness, upon which we have laid much emphasis, may result in a number of moves being made from one type of facility to another, or the offender may stay in one place for a long period. In England there is a statutory six-month review of children in care, but it is not very effective; in France it is normal for the committing judge to be informed when a juvenile is moved, for example, from an institution to boarding out, and in some parts the judge will call juveniles in from time to time on an informal basis, but it is not practicable to do this everywhere. In the Scottish procedure, orders made by the Children's Panel lapse after one year unless they are renewed, and at the time of the renewal there is a possibility of appeal by either parent or child.

Any regular review or appeal system runs the risk of leading to a considerable increase in documentation. However, it may well be that more thought should be given to producing some way or providing for an assessment by someone outside the controlling authority, or at least for the provision of a "friend", not necessarily a lawyer, who could help the juvenile to discuss his affairs from time to time with those under whose jurisdiction he is living. It is good practice to involve the juvenile or young adult in discussion of his future treatment and to give him an opportunity to

make representations, and the move towards consumer rights is likely to increase pressure in this direction.

*d. Changes in treatment patterns and the role of the judge*

The changes in treatment which we have outlined produce some special problems in those European countries where the judge has a right to intervene in the way in which the offender is subsequently dealt with (which is not possible in the United Kingdom). As noted above in relation to French practice, the committing judge is kept informed of subsequent moves and may well feel it his duty to intervene from time to time. In both France and Belgium this type of intervention is frequent.

This issue is one of considerable difficulty. Intervention by someone who has not been closely involved in the treatment system and who might fail to understand what is being attempted and the practical possibilities in any particular case, may well cause problems for those responsible for treatment services. On the other hand, there is increasing recognition that the young offender still has some rights despite the fact that he is under legal control, and these include the right to appeal to someone outside the system if he feels he is not being treated as he should.

It has also been suggested above that he might be said to have a right to some substantial degree of participation and to the information upon which decisions are being taken which very much concern him. However, were appeals to be extensively used, the whole system would break down under the weight of documentation, and there are very great dangers that excessive rigidity would be introduced owing to staff being afraid of not "going by the book".

We cannot do more than raise this question, but it is clear that, in those countries affected, some *modus vivendi* will have to be worked out which takes account of the duties of judges, the needs of the administration, and the rights of the offender and his parents.

#### **10. Towards the future**

At any one time the variety of provision and of approaches in the various European countries presents a patchwork which it is difficult for the observer to encompass with any certainty. As this is being written, some countries are experiencing overwhelming pressures from rapidly rising crime rates and extreme shortages of staff and buildings; others have stable or only slightly rising rates, and have greater opportunity to institute intensive work.

The main trends we have outlined, however, seem in various ways to be at work in most countries. To some extent they are no more than reactive to disappointment with the results of long-term residential treatment, or merely to the pressure of staff and numbers. There does, however, appear to be emerging some kind of consensus about the direction in which more successful treatment is to be found.

In various ways, the central trends cluster around the perception of the offender as a complex person operating in a complex society and the need for re-educational authorities to perceive more clearly what his needs are, and to react to them more perceptively and more positively. This is very much in line with the general trend in society to emphasise the right of young people both to be heard, and to be seen as able to co-operate in the shaping of their own destinies. Those rights are not lessened, as we used to think, by transgressions against the law, but increased in fact and constitute a greater challenge to established authority to react positively. Recent experiences have confirmed even more sharply the lesson painfully learned in the past by progressive and caring authorities everywhere, that blindly forceful reaction does not succeed.

Rather, we have learned that there must be an increasing variety of provisions of all kinds of physical facilities and methods of treatment, and that we must order our administrative organisations so that we can bring these to bear over as comprehensive a range as possible and with sufficient flexibility to meet changing needs. Furthermore we have learned that those techniques by which we tried to provide support, or generalised therapeutic help, do not attack the problems of the individual with sufficient impact, and that we must act even more directly and potently upon those behaviours which both harm the young person himself and through him other members of the public.

What is more, the dangers of failing to produce such an impact are becoming greater. All countries are concerned at the increasing numbers of young people for whom what might have been a temporary period of adolescent revolt, becomes a lifetime tragedy, often through addiction to drugs. In some countries, but luckily not in all, patterns of serious violence are appearing which, with one eye on the USA, are bound to make us exceedingly apprehensive of the future if no effective means can be found to prevent its further development. If the affluent society can produce new dangers for some of its young people, it can also afford to search more diligently for the remedies. It is to this task that we now must turn.

### III. CONCLUSIONS OF THE SUB-COMMITTEE

1. There has emerged alongside the existing forms of treatment and sanctions a disinclination to intervene or, at least, to limit interventions.
2. Changes both in young people themselves and in types of delinquency underline the importance of continuing research into new methods of treatment.
3. Treatment methods are becoming increasingly flexible:
  - residential treatment often takes forms similar to community care;
  - community care includes lodgings and short periods of residence, which sometimes involve further restrictions on freedom. Thus the distinction between residential and non-residential treatment is becoming blurred.
4. Single-purpose treatment institutions are being superseded by multi-purpose institutions, complexes or networks, comprising various forms of residential and non-residential treatment in the same locality. The distinction between reception, observation and treatment is also, in some countries, becoming blurred.
5. This flexibility comes up against legal, administrative and financial difficulties. Legal difficulties arise in those countries where the law provides for special procedures when the young offender is deprived of his liberty. Administrative difficulties arise from the fact that many treatment institutions are in the country or at least in places far distant from the home, making it very hard to preserve contact with the family. Financial difficulties arise in dealing with offenders in the community, since it very often happens that no official funds are available. It is important to attempt to eliminate or, at least, to abate the effect of these difficulties.
6. Despite a trend towards increasing reliance upon methods which do not require a court order, the role of the court (or the equivalent non-judicial body) remains central. It is important, therefore, that it has before it the best available information about the offender and his background, and that it is well-informed also about the current range of treatment methods.
7. The possibility should be given to a young offender undergoing treatment, or someone representing him, to ask for a review of his case.

In some countries the judge has the right to intervene in the treatment process. Where he does so of his own volition it is essential that there should be the fullest possible consultation with those responsible for the treatment of each individual offender and, where appropriate, with independent experts. However, even if the judge does not intervene there remains the necessity for a right to request a review, and there should be a widely known and effective procedure making this possible.

In countries where the judiciary have no rights of intervention, a procedure for application to some independent authority for review should be created.

The possibility should also be studied of an automatic review by an independent body. An alternative is a system under which the order lapses after a stated period and has to be reviewed.

8. The making, during treatment, of progress reports which are not seen by the offender is liable to cause anxiety and resentment. Reports should always be discussed with the person concerned.

9. Treatment should increasingly include the offender's family and his peer group, and should also aim at the improvement of his use of community facilities.

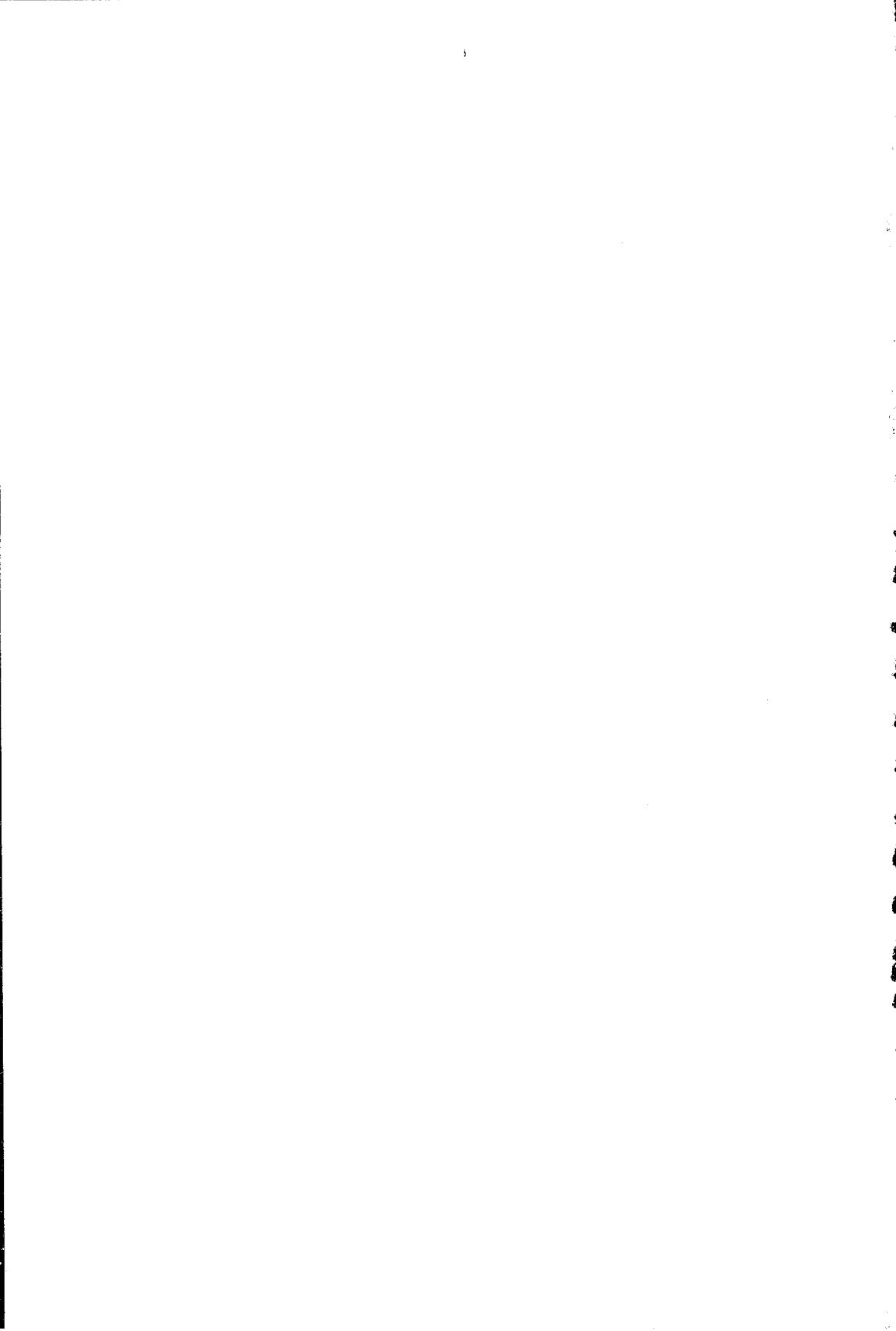
10. The increasing localisation of treatment facilities should be used to strengthen the links between the offender's family and residential institutions.

11. In a number of countries new experiments are taking place in using young volunteers, and particularly adherents of an "alternative society", in the treatment of young offenders. There is little doubt that this type of work will continue, and it is important that the authorities should take a sympathetic view.

Some of these experiments involve the general use of methods which are derived from the treatment of alcoholics and drug addicts, for example, associations of, or use as supervisors of, those previously under treatment.

12. There is a continuing problem concerning offenders who are resistant to treatment. If it is possible to mix them with other offenders without adversely affecting the success of treatment for the main body of offenders, this should be done. If, however, it is necessary to contain them in separate institutions, it is essential that these should be suitably adapted and staffed; young offenders should never be committed in these circumstances to traditional prisons.

13. Doubts are now being raised about the effectiveness of indeterminate sentences, and it may well be necessary to reconsider the place of determinate sentences in the range of methods available for dealing with young offenders on a medium and long-term basis.



## SOURCES

The appendices are taken from a number of sources, which are indicated. The sub-committee felt that some readers might wish to get in touch with the institutions mentioned in the text or the appendices. The following may help:

### *Karl Holton and O.H. Close Schools*

This material is taken from a report on the associated research project: Jesness, C. F. *et al.*, *Youth Centre Research Project: Differential Treatment of Delinquents in Institutions*, second report, 1969.

The final report on this project is: Jesness, C. F. *et al.*, *The Youth Centre Research Project*, 1972.

The reports are not printed but are available from the American Justice Institute, 1007 7th Street, Sacramento, California.

### *Highfields and its successors*

Collegefields was a short-term project; both Highfields and Essexfields have now ceased to operate. The reports on Collegefields and Essexfields have not been published.

### *San Francisco Experiment*

This is part of the extensive studies of the Community Treatment Project.

There are a whole series of reports thereon, obtainable from: Division of Research, Department of the Youth Authority, State of California, Sacramento, California, USA.

### *Belgian Services for Delinquent Adolescents*

Office de la protection de la jeunesse, ministère de la Justice, 1000 Bruxelles, 3, place Poelaert.

### *French Services for Delinquent Adolescents*

Direction de l'éducation surveillée, ministère de la Justice, 52, boulevard Raspail, 75006 Paris.

*Dutch institutions*

JAC, 30, Amstel, Amsterdam.

De Sprang and De Corridor are run by the Prison Department of the Ministry of Justice, Koninginnegracht 19, The Hague, Holland.

Further information concerning The Holding can be obtained from: Mr P. J. Krabbendam, Director, 352, Herengracht, Amsterdam.

*Swedish institutions*

Further information regarding youth prisons is obtainable from the National Correctional Administration, Ministry of Justice, Box 12 150, S-102 24 Stockholm.

Regarding youth welfare schools, from Sociala barna-och ungdomsvardsbyran, Social Styrelsen, Stockholm.

Regarding The National Association for the Help of Drug Abusers and Addicts, write to B 5337, 102 64 Stockholm 5.

Regarding the Behandlingscentralen (address: Maria Prästgårdsgata 32, 116 52 Stockholm), write to Box 170 92 S-104 62 Stockholm 17.

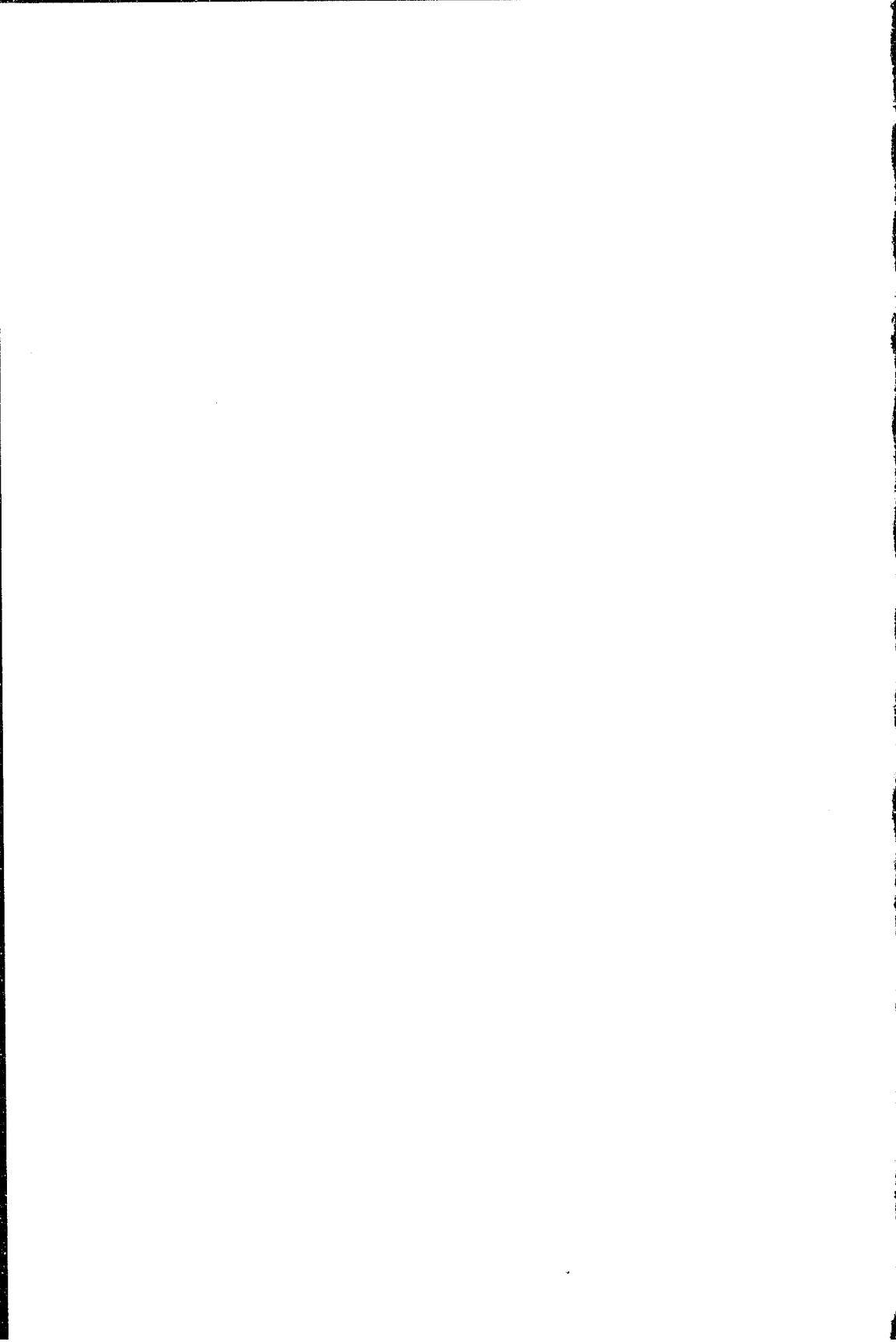
*United Kingdom*

Prisons, Detention Centres, Borstals: Prison Department, Home Office, London S.W. 1.

Probation and After-care: Probation and After-care Division, Home Office, London S.W. 1.

Other matters concerned with child care: Children's Division, Home Office, London S.W. 1.

## **APPENDICES**



## APPENDIX I

### BEHAVIOUR MODIFICATION AT THE KARL HOLTON SCHOOL (CALIFORNIA)<sup>1</sup>

Four major components in the Karl Holton School's programme are: 1. establishing or locating potent reinforcers, 2. identifying the behavioural deficits or inappropriate responses to be changed, 3. finding means of applying the reinforcers at the time the desired behaviour occurs, and 4. establishing strategies to encourage generalisation and maintenance of desired behaviours in the community.

#### *Establishing the reinforcers*

All eight living units and all classrooms in the Karl Holton School are operating under a micro-economy and a parallel point system. To be recommended to the Youth Authority Board for release, each boy needs to accumulate a predetermined number of behaviour change points (BCPs). To obtain immediately desired comforts, materials, services, and recreational opportunities, the youth must earn Karl Holton dollars.

Ideally, the boy's release from the institution would be entirely contingent upon his performance. However, certain constraints imposed by laws and conventions in the operation of the Youth Authority and the Youth Authority Board limit the institution's flexibility in controlling the wards' lengths of stay. However, there is sufficient latitude so that, for example, where a six-month "continuance" has been assigned by the board, a boy can be referred to release as much as two months sooner (i.e. at four months) or, in some cases, much later. Thus, each ward on arrival at the institution is informed that he must earn a specified number of points before he will be referred to parole, the number of points assigned being based on the assumption of 70 % efficiency. Therefore, if a boy earns points at a higher rate, he can obtain his referral to board release two months earlier.

The behaviour change points have already been demonstrated to be a tremendously effective reinforcer for all but a handful of wards who do not appear motivated to leave the institution. Knowledge of the rate of earning points is very important to the wards. Each week, when the point totals are posted, there is a rush of wards to the bulletin board to see how they stand. Even though daily earnings are known, one problem has been that the posting of total accrued points comes some time after the desired behaviour

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1. Jesness, C. F. *et al.*, Youth Centre Research Project: Differential Treatment of Delinquents in Institutions, second report, 1969.

has occurred. At present, the data processing section of the institution, manned by ten boys, five days a week, is pressed to keep ahead of the task.

Paralleling the point system is a micro-economy. For each point earned the ward gets one dollar in Karl Holton money. The points are needed to earn one's way out of the institution; token money is needed to purchase goods and services within the institution. The token economy enables staff to reinforce short-term goals, and to reinforce immediately, since dollars earned are recorded directly in the handbook each ward carries. When items are purchased, the amount is subtracted from his total.

The basis for identifying reinforcers and setting their unit price is determined primarily by the item's popularity. Examples of menu items are: use of pool tables, sleeping in on weekends, use of private rooms, weekend passes, use of the canteen, services of counsellor to help write college application etc. The menus in each hall are placed in a conspicuous place and are frequently updated. In addition to the points and money added to the bankbook, all staff carry a specified supply of bonus paper money which is available for use as immediate, intermittent reinforcement. Generally, they are instructed to use their bonus money forwards assigned to their own living unit and in conjunction with contracts established by the caseworker. It is the intent of the staff that social reinforcers should not be ignored, but should take on increasing potency. Consequently, when material reinforcement is applied, the staff attempts to accompany the payment with appropriate, positive, verbal reinforcement.

In addition to the use of positive reinforcers, a system of fines has been implemented as a substitute for other methods of discipline. As in the case of the positive reinforcers, the attempt is made to apply the prescribed fine as quickly as possible following the occurrence of any one of the listed misbehaviours.

#### *Identification of needed behaviours (behaviour deficits) and inappropriate responses*

Three different kinds of behaviours are identified and dealt with in the Karl Holton programme. *Convenience behaviours* refer to behaviours that are probably not crucial to the subject's becoming a non-delinquent but which are important to the efficient, orderly functioning of the institution. *Academic behaviours* refer to educational achievements and skills. *Critical Behaviours Deficiencies (CBDs)* refer to those behaviours seen as most likely to increase the probability of the subject's failing on parole. Forty-five per cent of the ward's points must be earned by convenience behaviours, 28 % by academic behaviours, and 27 % by the correction of critical behaviour deficiencies.

Three types of convenience behaviours are distinguished. Hall convenience behaviours are those that occur in the daily routine of the living halls (such as being out of bed and into the day room at

the appropriate time, properly dressed, with hair combed etc). These are recorded daily on an accomplishment checklist. Academic convenience behaviours are those that are related to efficient classroom operation and are recorded daily by the teacher. The hall industries programme teaches the wards skills and behaviours that may be helpful in future employment, and also serves to ensure that the necessary maintenance and housekeeping tasks essential to a living hall operation are accomplished. Points (and dollars) accruing from performance in these three kinds of convenience behaviours are totalled each week.

Nearly all wards in the institution are enrolled full time in the academic school programme. Many are working toward high school diplomas. Others who have serious educational deficiencies are enrolled in remedial programmes aimed at helping them reach the minimum level of achievement assumed to be necessary for success on almost any kind of a job. In the classrooms each five-credit course is broken down into tasks and each task is assigned a point and a dollar value. Depending upon the particular deficiencies and abilities of the individual ward, points are awarded following the successful accomplishment of tasks varying in difficulty and in length. These academic behaviour points (and dollars) are recorded on accomplishment lists, totalled, and posted weekly.

The *Critical Behavioural Deficiencies* are those that are empirically known or assumed to be most relevant to success on parole. The boy's critical behavioural deficiencies are identified to the treatment team at the time of the boy's first case conference, held thirty days after his arrival. In this process of assessment, the caseworker uses all pertinent data and available information. Particularly helpful has been the behavioural analysis provided through the use of the behaviour checklist prepared by Dr Jesness.

To rectify the deficiencies and teach more appropriate behaviours, each caseworker is responsible for directing his assigned wards (usually ten boys on a caseload at any one time) through a series of behavioural changes leading to the stated terminal objectives. A large part of the casework and counselling process requires the developing of suitable contracts, and determining when they have been fulfilled.

Providing immediate reinforcement upon the occurrence of the desired "critical behaviours" has proved most difficult. Contracting for specific objectives in the classroom is, by contrast, relatively simple, as are noting a boy's failure to observe convenience behaviours. The writing of meaningful CBD contracts, which require feasible means of progress checking, has demanded more staff time, creativity, and sophistication than may be possible in this project. Many excellent contracts are being written, and fulfilled, but some wards are passively awaiting their day of release, earning points simply by *not* exhibiting obviously deviant or disturbing behaviours.

To solve this problem, a series of standardised contracts has been written for each of the factors on the behaviour checklist. This

will enable staff to go from the behaviour checklist print-out showing behaviour deficits to an index and quickly locate a relevant series of contracts, or models that can serve as the basis for individualised contracts. Each contract specifies the method by which a progress check can be made to determine successful completion of the contract. The contracts are being arranged hierarchically so that an entire sequence of contracts can immediately be specified that should lead by small steps (successive approximations) to the desired terminal behaviour. Staff believe that establishing these standardised contracts may be a crucial factor in the success of the project.

Remaining to be worked out more completely are better schedules of reinforcement, particularly the "thinned out", intermittent schedules seen as desirable toward the end of the boy's stay. Under the system presently in effect, a boy is taken off the point system completely toward the end of his stay and is expected to function independently of the reinforcers. This "home free" period is regarded as a useful testing period to determine if the subject has arrived at the desired status of self-management.

## APPENDIX II

### "YOU'RE OK"

*A TA Handbook for Boys*  
by Paul McCormick and Leonard Campos

#### *Table of contents*

- Lesson 1 — What you are as a person
- Lesson 2 — Your transactions with others: the way you get along with people
- Lesson 3 — You need strokes
- Lesson 4 — Stamp collectors and racketeers
- Lesson 5 — The ways you fill your time
- Lesson 6 — The games you play
- Lesson 7 — Your life script and decisions
- Lesson 8 — What your treatment in a small group can mean to you

Paul McCormick and Leonard Campos, 1969.

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## YOU'RE OK"

### *A TA Handbook for Boys<sup>1 2</sup>*

#### *Lesson 1 — What you are as a person*

The diagram on the cover of this booklet is a diagram of a human being.<sup>3</sup> Everyone has three parts, or persons, within himself: a Parent, an Adult, and a Child. Sometimes your counsellor or teacher will refer to these parts as ego states. The Parent in you feels and behaves in the same ways that your mother or father—or whoever raised you—do. The Adult is the part of you that figures things out by looking at the facts. Your Adult is your "computer", the part that uses facts to make decisions. The Child in you is what you were as a little boy, with the same feelings and ways of behaving you had when you were very young. Each of these three ego states or "parts of you" has its own way of feeling and behaving.

Often the three disagree with one another, and you feel part of you wants one thing, and another part of you wants another. Usually the best way to solve a problem like that is to have the Adult decide. One of the purposes of group treatment is to get all three parts working well together.

In a way, the three ego states are like voices in you. The Parent is the one who says things like, "You must", "You should", "You should not", or "Don't". Your Child may say, "But I want to", or "I can't". The Adult in you tries to operate on facts, not feelings. He says things like, "Now I see the way this works". Listen to the voices within you and you will "hear" your Parent, Adult, and Child. You may not always hear words, but you will get messages from the feelings within you. All of us have a Little Kid inside us. Grownups can be kids again, and kids can be grown-up.

A young boy, after hitting an old man while trying to rob him, said to his probation officer, "I knew exactly what I was doing; I shouldn't have done it; but I felt like doing it anyhow". Take this sentence apart, and see if you can decide which part of it probably came from his Adult, which part from his Parent, and which part from his Child.

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1. Grateful acknowledgements to Carl F. Jesness, Ph.D., Director of the Northern California Youth Centre Research Project; Seigi Kuge and Vern Sharp, teachers; and the boys of the O. H. Close School, Stockton, for their editorial comments and suggestions. Also to Robert Goulding, M.D. and Mary Edwards, M.S.W., consultants to the project; and, of course, to Eric Berne, M.D., the originator of transactional analysis.

2. Jesness, C. F. et al., *Youth Centre Research Project: Differential Treatment of Delinquents in Institutions*, second report, 1969.

3. The cover is not reproduced here.

You can work with your counsellor to learn to tell which part in you is usually in control. There are four ways of checking:

1. Look at your *behaviour*. It includes your posture, the way you stand, sit, or walk; your voice; the words you use. For example, listen to the following words: *awful, childish, filthy*. These are usually Parents words. Now try these: *helpful, correct, okay*. These are usually Adult words. What do the following sound like? *Gee, wow, won't, can't*. They are usually Child words.

2. Watch *how you get along with people*. If the Parent in you is bossy, or thinks he knows it all, he will often upset the Child in other people. If the Child in you is fun-loving and happy, the Child in others will enjoy being around you, and have fun with you. When you behave as Adult, there is a good chance that the people around you will be Adult towards you.

3. Check your *early years, your childhood*. You may remember how you spoke when you were a little boy, and how your mother and father talked. Sometimes you will notice that you will be talking exactly the same way you used to when you were a child. Then you will know you are speaking as Child. Sometimes you will hear yourself say things exactly the way your mother or father did. You are then speaking as Parent.

4. Check your own *feelings*. This is the most important test. You can actually *feel* the state or part of you that is active in you at any given moment.

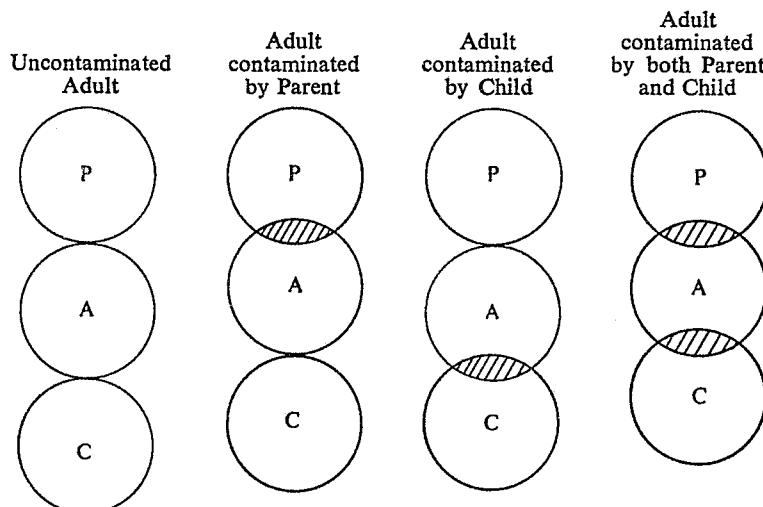
Remember, you are all three persons. All three are important, but the Child is probably the most important. You cannot get rid of the Child in yourself. Besides, the Child is the most fun. It is your Adult's job to help meet the Child's needs without getting into trouble. It is your Parent's job to treat the Child in you with respect and love. This booklet is meant to help you look inside yourself: 1. to see which part of you you allow to control your behaviour; 2. to "hear" what you are telling yourself inside about yourself.

Ask yourself these questions: How do I treat myself? What kind of a Parent am I to myself? Do I have a scolding Parent inside me, or a helpful Parent? If your mother or father, or both, scolded more than helped you, then the Parent inside you will probably be more scolding than helpful. Does my Adult run my life so that I can have plenty of Child fun without getting into trouble with myself or with others? Does my Parent really treat my Child with love? If your father and mother did not like to show their love for you, then the Parent in you probably does not treat the Child in you with love.

There is another common problem that can lead to trouble. It is called "contamination", which means "dirtying" or "messing". The Parent or Child part of you can interfere with your Adult and mess up whatever you are doing or feeling. For example, in some

situations you will think that you are using your Adult, but if you are prejudiced, the Parent in you may be doing the talking. For example, if your mother believed that people of another race are no good, the Parent in you may talk the same way she did. Your Adult then is contaminated by your Parent. That is, your Adult takes what your mother said as fact, without really checking it out. Your Adult can also be contaminated by your Child. For example, if you think that people are against you when they are really not, it may be the scared Little Kid in you that is messing up your Adult thinking.

*Diagram I*



Know the meaning of the following words: *ego state, Parent, Adult, Child, contamination.*

#### *Lesson 2 — Your transactions with others: the way you get along with people*

There is a special word that helps to describe how people talk or act with one another. The word is *transaction*. It means an *exchange* between two people. It can be an exchange of friendly words, or of angry blows, of presents, or of bullets. Here is an example. When you say *hello* to someone, and he says *hello* back, the exchange of *hellos* is called a transaction, a bit of social business. The Parent, Adult, or Child in the other person will be answering the Parent, Adult, or Child in you, whichever in you said "hello". All conversations are series of transactions, one exchange after

another. These exchanges can be Adult to Adult, Adult to Child, Adult to Parent, Parent to Parent, Parent to Adult, Parent to Child, Child to Parent etc.

*Diagram II*

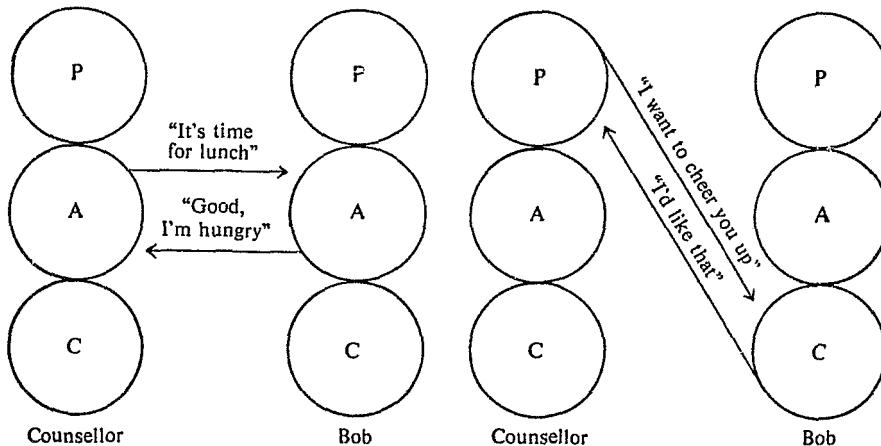
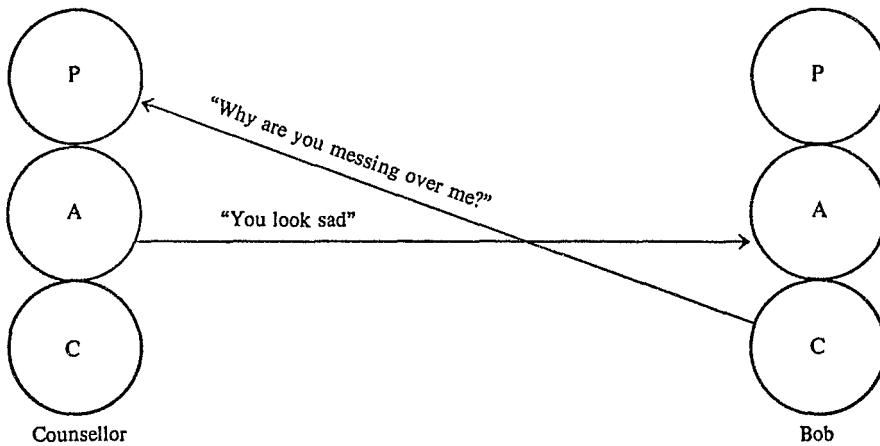


Diagram II shows examples of simple transactions. The lines with arrows show in what direction the communication is going. Notice that the lines are parallel. That means they do not cross. Suppose a counsellor says, "Bob, it's time for lunch" (Adult of the counsellor). Bob says, "Good, I'm hungry" (Adult of Bob). This is a simple, uncrossed transaction, Adult to Adult. If the Parent in the counsellor says, "I want to cheer you up", and the Child in Bob says, "I'd like that", the lines in the diagram are still parallel, so the transaction is straightforward and unbroken. There is no rule saying Adult-to-Adult transactions are the best kind. Two or more people talking to one another can switch from one ego state to another easily, with no break in the conversation, and with all the transactions remaining parallel.

Sometimes the lines, though, become *crossed*, as the next diagram shows. That results in a breakdown of communication.

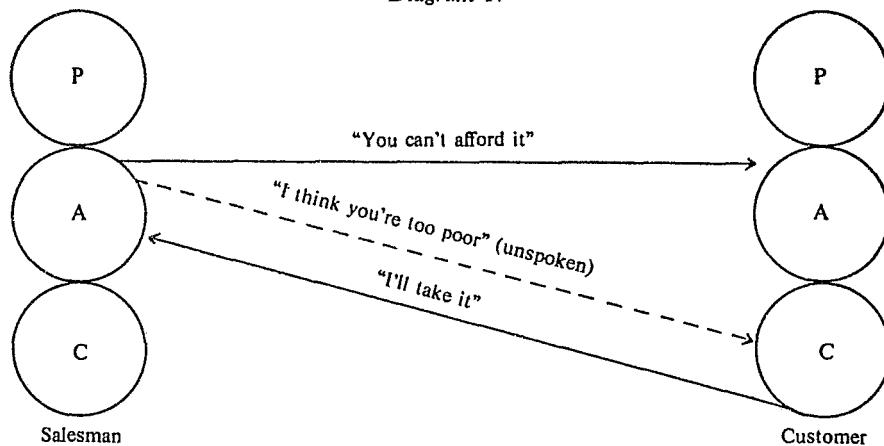
The diagram shows a counsellor talking Adult to Adult. He says, in a friendly way, "Bob, you look sad", but Bob, instead of answering with his Adult something like, "That's a fact", says angrily, from his Child, "Why are you always messing over me?" The communication about Bob's sadness immediately breaks down and switches to a discussion about whether or not the counsellor is "messing" with Bob. The transaction is crossed.

Diagram III



Another kind of transaction is called an *ulterior* transaction, one that has a hidden message in it. For example, in Diagram IV, a washing-machine salesman is talking to a woman customer who obviously is not rich. The salesman says politely to the customer, "You can't afford to buy that one". It is the Adult of the salesman talking not only to the Adult of the customer, but also sending a secret message to the customer's Child. The customer's Child answers to herself, "I'll show this guy what I can afford", and aloud says, "I'll take it". The Adult of the salesman politely directed himself to the Adult of the customer, but he "hooked her Child" by sending a secret message so that he could trick her into buying the product.

Diagram IV



When there are secret messages in your communication with others, you are dealing in ulterior transactions. Not all ulterior transactions are dishonest, but many of them are. Try to analyse the following transaction:

Boy 1: "Give me a hand with this, will you?"

Boy 2: "You're not my boss."

What do you think might have happened here? What do the lines in this transaction probably look like? Look at your transactions with your friends, with your parents, with your counsellor, with your teacher. Are your communications usually uncrossed, or are they crossed? If they are crossed, your communications will break down.

Know the meaning of these words: *transaction, uncrossed communication, crossed communication, ulterior transaction*.

### *Lesson 3 — You need strokes*

Everyone needs strokes. A stroke is a pat on the back, or a word of recognition. A kick on the shins is also a stroke. Everyone needs some kind of stroking, pleasant or unpleasant. A child would rather be spanked than completely ignored. A stroke that helps you to feel that you are OK is called a positive stroke. One that tells you that you are not OK is a negative stroke. Loving is positive stroking. Hating is negative stroking.

If a stroke is given to you for what you *do* rather than for what you *are*, it is a conditional stroke. For example, when the counsellor says to you, "I like you because you do as you're told", he is giving you a stroke on the condition that you give him something in return. He is not stroking you for what you are. When a stroke is given to you for what you *are* rather than for what you *do*, such as when your mother says to you, "I love you because you are lovable", it is an unconditional stroke. It has no strings attached.

When you are given strokes only for doing "good things" and not for just being who you are, you soon resent doing "good things", and you react in a negative way, perhaps with anger. That is why you, like almost everyone else, need much unconditional stroking. You need to be told that you are OK for what you *are*.

Strokes are necessary for your physical and mental health. Without strokes, infants die. As you grow up, you become more willing to take word stroking instead of the physical stroking you had when you were a little baby. You still need and want physical stroking, but you often have to settle for word (symbolic) stroking. Stroking for *being* is more important than stroking for *doing*. This is an important lesson for you to remember. Go ahead and tell your counsellors when you feel the need for positive stroking. You can learn how to become better at giving positive strokes, too.

It is also important for you to know that the Child in you has his own way of looking at other people and at yourself. What you think of yourself and other people is called a basic position. There are four "positions".

1. I AM OK; YOU ARE OK. This is the only healthy position.

2. I AM OK; YOU ARE NOT OK. This is a distrustful position. It is a position taken by a Child who is too suspicious of other people.

3. I AM NOT OK; YOU ARE OK. This is the position of the Child who usually feels low or depressed.

4. I AM NOT OK; YOU ARE NOT OK. This is the position of a Child who feels that life just isn't any good, and he may even go crazy to escape it.

People in whom the Child feels not OK become more used to negative strokes than to positive strokes. They refuse to accept positive strokes because they feel they don't deserve them. They go out of their way to collect negative strokes. They may really want compliments, but they feel uncomfortable when they get them. They are not used to them and when they get one, they think the person who gave it must not be very bright, or must want something from them.

Know these words: *stroke, positive stroke, negative stroke, conditional stroke, unconditional stroke, basic position.*

#### *Lesson 4 — Stamp collectors and racketeers*

This lesson is about "trading stamps" and "rackets". A trading stamp in TA language is something that happens to you, or something that someone does to you, that you can use as an excuse, or a reason, to feel bad or good. Brown stamps are for bad feelings; gold stamps for good feelings. You probably know about the stamps you can collect when you buy something in a store. You can save them up to cash in for a prize or a gift. In about the same way, you can use almost anything that happens to you as a trading stamp. For example, you can collect a lot of insults or hurts from a person until you feel that you have enough to trade in for one big punch on his jaw. You can choose to feel that after all you had to put up from him, you have earned the "right" to hit him. That is, you have saved up enough brown stamps for one guilt-free act of revenge.

You may want to cash in a "full page" or "full book" of brown stamps for one free temper tantrum, a runaway, or a day off "sick". The *free* means "free of guilt", at least for the moment. It means that you feel you have the "right" to do what you want to do.

Not only can you collect bad feelings; you can also save up your good feelings, such as those you have when you have done something well. You can use these stamps as a good reason to relax

for a while, or to have yourself a good time. If you do this, you are a "gold-stamp" collector. People in whom the Child feels that he is OK, and other people are OK, too, do not collect either brown or gold stamps. They do not need excuses for what they do or feel.

Stamp collectors, especially brown-stamp collectors, have a hard time throwing their stamps away. The Child wants to cash them in, not forget them.

The hall used for lockups is full of boys in whom the Child collects brown stamps. Does the Child in you ever collect "depressive" (low feeling) stamps towards a free "drop out", "quit", or suicide try? Do you collect "anger" stamps towards a free assault? Or do you collect "crazy" stamps towards a free hospital stay at Napa?

This lesson is very important for you. Even if all your life you have been collecting brown stamps, or bad feelings, you can change. It is very important that you know that you can replace your bad feelings with good feelings, that you do not have to accept brown stamps no matter how often they are handed to you. The world is full of people who will gladly give you opportunities to feel bad. Those people you can turn down.

Brown-stamp collecting can become a "racket". It is the using of bad feelings as excuses for doing things you might not otherwise do. Here are some bad feelings that you might use to cash in for a free "mad", or "hurt": fear, confusion, anger, guilt, nervousness, anxiety, depression. In your group treatment you can learn whether or not you have fallen into a bad-feeling "racket". Your bad feelings usually come from the Child in you.

Here is an example. Take smoking. If you smoke and feel guilty, and the guilt leads you as an Adult to take action (quitting), your guilt is not a racket. But if you continue to smoke and you continue to feel guilty about it, then your guilt is probably a bad-feeling "racket", in which you can collect brown stamps to cash in later for a free "low feeling" or "asthma attack". That may be the way the Child in you attracts attention for strokes. If so, the Adult in you will probably not realise what is happening. Your Child can be very clever at doing things your Adult is not aware of. One of the purposes of group treatment is to get the Adult in you to see exactly what the Child in you is trying to do.

Rackets are taught to you by your parents, or by whoever raised you. Most of your bad feelings are probably not "for real". If your Child has not taken basic position 1 (that is, "I'm OK, and others are OK, too"), you will be in some kind of bad-feeling racket. A good way to check on what your feeling racket might be is to think back to what happened in your home when things got up tight. Did your parents respond with anger, confusion, depression, guilt, fear, nervousness, anxiety, or Adult action? If they did not usually respond with Adult action, they probably taught you a feeling racket.

Know these words: *trading stamps, brown stamps, gold stamps, racket.*

*Lesson 5 — The ways you fill your time*

You know that you need to be with people in order to get stroking. You have also learned that your Child has taken one of four basic positions (of being OK or not OK). In this lesson you will learn that, when you are with people, you have only six ways of filling time. The way you fill time with others will depend on what basic position the Little Kid in you has taken and what kind of stroking your Child wants from other people. Your greatest need is to be close to someone in a loving relationship. That is one way of filling time with others. But there are five other ways, and you use them because you probably do not feel like being very close to everyone. It may be that the Child in you, because he is not sure that he is OK (lovable), is afraid to get warmly close to anyone. If so, you will use the five other ways to fill time with people, even though your Child still wants very much to be loved. Since he may not be sure he is lovable, he may settle for ways of getting along that seem to him to be safer, less frightening, than love.

The first way you can fill time with people is called "withdrawal". It is a state in which you are present physically, but you are absent mentally from the people around you. It is as though you are hiding out, shining the others on. It is refusing to get mixed up with others, even to the point of making believe you are somewhere else. Day-dreaming, for example, is one way to withdraw.

The second way to fill time with people is by "rituals". A ritual is a fixed way of behaving towards other people, a transaction or set of transactions that almost everyone uses. For example, look at the way you greet your friends. You probably say something like, "Hi, how ya doing?" Your friend may say, "Hi, I'm fine. How are you?" You will say, "Fine, thanks". This is a fixed way of behaving, an example of one of our many greeting rituals. Each remark is a "word stroke". If people do not return these strokes, we consider them unfriendly, or even rude. If you have good manners, you are probably a good stoker. You can be depended on to go through the rituals.

A third way to fill time with others is by "activities". This is usually called "work" and is not usually for the sake of social visiting, but rather to get something done. Since work is often done with others, it is also a way of getting strokes.

A fourth way you can fill time with people is "pastiming". "Bull sessions", card games, and gossip are examples of pastimes. Some have names, such as General Motors. It is a pastime in which people talk about, and compare, cars. Who Won is talk about sports. You can name many other pastimes. They are usually pleasant ways of exchanging strokes, filling time, and getting to know people. Making Out is a pastime. It may lead to a loving closeness (intimacy), but it is often done without any real love at all.

Know these words: *withdrawal, ritual, activity, pastime*.

*Lesson 6 — The games you play*

A fifth way in which you can fill time with people is called "gaming". A game is something like a false front, except in a game, the Adult part of you does not know exactly what the Child is up to; that is, the Child has a secret reason for playing a game. When you are not coming on straight, that is, when your message to another person is "ulterior" and secret, for some hidden purpose, such as to have a feeling of winning over another person, you are playing a "game".

For example, you may be helping a boy with his homework, thinking with your Adult that you are *really* helping him. At the same time your Child may be making fun of him. The job in group treatment is to get your Adult to see exactly what your Child is up to. Your Child, for example, is the part of you who wanted you to be locked up, but your Adult probably did not know that.

Ask yourself if you have ever played the following game with your counsellor. Your counsellor may say to you, "Let's talk about your problem". You say to the counsellor, "Yes, let's talk about my problem". This may be a game of Good Behaviour. It looks as if the counsellor's Adult is talking with your Adult. But if it's a game, your Child will secretly be deciding to go along just to look good, to get an early release without really changing for the better. Your own Adult may be fooled, and think that you are really trying hard. But the Child will be "fronting off".

The counsellor will be playing, too, if his Adult thinks he is actually helping you, while in fact his Child or Parent have only hooked you into making his job easier. Good Behaviour is one of the games you and your counsellor can get out into the open in group treatment. He will show you how to recognise a game. He will show you how you may think you are coming on Adult when actually your Child is sending secret messages, which are returned by the other person's Child.

A game has a "pay-off". It is the feeling that the player gets at the game's end. The game called Now I Got You, You Son of a Bitch, ends with a feeling of winning over, or of beating down, the other player. The game Kick Me ends with the feeling of being wronged. A Child may want to feel wronged in order to have a reason for revenge, for "getting even". Another child may want to feel wronged in order to have a good reason for running away, or going AWOL. People who want to feel wronged collect brown stamps.

The Adult in you has many choices. An important choice for you is to refuse to play the games of your Child or Parent. After recognising a game, the best way to stop it is to refuse the pay-off, that is, refuse to cash in on the feeling that usually results from the game. Your Child will little by little stop trying to play the game, once your Adult decides not to take the pay-off.

Why do you play games? There are at least six reasons for playing games.

1. Games help your Child to "keep his cool", but in a dishonest way. For example, games may help you to feel that your problems are caused by other people's faults rather than your own.
2. Games help you to keep from facing up to what you're afraid of, such as responsibility, competition, other people's opinions of you etc.
3. Games help you pass your time with your family and friends.
4. Games help you pass your time with other people.
5. Games help you get the strokes that you need.
6. Games help to "prove" your Child's basic position (such as, "I am not as OK as others") is "right".

Why would any Child want to feel not OK? No Child would, unless he was convinced, from his early years, that he was not as OK as others. If he was convinced of that, he will then decide to "prove" it in order to believe there is no use in trying to change for the better. Remember—your Child can feel not OK without your Adult's realising it.

In the following list of games, see if you can spot any games you play:

Good Behaviour	Poor Little Me
How Do I Get Out of Here	Courtroom
Ain't It Awful	You Can't Trust Anybody
Let's Make Parents Sorry	I'm Just a Typical Teenager
Let's Make the Coun- sellor Sorry	I Have a Problem
Look What They've Done to Us	When I Grow Up
Try and Help Me	Now I Got You, You Son of a Bitch
Cops and Robbers	Kick Me
Try and Make Me	Stupid
Now He Tells Me	I Was Just an Innocent Bystander
If It Weren't for You	Do Me Something
How to Bug the Coun- sellor	

Can you add any games that are not on this list? See if you can spot some of the dangerous games that you or other boys play,

such as Glue Sniffer, Dope User, Criminal, Alcoholic, and other games that have spoiled your life up to now. You and your counsellor can discuss how these games are played, how you can refuse to play, and what your choices are for a game-free life.

The sixth way that you can spend your time with people is called "intimacy". Know the meaning of this word. It means a warm, close relationship with another person, without any games. It is the best way to get the strokes you need. Married love is probably its best expression. Intimacy, however, does not always include sex. Father-son, brother-brother, friend-friend relationships can be very intimate.

Know these words: *games, pay-offs of games, intimacy*.

#### *Lesson 7 — Your life script and decisions*

Your life depends on what is known as your "script". Everyone has a life script. It is your life plan, which your Child decided upon in your early years and which you are now probably not aware of. You can find out what your script is by examining it in your group-counselling sessions. Your script is either a healthy one, or an unhealthy one, depending on your basic position. If your Child early in life was convinced that he is not quite OK, that he is unlovable, your script probably needs changing. For example, your Child may have decided, "It never pays to get close to people", because you tried that as a little boy and got burned. Your script then would be a plan not to allow yourself to get close to people in a warmly open way. You will settle instead for dishonest relationships based mainly on game playing. You will get strokes, but they will often be negative. You will still want to be loved, but your Child will be afraid to risk it.

You really have more choices about your life than your Child thinks. These choices are called options. In general, you have five main options:

1. You can stay the same (continue your old games).
2. You can do away with yourself (suicide).
3. You can do away with others (homicide).
4. You can get put away (jail or hospital).
5. You can get well; that is, you can change your script.

You cannot change your script until you decide to start seeing the Child in you as great, and as lovable, knowing that you deserve all the positive strokes you can get.

Everything you have learned so far up to this lesson can be used to find out what your life plan is. Your transactions, your basic position, your stamps, your racket, the ways you fill your time, and the games you play are all part of your life plan. Looking at

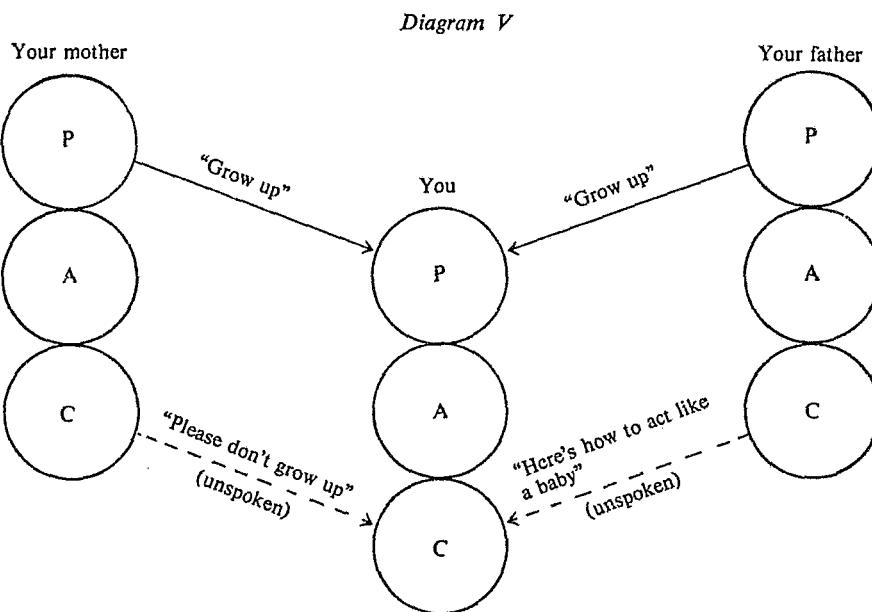
these will help you to explain why you chose to live the way you have, and what may need changing.

Child *decisions*, such as, "I will never let anyone get close to me", affect everything you do now, without your even knowing it. But once you do know it, you can start changing your whole script, line by line. That means that you can stop playing at life, and start living it. Your counsellor will work with you to understand and know your life script. He will ask you questions from what is called a "script checklist", questions for you and your counsellor to use in digging out your life script. For example, he will ask, what was your favourite childhood game? When do you imagine you might die? What might your tombstone say? What will you be doing five years from now if everything goes well? Or, if everything goes badly? What do you like best about yourself? What do you like least about yourself? What is right with you? What is wrong with you? Which one of your parents have the same things wrong? And many more questions. Your counsellor may go over this script checklist with you in a group or outside the group.

Your script mainly depends on your Child decision about how you were going to live your life. That decision was based mostly on the messages you got from your parents, especially from the Child in them. While the Parent and Adult of your mother and father were probably telling you good things, the Child in them could have been sending out very foolish messages. For example, both of your parents could have been advising you to grow up and act your age, while the little Child in your mother was wishing you would stay a baby. In the meantime, the Child in your father could have been showing you how to act like a baby (have temper tantrums, drink too much, be irresponsible etc.). Or your mother and father may have told you to get as much education as possible, while the Child in each of them could have been bragging about how well they did without finishing school. The Child in them could be jealous of you doing better than they did, without their Adults' knowing they really feel that way.

The three sets of circles show you how a script is formed. They show you, your mother, and your father. They also show how messages from your parents can be unclear, or even crazy. A foolish message from the Child in your mother or father is called a "witch message" because it is a kind of a message that advises you to develop a harmful life script. It is not always put in words. For example, your mother may have helped you to not "grow up", by never having you finish a job, even though she might have thought she was being good to you. All of us have received some witch messages from our parents because no parents are perfect. Your small group is a good place for you to decide on a new life script, if that is what you want.

Know these words: *life script, options, decision, script checklist, Parent messages, witch message*.



*Lesson 8 — What your treatment in a small group can mean to you*

You will be part of a TA group. You will have to attend group meetings. When you join your group, you will be told the ground rules. Your counsellor will give you permission to think, feel, and say anything you choose. You will not be allowed to hit anybody or destroy any property, but you will be free to feel like doing those things, and to say so. You will be free to enter what is called a "contract". Know this word. A contract is an agreement you and your counsellor will make to work on *your* goals. Your counsellor will work to get a clear contract with you. This contract will tell the counsellor what you see as important for you.

He has certain steps to take with you in treatment. He will work with you to see: first, what part of you makes the decisions for you? Is it your Parent, Adult, or Child? You can learn a lot of things about yourself if you want to. You can learn that you can decide to treat yourself in your own way, not in your mother's way or in your father's way, or anybody else's way, but in your own way. Your group leader, your counsellor, will try to hook your Adult and beef it up, make it stronger, especially if the Child in you is messing up you and your life. For this part of your group treatment you will use what you learned in Lesson 1.

In your group, you will be able to examine the way the Parent in you treats the Child in you. Your counsellor will suggest that you shift your loyalty from your Parent to your own Adult so that

you can make more positive and healthy decisions about your life. You can stop listening to the "witch messages".

A second major thing you can do in your group is examine the transactions you have with other people. Remember what you learned about transactions in Lesson 2. You can learn what you try to do with people and what other people try to do to you. You will learn about the "gallows transaction". It is the tightening of a noose around your neck, by getting others to laugh at your mistakes, so that they help you fail. A drinker who plays his drunkenness for laughs is asking others to help him become an alcoholic. A shop-lifter who gets his friends to admire his cleverness at stealing is setting up the gallows transaction. Your Child may be skilled at getting other people to enjoy or laugh at what you do wrong.

A third thing that you will do in your small group is recognise and name the games you play with other people. You will be able to see what position your Child has taken in your life, and what decisions your Child has made.

And fourth, you will be able to see how your Child has your life planned for you. If the decisions that led to your script have not been healthy for you, you may want to make different decisions, with your Adult. Your counsellor has been taught to treat you as an important person. You are an important person whether or not you believe it.

There are three main things that the counsellor wants you to do in his small group:

1. He wants you to *replace* any part of the Parent in you that might be messing over you. You can learn to be a better Parent to yourself.

2. He wants you not only to strengthen but also to *educate* your Adult to facts about yourself that you never knew before.

3. He wants you to get the Little Kid in you to feel that it's OK to change, even though the Child in each of your parents has given you the message to stay just the way you are.

Remember, it is the Little Kid in you who wants to keep the parents around so that you can feel protected.

After you give up your games, and change your script, then what? You will be better able to see in your own way, not the way you were taught; you will be free to feel as you want to feel, not as your Parent *tells* you to feel. You will be rid of your bad-feeling rackets, having replaced them with good feelings. You will have more respect for yourself, and you will feel safer in letting people like you. That means that you will be more willing to accept positive strokes, not only in your small group, but anywhere you are. Once the Child in you starts feeling OK about himself, you can stop listening to the witch messages, and give your Adult a chance to make your decisions. With practice, you will be what you want to be. Remember—you are already OK.

Know these words: *TA group, contract.*

### APPENDIX III

## PROGRAMME DEVELOPMENTS IN THE GUIDED GROUP INTERACTION UNIT (GGIU)<sup>1</sup>

The Guided Group Treatment Model, as conceived prior to its actual implementation in the San Francisco programme, was to be composed of a treatment supervisor and six community agents. Each agent would carry an average case-load of fifteen, and at maximum buildup the Unit would service ninety wards. Tutorial and remedial services would be provided to wards by a part-time teacher, and a work programme would be developed and implemented by a full-time work supervisor. The Unit would be situated in a single centre at a central location in the city, and would house six groups. Wards would be assigned to a group (and, thus, to a particular agent who had responsibility for that group) on the basis of *age, sex*, and whether they were to be involved in a *work or school* programme, or *combination of both*.

Two *older boys'* groups between the ages of 16 and 21 were planned. One group would be comprised of wards involved in the *work programme* and the second of wards involved in *either a work or school programme*. The two *younger boy's groups* were to be composed of wards from 13 to 15 years of age, who would be attending a *full-time school programme*. The *girls' groups* were to be split into a *younger* group of wards, 13 to 15 years of age, who would be enrolled in *school*, and an *older* group of wards, 16 to 21 years of age, who would be involved in a *work programme*.

Operationally, the programme would be divided into two phases of treatment. During Phase 1, or the intensive phase of treatment, wards would be required to attend Guided Group Interaction meetings of 1 to 1 1/2 hours in length, five days a week. Also during this same period, wards would be required to participate in a full-time school and/or work programme. Within the context of the group meetings, each ward would become involved in a group-centered process—one in which *the group* would be defined as *a. the target of change*, and also *b. the means of bringing about that change*. Emphasis would be placed upon ward-to-ward interaction, and each ward, on differing occasions, would assume the roles of therapist and patient, "in turn". The goals of this group process were to have each ward *a. candidly reveal his problem of delinquency; b. honestly explore and question the delinquent and non-delinquent alternatives*

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1. J. K. Turner *et al.*, Community Treatment Project, Research Report No. 8, Part 2, September 1967, Sixth Progress Report, Part 2, San Francisco Experiment, Department of the Youth Authority, Sacramento (California).

available to him; *c.* sincerely consider and commit himself to a non-delinquent way of life; and *d.* actively be willing to help other wards to solve their delinquent problems.

The requirement of full-time participation in either a school or work programme was viewed as a crucial adjunct to the Guided Group meetings. It would be used as a major way of confronting wards with reality-oriented, age-appropriate tasks—with which many wards were known to experience difficulty. Participation in this part of the programme would provide wards with an opportunity to learn new social roles, modes of social problem-solving, and means of gaining status and recognition. Equally important, it would provide the "*here and now*" type of discussion material that was postulated as being essential for the effective use of the Guided Group approach.

Phase 1 was expected to last approximately four to six months. Successful completion of the intensive phase of treatment, for any given ward, would be based on a joint decision of the ward's group and staff. Those wards deemed failures would have their parole revoked at that point: they would be removed from the programme and would—in all probability—be transferred to a youth authority institution.

Wards in Phase 2 would still be required to participate in a full-time school and/or work programme, and to attend an alumni group meeting once or twice a month. During this second phase of treatment, each ward would remain on the case-load of his original, Phase 1 community agent. This agent, through individual contacts and the alumni group, would seek to support the ward's commitment to non-delinquency and to prepare him or her for discharge from the youth authority.

Progress in implementing the programme model just described has occurred at an exceedingly slow pace because of the aforementioned commitment problem. The resultant research-parole strategy adopted to cope with this situation has necessarily focused the energies of the GGI Unit, for the period being reported, on *maintaining the structural programme elements which had been achieved by the spring of 1966, and on operating the Unit as effectively as possible within the limitations presented by a partially implemented programme model.* Consequently, the only major developments with regard to structural implementation of the treatment model have been the acquisition of a treatment centre, the previously indicated plans to scrap the full-time, project-operated work programme for older, non-school boys, and the decision to reduce the number of Phase 1 groups from six to four in all.

As planned, the programme is in fact operationally divided into *two phases of treatment.* Wards entering the Unit are assigned to an agent and a group on the basis of age and sex. Boys 13 to 15 are placed in the *younger boys' group*, boys 16 and older in the *older boys' group* and girls—regardless of age—in the *girls' group.* Because the Unit continues to have only three groups, it has not been possible

to manipulate the composition of groups for older wards with regard to relatively homogeneous groupings of wards programmed for school or work.

*Phase I* begins for each ward shortly after his or her referral to the programme by the youth authority board. At a meeting with an institutional parole agent at the Northern California Reception Centre and Clinic, where the ward is being detained, the programme requirements are briefly explained and the ward is requested to read and sign the Guided Group Interaction Programme Agreement, shown in Appendix B.<sup>1</sup> Institutional parole agents at the Northern Reception Centre are familiar with GGI and its philosophy of operation. However, at the request of parole and research staff, they provide the ward with little by way of specific or detailed explanation of the programme. They secure basic information relative to whether a ward desires to be involved in a school and/or work programme, so that a placement plan may be prepared to permit the ward's release to the community. They tell the ward that any questions he may have regarding the GGI programme will be answered for him shortly after his release to parole.

For the next thirty days, the ward will remain at the reception centre awaiting receipt of a placement plan being prepared by his future agent and group leader. When the plan arrives, the ward appears before the youth authority board for a second time, the plan is approved by the board and the ward is then officially released to the GGI Unit. Approximately five days after this board hearing, the ward is returned to his home community of San Francisco.

Upon arrival in San Francisco, the ward is met by his group leader—and often by a member or two of his group as well—and is transported to his home or placement. After a brief stay at the place where he or she is to reside, the ward is then taken to the GGI Centre for the remainder of the day.

During the ward's first day or so in the programme, he is purposely left to his own devices. The ward's group leader and other staff members intentionally find reasons and excuses for minimising interaction with the ward, in order to heighten anxiety and direct the ward towards other programme members who, depending on their comprehension of the programme and their inclination, may or may not answer questions and provide information that will make the ward feel more comfortable. Although staff are friendly toward the ward, answers to specific questions about the programme are deferred and it is suggested that these questions be asked of individual wards or of the ward's group that evening.

A ward's initiation into and indoctrination about the programme usually occurs at his or her first group meeting. This is sometimes postponed a day or two because of more pressing group problems.

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1. Text not reproduced.

The initiation-indoctrination process, known to programme participants as being on the "hot seat", consists of the group's asking a new ward to tell the group something about himself. Most wards will respond to this request in a relatively superficial (and uncomfortable) manner, and this usually leads to further questioning and probing by older group members. This process is directed toward enabling group members to get to know who the new boy or girl is; and the detail, depth and complexity of this process depends to some extent on the particular group's stage of development. Stage 4 groups usually demand that a new ward reveal much more about himself, in depth and detail, than do Stage 2 and Stage 3 groups.<sup>1</sup> In general, the questioning and probing will continue until all of the older group members believe they have sufficient information, for the time being, regarding what the ward is like as a person, what kind of trouble he or she got into that led to a youth authority commitment, what kind of trouble the ward has been involved in previously, how the ward explains his or her delinquency, what the ward thinks his or her prospects are for future delinquency, and so on.

Throughout this process and "ritual", older group members usually refrain from making evaluations of what the ward is saying, and from challenging him. At its conclusion, the new member is usually asked to psychologically remove himself by turning his chair around, so that his back is to the group. The ward is then informed by old group members that they are going to give him feedback with regard to the ward's presentation, and he is instructed to refrain from making any comments or rebuttals until the group has completed its feedback.

Initially, the feedback of old group members focuses on their impressions of the new ward. Comments are made regarding positive and negative attributes, the kind of person he seems to be etc. As the feedback session progresses, however, old members necessarily become questioning of, and speculative about, the ward's presentation. The group questions the sincerity, honesty, and reality of what the ward has said, wondering whether there is not really more to the ward than he has shown to them. The group questions whether the ward took the group's request to learn something about him seriously, and if not, what implications this might have for the ward's taking seriously the programme as a whole. The group often becomes quite critical of the ward's claims that his delinquent problems are over and that he can complete the programme successfully.

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1. Lamar Empey and Max Scott have outlined four broad stages of development:

1. Members find out and test rules, expectations and sanctions;
2. Members begin to feel comfortable with honest expression in the group;
3. Members begin to recognise individual differences and to view others as persons;
4. Members form a *group-level* unity or identity, one which supersedes relationships between individuals.

At this juncture the feedback session is concluded and the new member is permitted to face the group once again. The new ward is then asked to comment regarding his impression and reactions to the group's feedback, and is given an opportunity to explain, elaborate, defend, qualify, or retract statements previously made. As this part of the meeting continues, older group members—again through leading questions or statements which the ward is asked to accept or reject—begin to manoeuvre the new ward into a defensive position by demanding that the new member support with some kind of convincing evidence his present and previous statements; that he explain contradictory, inconsistent, illogical, possibly confabulated and unrealistic aspects of his presentation; that he justify the apparent superficiality of certain responses to questions and the inability or refusal to answer others etc. Eventually—out of a need to defend himself—most new members will publicly claim that they really are being sincere and honest, really do take the group and programme seriously, really do believe that they can complete the programme successfully or, at least, will try to do so. When this point in the proceedings is reached, the old members usually confront the new member with the unrealistic nature of the claim of being able to "make the programme", on grounds that the new member knows little or nothing about its demands.

Using this confrontation as a springboard, the group begins to acquaint the new member with the programme and group culture. The programme norms, mores, sanctions etc., which are communicated to any given new programme participant, will vary somewhat, largely because of differences in group sub-cultures; but in general they include the following:

1. the ward must attend daily group meetings;
2. absences from a meeting must be for legitimate reasons, which must be documented;
3. the ward must attend school or maintain regular employment;
4. no fighting is permitted in this centre.

The above norms are known to most new wards when they enter the programme. Additional norms, of which most wards will shortly be informed, are that:

1. sincerity and honesty are expected;
2. verbal participation is expected; mere physical presence at the meeting is not enough;
3. what transpires within the confines of the group meeting is not to be discussed with members of other groups or persons outside the programme;
4. it is expected that the ward will try to solve his problem and help others to do the same;

5. deviations from programme norms will result in the group imposing sanctions which may range from a reprimand to temporary detention;

6. the ward's progress in the programme will be evaluated periodically by the group, and failure to meet programme expectations will result in the revocation of parole.

The communication of the programme's basic expectations and "culture" usually concludes a ward's first meeting. Thereafter he will continue in Phase 1 until the group decides either that he should be graduated or that his parole should be revoked.

## APPENDIX IV

### PSYCHIATRIC CENTRES

#### *In Holland*

##### *1. Amstelland*

A newly created facility for adolescent boys and girls with severe mental crises. Housing about 60 adolescents. The whole atmosphere and style of care is geared to adolescent needs.

This is a "therapeutic community" style of residential treatment with abundant facilities for creative activities.

##### *2. Zandwijk*

A subdivision of the Child Psychiatric Department of the University of Utrecht.

A small residential centre for emotionally disturbed (mostly delinquent) adolescent boys, with a threefold programme:

*a.* a special form of individual psychotherapy, which is orientated toward making it more possible for the group-workers to do their part of the job effectively;

*b.* group work, which is focused around the hypothesis that individual roles of group members tend to reproduce their original roles in the family;

*c.* family treatment, which covers the whole range from individual counselling of parents to meetings between a number of families and staff members.

The basic philosophies of the centre and the effect of the treatment are being studied by carefully designed research programmes.

#### *In Sweden*

The *Behandlingscentralen* (rehabilitation centre) started on 1 October 1972. It provides specialised services to probation and parole clients. Its director is a senior social worker and the staff, totalling 25 persons, include a psychiatrist, two part-time doctors, two psychologists, social workers and administrative staff. One section is focused on clients who are expected to keep in regular contact with a psychiatrist, and provides psychiatric social work. Another provides special observational services and support for those with special difficulties. A third section is a short-term hostel. The centre

is intended to reach the more disturbed and difficult clientele of the Stockholm probation service, in particular by "family treatment", which means the placing of clients in private homes. In British terms it is more like an adolescent psychiatric unit than the intended intermediate treatment centres, in which the activities are likely to be more of the youth work type.

## APPENDIX V

### THE PROVISION OF SERVICES AND ASSISTANCE TO EMERGENCY HOMELESS YOUNG PEOPLE BY ORGANISATIONS WORKING IN THE AMSTERDAM AREA AFFILIATED TO THE "HOLDING"

#### *The crisis centres*

Those operating at the moment are: De Laurier, Plein 36, Servicecentrum Willemstraat, De Princenhof, Singel 178, De Vuurtoren.

These centres can best be described as having been "born of necessity". With the exception of Singel 178, all the centres were opened because there were a number of young people who had no alternative but to spend some time in a crisis centre. For the people dealing with them there was no alternative—either they took them in or they left them on the streets. This may sound rather dramatic, but what follows will present a more nuanced picture.

#### *Description of the "clients" of the crisis centres*

It is practically impossible to put all these people into one category. A social research project is now in progress to throw more light on this complicated field. Generalisations can be dangerous. Each young person who comes in for treatment is really a category in himself.

One feature common to all is that they are going through some sort of crisis. They are completely disorientated and unable to continue functioning normally outside the centre.

The following characteristics can in general be observed. Many of the young people have, in one way or another, got into a fix. The crisis builds up over a period of time. Being able to function normally socially means having control over a number of variables regarding behaviour, situation, relationships, action, application of standards etc. Various unfavourable situations cause a kind of growing away process, whereby young people move away from society and are in increasing danger of becoming isolated.

There are also many different kinds of isolation. These differences are also reflected in the crisis centres. If things go wrong at home, it does not mean that your relationships with your friends or at work need also go wrong.

Things can go wrong at home over a very long period or can do so suddenly or acutely (pregnancy, divorce of parents). The growing away process is caused by isolation from society. There are many complications, taking various shapes, in both this process and the situation in which the young person finds himself.

Five categories can be distinguished with reference to the situation and its causes:

A. Young people who no longer have any relationship with such sub-systems and functions of society as their families, school, leisure activities, work, friends, or, if they do, only have relationships based on conflict. In a long process they have moved towards isolation and alienation which is *chronic* in both its situation and its origins. They often wander around, or live in houseboats or condemned and empty houses.

B. Young people who no longer have any relationship with *some* of the above sub-systems or are in conflict with them. By a long process they have moved towards isolation and alienation which is *chronic* in its situation and its origins. Usually conflict arises in relation to their home or residential institution. A number of them are vagrants or live in houseboats or condemned and empty houses.

C. Young people who are in conflict with one of the above sub-systems and consequently find themselves in a situation of *acute crisis*, e.g. deep conflict with parents. This acute situation can grow into a chronic disturbance of the relationship, and this disturbance can grow into a disturbance of relationships which becomes more comprehensive and involves other areas.

D. Young people from groups A and B who pass from this already difficult situation into an *acute crisis* situation by e.g.:

- excessive use of hard drugs;
- absconding from an institution;
- getting pregnant.

E. Hard drug addicts constitute a category which perhaps cuts across all the others. On the one hand addiction is the result of inadequate relationships, on the other the cause of increasing isolation and crisis. (This category is important with regard to the crisis centres in view of their confrontation with these young people, whereby cause and effect can certainly not be distinguished clearly. In the present situation in Amsterdam we meet a lot, and there is a danger that by taking this angle we consider the drugs problem too much in isolation.)

Many more shades can be distinguished in these categories, e.g. the socio-cultural background of the young people is certainly important with regard to the physiognomy of the crisis, the reception provided and the approach adopted.

Other distinctions can be made with regard to the *phase* and the *process* of the growth *towards* a crisis situation. They could only be generalised, however, after extensive case study. Each individual, as already said, is a category on his own.

Young people who are taken in by the crisis centres also often become isolated from the "normal" bodies offering help. Either they cannot find their way to the centres or the latter are unable to find

means of helping them. This brings us to one of the central points of the problem.

Many bodies of course work successfully with problems which arise from the above five categories. What they seldom can do, however, is to offer accommodation in addition to help, which itself is often comprehensive and intensive.

Many of these young people in chronic or acute crisis situations are of course without a roof over their heads and have nowhere to go. Fortunately, many of them do end up somewhere, even if it is as a kind of human wreckage.

All this led to the opening of crisis centres.

#### *De Laurier*

It was started as a youth hotel but after a time many young people stayed on because they had nowhere else to go. A threefold division turned out to be necessary within the centre. One part of the building was allocated to people from category A above, another part to categories C, D and E (with particular reference to drugs), and another to the physically ill, mainly from categories B and E. Duration of stay in the various parts varied, although it was usually short. There is some discussion on this at present.

Capacity: A building: 35 (to be increased to 80)

B building—drug addicts: 25

C building—physically and mentally ill: 27

Rehabilitation farm: 15.

#### *Plein 36 (formerly Het Burgerweeshuis (orphanage), Amsterdam)*

The opening of this centre is due mainly to the initiative of the JAC, which was unable itself to provide accommodation for young people (mainly from categories C and D). Later it was also used by Release and other bodies as a referral address.

Period of stay: originally not more than ten days, but here too there is a problem of moving people out.

#### *Servicecentrum Willemstraat*

Originally started by "Ome Jaap", a kind of "outreaching street-corner worker", who contacted young people congregating on the Dam (1969) and formed relationships with youngsters in categories A B and E. It is still a centre for those from category A and B, with special emphasis on drug addicts.

Capacity about 15. Duration of stay: until something better is found.

The centre also runs a farm (*Buitencentrum*), where more intensive treatment for addicts is possible.

*Princenhof*

Opened for young people who in 1970-71 were left over from the Haarlemmerhouttuinen "sleep-in" centre and had to leave the premises in connection with the 1971 sleep-in and demolition plans. It also seemed a possibility for young people from the Vuurtoren who had found accommodation with members of the staff. Aimed mainly at people from categories A and B, but also those from D and E. Capacity: 15. Duration of stay: a few months. Here, too, there is the problem of moving people out.

*De Vuurtoren*

This is the only centre which is not equipped to put people up for the night. It will take a few on an occasional basis if they cannot be sent elsewhere. This is mainly due to the centre's special methods, but also to the visitors' relationship problems. Visitors are from all categories but mainly from category B, while there are some from D in a state of acute crisis who must have assistance. It is mainly these people (about 15) who are accommodated with staff members because they are heavily dependent on their relationship with the centre and it is very difficult to move them on. Many Vuurtoren visitors are from poor areas or "deprived" families.

All these centres have opened because of acute need, because there was practically nowhere else for these young people to go.

*Singel 178* (originally the Salvation Army Child Protection Department associated with the Ministry of Justice)

Since the admission to the above centres had in many cases to be refused, the Salvation Army opened a centre offering accommodation for about 10 young people, which is designed to assist young people from categories C and D in acute crisis situations for about three to four days.

*Kinderbeschermingspuppen* (wards under the protection of the state) are found particularly at Plein 36 and Singel 178.

*Functions of the crisis centres*

The first function of most centres is to offer accommodation and a bed for the night. All centres offer additional help, which in view of the young people's situation is of an intensive nature. The main features of the assistance given are:

— the restoration of confidence in human relationships. Long-term isolation from society makes this difficult (mainly Princenhof, Vuurtoren, partly De Laurier, Willemstraat);

— acute crisis treatment (almost all centres, but in particular Singel, De Laurier (sick-room), De Vuurtoren and Flein 36);

- the provision of a social environment which can have a therapeutic effect (all centres with the exception of the short-term ones);
- help in building up new relationships with other sub-systems and functions within society (all centres);
- referral to and help in making use of other agencies providing help (all centres);
- motivation to work and help in finding employment (mainly the longer-term crisis centres);
- the provision of specific therapeutic activities (mainly De Laurier, Vuurtoren and the Willemstraat *Buitencentrum* (farm);
- guidance in finding accommodation outside the crisis centre;
- after-care. The crisis centre still has an important part to play after the client leaves. Relationships built up there are useful also for after-care but, unfortunately, are not easily transferred. The centres have nevertheless decided to make as much use as possible of other agencies for a variety of reasons, including the expense of having a varied staff and the desire to perform as efficiently as possible their essential function, namely helping young people to come through crisis situations as rapidly as possible. It is also useful to make other agencies aware of the problems of these people, and to use the precious services of their experts by calling them in to the centres.

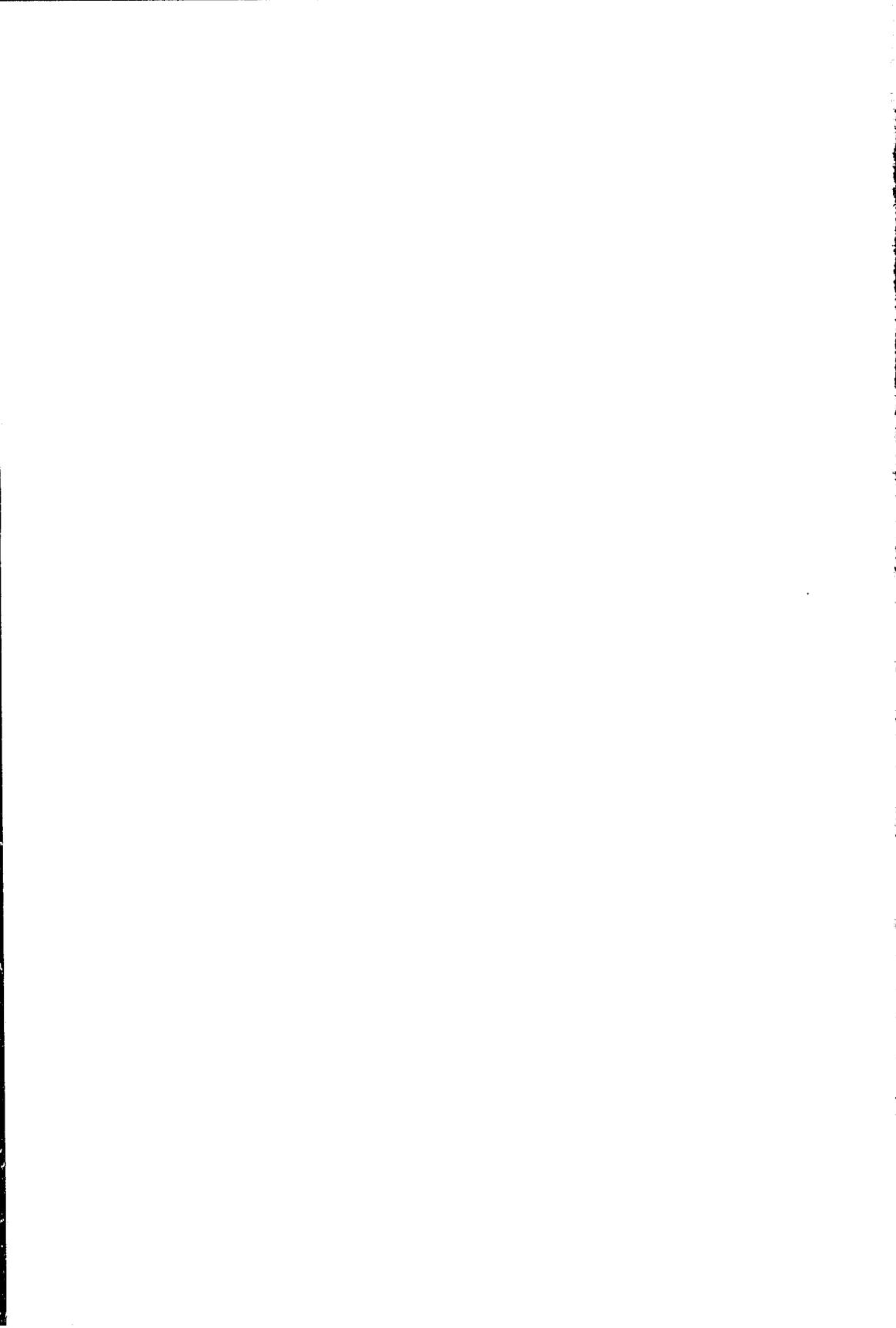
#### *Referral to the centres and diagnosis*

JAC and Release are the bodies which should make referrals and diagnosis, as they are the most suitable, being in the first echelon. Also the municipal health department in relation to De Laurier, and various other private and public agencies (child welfare and protection agencies). The question of financing will also have to be thrashed out. Some diagnosis will inevitably have to be done by the centres themselves.

Given the acute need, the centres will take on their own form over the years and young people will have direct recourse to them; in many cases, certainly in *acute* crisis situations, the young person cannot first be referred to another body.

#### *Anonymity*

In most cases anonymity is no problem. It is understandable, however, that in a number of cases young people who have a general suspicion of everything will not want to give up their anonymity.



## APPENDIX VI

### VOCATIONAL TRAINING SCHOOL IN A PENAL INSTITUTION FOR YOUTH INMATES AND RESULTS

*Summary of a study prepared by Mr Kåre Bødal<sup>1</sup> (Norway)  
in 1970*

In 1951 the Norwegian vocational training school for juvenile offenders, *Berg arbeidsskole*, was established, and the highest hopes were entertained of its methods and their results. Juvenile offenders were sentenced to undergo vocational training in accordance with the provisions of the Juvenile Delinquency Act of 1928, as modified by the amendments of 1939 and 1951.

But the attitude of the trainees was negative, because the time they had to stay in the institution was much longer than the duration of alternative imprisonment, and the courts of justice reserved a sentence of vocational training for the worst selection of juvenile offenders. According to a new Juvenile Delinquency Act of 9 April 1965, the school was reconstituted as a young persons' prison. Now the inmates are credited with any period spent under remand and in accordance with the new act they may be released after nine months. The average stay in the prison is about one year.

A description of the vocational training school—its methods, problems and clientele—was published in 1962. The book included a preliminary follow-up study of the first 100 boys that the establishment admitted.

The chief aim of this complementary follow-up study is to analyse the behaviour of the same 100 boys who were treated in the first book. This time the author has concentrated on comparing those who behave well with those who are still not able to conform to the rules of society. An additional object in this study is to compare the first 100 boys released from the vocational training school several years ago with the first 100 boys admitted to the young persons' prison after 1 February 1966, when the prison (with the same buildings and personnel) replaced the vocational training school.

Information about the 100 offenders who were released on parole from the vocational training school in the 1950s, was collected from the central criminal register, the local fine registers, the police gazette, the seamen's record office, the insurance funds, the journals of the after-care association, forensic observations, the record of criminal cases, and from interviews. The author who was acquainted with the offenders as a former social worker at the vocational training

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1. Member of the sub-committee.

school, succeeded in tracking down and interviewing 93 of the 100 offenders.

The collected material was analysed as follows:

The offenders were divided into three groups according to their adjustment level: A. men with good adjustment at least for the five-year period ending on 15 January 1968, who had succeeded in living through this period without being committed to any institution, working well and being moderate as to alcohol consumption; B. an intermediate group with reasonable adjustment but not wholly law-abiding; and C. a group with bad adjustment. The purpose was to discover what kinds of differences might exist between the extreme groups. The classification resulted in 27 persons in group A, 15 in group B, and 58 persons in group C.

When the 100 offenders were released on parole, their average age was 21 years. The average age by 15 January 1968 was 32 years (age variation 26-37 years), and the average time since release was 10.9 years. Up to 15 January 1968, 81 of the 100 offenders had been sentenced at least once for offences—usually thefts. The average number of sentences since release was 0.7 for group A, 2.1 for group B, and 5.1 for group C.

The follow-up study revealed that many of the offenders are inclined to excessive alcohol consumption, and 46 % of them have been fined for alcohol abuse after release. Whereas the persons in group A seem to have attained sufficient control over their alcohol consumption and do not get into trouble when primed with drink, the offenders in group C very often misbehave drunkenly, come into conflicts, and thereby disclose behaviour disorders of which alcohol abuse is only one of the aspects.

Many of the offenders are unstable in employment. However the A group, on the whole, distinguishes itself in comparison with groups B and C. Some of the A group have acquired competence as skilled workers. In contrast to the A group the majority of group C have little or no endurance. They do not stick to any job, and a lot of them may be characterised as dull, idle drifters. They may take occasional jobs, but they are unstable, and seem to lack interest in steady work. An analysis of the work record of the offenders at sea revealed that while the A group proved to be steady seamen, free from disciplinary offences on board, the majority of the two other groups misbehaved and had to be discharged, or they left the ship.

At the time of investigation 50 of the 100 men were married—93 % of the A group, 73 % of the B group, and only 24 % of the C group. The relative number of divorced and unmarried persons was much higher in the C group. Most of the offenders in this group seem to lack responsibility, and they do not care for their families.

Analysis of the social background of the offenders shows that at least 80 % grew up in a milieu with one or more traumatic factors

(one or both parents dead, parents divorced, one or both parents fined for alcohol abuse or sentenced for a criminal offence, and so on). In childhood the C group was more handicapped in these respects than the A group. Without doubt the C group was exposed to the most traumatic conditions. Probably as a consequence of more neglect, broken homes, and disastrous events during childhood, they were to a greater extent problem children in the elementary school. The investigation confirms several other follow-up studies which show the connection between bad childhood experiences and a tendency to chronic misbehaviour and mental problems as adults.

The classification of the 100 offenders was made on the basis of their behaviour after release from the vocational training school. What about their behaviour at the establishment—did the A group behave better than the other two groups? One might expect that this group adjusted best also to the internal rules and regulations. As to abscondings and offences during the escapes, however, there are rather small differences between the three groups. In fact the absconding rate was lowest for group B. The adjustment level at the establishment did not give a reliable basis for valid prognoses as to later adjustment and law abidingness. In spite of this, at release the relatively highest number of good prognoses was related to the boys in group A by clinical, intuitive impression, not based on any systematic objective evaluation. Considering all the prognostic evaluations that were made for the boys at release, there is some correlation between the clinical impressions and the social development in the long run.

When the offenders were asked many years later, the interviews revealed that the majority had a negative attitude towards the after-care system. They did not like the control which the probation officers represented, and few of them understood that they needed support and counselling. Very often they opposed or neglected the requests made to them, and they seldom co-operated wholeheartedly. The information gained from the interviews and from the journals of the probation officers revealed that most of these offenders are extremely unwilling subjects of after-care endeavour.

The recidivist rate among the offenders is high—over 80 % during an observation (risk) period of nearly eleven years. Comparing this with the results from young persons' prisons in Sweden and Denmark and from borstals in England, the differences are nevertheless rather small. It seems that the institutions for these juvenile offenders admit a selection of boys with grave character disorders and having correspondingly bad prognoses. The results therefore are rather discouraging. The majority are sentenced anew after release, and it seems that long-term indeterminate treatment or punishment does not give better results than shorter, fixed sentences.

After concluding the follow-up study of the first 100 offenders that *Berg arbeidsskole* admitted and released during the 1950s, the author concentrated on the first 100 offenders admitted to the young

persons' prison which superseded the vocational training school from 1 February 1966. He compared the prisoners to the 100 vocational trainees, and found some remarkable differences. The juvenile prisoners were, on the average, 18.2 years old when admitted, whereas the vocational trainees were 19.6 years old. In spite of the fact that the former were, on an average, nearly 1 1/2 years younger at the time of admittance, they averaged 3.57 sanctions for offences prior to the sentence to young persons' prison, while the somewhat older vocational trainees had only 1.86 previous sanctions. From a prognostic point of view this difference is a bad sign—one should expect a high recidivist rate among the juvenile prisoners after release.

Whereas the vocational training school for juvenile offenders did not succeed in getting sufficient control over the trainees, the young persons' prison has been able to avoid a high absconding rate. One of the reasons may be that the boys in the young persons' prison have to serve a shorter time than the vocational trainees. But probably the more important explanation is the purposeful selection procedure in the young persons' prison system. To prevent too many abscondings and offences during the stay, the selection has been rather strict. A screening has been undertaken at the closed reception unit, and 28 of the first 100 boys admitted to the young persons' prison were not allowed into the open section at all. Absconders seldom get a second chance. The results are promising. The vocational trainees absconded on the average 1.44 times each, while the corresponding number for the juvenile prisoners is 0.27. The corresponding figures as to sanctions for criminal activity during absconding, attempts at absconding, and leave of absence are 0.89 and 0.16 respectively. Naturally, there is a high correlation between absconding rate and number of sanctions for offences.

The vocational training school lacked sufficient capacity in the closed sections—in fact it started without any at all—but the young persons' prison could avail itself of the experiences which its predecessor had, and was thereby able to get the upper hand.

The price to pay, however, is the lengthy stay in closed section for the inmates in the young persons' prison. As already mentioned, 28 of the first 100 boys admitted to the prison were never transferred to the open section. The 72 boys who were transferred from the closed reception centre to the open section were there for only four months, on the average. The rest of the year they served in the closed reception centre, and eventually in the closed section in Oslo, if they absconded or misbehaved in other ways.

What about the results of an indeterminate sentence to the young persons' prison? It is too early to give reliable figures for recidivism among juvenile prisoners, but some preliminary figures may be given, as the majority of the boys swiftly recidivate.

Of the first 100 youths admitted to the prison, one has served full time (two years) during more than half of which he was under

treatment in a mental hospital, and he is still (January 1969) in a closed mental hospital. Another boy is serving a long prison sentence superimposed for thefts during absconding, and he has not yet been released from the young persons' prison. The rest—98 boys—have all been released on parole from the prison. The risk period at liberty since release varies from 4 to 25 months — up to 15 January 1969. Of these 98 boys, whose average time since release from young persons' prison is 13.1 months, 73 have already recidivated: 63 have received one or more sentences, and 10 have been accused of new offences. They await trial, and will probably be found guilty.

The recidivist rate for those released from the young persons' prison is very high—even higher than for the vocational trainees at the corresponding time since their release. One may explain this by referring to the higher number of previous sanctions for offences to which the juvenile prisoners had been subjected before being sentenced to the young persons' prison. They are younger, it is more easy to discipline them—at least those who are allowed into the open section—but they are very immature, impulsive, and without self-control. The follow-up study of the 100 vocational trainees revealed a high recidivist percentage, and one has to be prepared for the probability that the recidivist percentage among those released from the young persons' prison will not be lower.

Stating this, one may doubt the effect of a long indeterminate sentence on these immature boys, often with long previous institutional experience. A lot of them are only 16-17 years old (some have even been only 15) at admittance. For them 9 months or more in a closed prison section is problematical from the point of view of mental health.

One might be less strict as to selection policy, but then more abscondings and offences would be the consequence, because a lot of the boys are not able to stay for several months in an open section without absconding.

For the young persons' prison this is a dilemma—a matter of sufficient control and discipline versus humanitarian considerations. The prison law, however, permits the transferring of young prisoners, serving fixed sentences, administratively to the young persons' prison. Several prisoners have already been transferred according to this provision, and with good results. Another possibility of avoiding the long stay in the closed section for young boys not mature enough for treatment in open section is to place them in work or at school outside the institution according to Article 21 of the Juvenile Delinquency Act of 1965. Very few of the inmates, however, seem to be mature and reliable enough for this vote of confidence.

The author's conclusion is that criminal youth of the category that has hitherto been given an indeterminate sentence to the young persons' prison might rather be sentenced to a shorter, fixed period of imprisonment. The offenders would prefer it and find it more just, and they would serve their time with less resentment.

The follow-up study reveals that the results of the vocational training school programme and the young persons' prison system are not better than the results one might expect from ordinary prison sentences. Therefore one ought to investigate the purpose of maintaining relatively long indeterminate sentences for this weak-charactered immature category of young recidivists.

## APPENDIX VII

### YOUTH TREATMENT CENTRES IN ENGLAND

*St Charles Youth Treatment Centre, Brentwood, Essex*

1. St Charles is the first of a new type of child care establishment, called youth treatment centres, intended to meet the needs of severely disturbed children and young persons who:
  - i. are too disturbed and disruptive to respond to treatment in approved schools;<sup>1</sup> but
  - ii. do not need treatment in hospital.

These centres combine many of the treatment possibilities of a school, a children's home and a hospital. Under present proposals, there will be three of these centres in all—St Charles in the south east and two others, one at Wakefield and one at Birmingham. Each will have a medical director and a multidisciplinary staff.

2. St Charles itself was built as an approved school for Catholic boys, but early in 1969 the Home Office, with the generous support of the Catholic authorities, made arrangements for the still uncompleted buildings to be made over to itself and transformed, so that St Charles could become the first of these new centres. When all the work has been completed, St Charles will be able to accommodate up to 50 boys and girls. The other two centres will be housed in specially designed buildings and will be able to accommodate up to 70 boys and girls. It is intended that there shall be one security area for 20 children or young persons, a "medium-security" area also for 20 where security will be mainly assured by the numerical strength of the staff, and an open area which will be closed only at night, also for 20. It is also intended to set up a home that can accommodate 8 children.

#### *General description*

3. The children include the most disturbed, difficult and delinquent section of the present approved school population, as well as some similar children in the care of local authorities. In general, these are children for whom no existing type of establishments can provide satisfactorily. Under the Children and Young Persons Act 1969, approved schools are being absorbed by local authorities' welfare services, and given the name "community homes". Facilities will be available on a regional basis, however, and it is only when possibilities here are inadequate that there will be recourse to youth treat-

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1. Now community homes, see below, paragraph 3.

ment centres. Those in approved schools present grave difficulties because of their disruption of the schools and their interference with the progress of others. Their failure to benefit from treatment in the schools means that their own disturbance and delinquency remain unmanaged and untreated.

4. Failure, disruption and rejection have been recurring experiences in the lives of these young people. Most have suffered rejection by their families from an early age and have also experienced initial acceptance followed by what has seemed to them rejection by a succession of agencies, each of which has found them to be unmanageable or untreatable. Thus, to them movement from one setting to another, followed always by rejection and another move, has become the expected pattern of life. Most have become so damaged and disturbed that they neither see the need for help nor are able to co-operate. They show grossly impaired capacity for making relationships and a paucity of satisfying life experiences.

5. Nearly all present severe educational difficulties stemming from unrecognised defects, interruptions to their education resulting from their disturbance, hostility or unresponsiveness to any learning situation. Their attention span, powers of concentration and frustration tolerance are all considerably lowered. Although their range of intelligence follows a normal distribution, for most of them the school setting is one in which they have experienced repeated and obvious failure.

#### *Age range*

6. St Charles admits children aged 12 years and over. The expectation is that most of them will need relatively long-term treatment. They will be able to remain in care until their 19th birthday. Admission of a child over 16 years will, however, be exceptional.

#### *Aims*

7. The aims at St Charles are:

- i. to provide long-term care in degrees of security for seriously damaged children and young people;
- ii. to achieve for these young people some degree of adjustment to themselves and their environment, satisfactory to themselves and to society;
- iii. to prevent further damage to young people who have suffered so many rejections;
- iv. to increase understanding of the cause of severe disturbance;
- v. to make such knowledge available for developing preventive measures;
- vi. to attempt to evaluate current relevant treatment methods;
- vii. to devise and evaluate new treatment measures;

- viii. to offer staff training facilities for workers in relevant fields;
- ix. to undertake research, both statistical and clinical.

*Treatment concepts: A. General*

8. To achieve these aims St Charles seeks to enable each child to experience a total living situation, for a period extending perhaps over several years, in a specially created secure environment and in relationship with a staff able to develop a pattern of living that is therapeutic for each person and where all the necessary facilities (social, educational, occupational, recreational and medical) are available. Some aspects of hospital practice and skills are allied to concepts of child care. The model, however, is not one of sickness but one of growth, maturation, and the seeking for areas of health and achievement and positive functioning, however small, and the utilisation of development facets of adolescence. General concepts integral to the care of adolescents are used, in particular the need to recognise the integrity and value of the individual with the offering of warmth, humour, fairness and understanding. It is evident that these damaged young people will have a very poor capacity for relationships, limited concentration, diminished responsibility, poor frustration tolerance and will only be capable of very limited and slow response to care.

9. The environment is intended to be one where staff are seen and felt to be in control and caring, where behaviour is related to social interaction and levels of responsibility, and where the basic lessons of cause and effect can be experienced. Group situations are used to show the individual the need for concern for others and the interaction of group living.

10. Therapy is central to the whole pattern of living and includes many approaches and techniques as well as individual therapy, where appropriate, to an individual treatment pattern. Group activities and environmental therapy are used to create a structured therapeutic milieu in which occupational and recreational activities offer opportunities for achievement and expression with physical activities to aid motor control and co-operation and acceptable discharge of aggressive drives. Individual and group psychotherapy plays a part as the young people develop a capacity for relationships and a desire to look at their conflicts and problems of adaptation, and also helps to strengthen the process of identification and to resolve underlying conflicts. Reliance is on a tradition of individual treatment planning rather than on the establishment of one-to-one relationships, which some of the boys and girls will at first be too damaged to make or sustain.

*Treatment concepts: B. Security*

11. Hitherto, security has not traditionally been acceptable in the care of young people, but in many of those for whom St Charles



**CONTINUED**

**1 OF 2**

will provide, absconding has become a common response to any difficulty that has faced them. This habit of absconding has been a factor in making them untreatable in other situations. If, therefore, these very damaged children are to be helped to mature and develop inner controls and restraints, physical containment is a first and integral part of a safe, secure environment in which they can be offered new experiences and therapeutic possibilities in close involvement with adults. At St Charles security is to be a positive means of allowing an inner freedom, and will not be merely custodial. The aim will be to offer the children the opportunity to feel safe and to be safe while diagnosis, appraisal and treatment proceed. Security will allow acting out behaviour to occur in safety and will provide conditions in which, without undue anxiety, children and staff can begin to relate. Experience during the last few years at three approved schools that have special secure units for boys has demonstrated the value of treatment in security both on social and psychiatric grounds. Treatment in security will provide opportunities for the most disturbed and anti-social children to come to terms with their difficulties and with themselves and in relation to authority.

12. The indefinite denial of normal freedom would, however, be injurious to progress towards normal development and successful treatment. The aim is therefore to provide gradations of treatment ranging from a high degree of security, through medium security to open conditions and experience of life in a hostel and working out.

#### *Activities and occupation*

13. Occupational therapy is appropriate in the early stages for most of the children but later all will need an educational programme and some will need simulated work situations. Compensatory and remedial education is important because most of the children suffer from educational retardation. The first aim is to engage the interest of the children, most of whom have become unresponsive if not hostile to the concept of formal education. The emphasis is on individual programmes, with work in very small groups or on an individual basis, and on readiness to follow up any signs of awakening interest.

#### *Admission*

14. The principles of admission policy are laid down by the Home Office, but it is expected that most children will be sent to St Charles by community homes, so that they will be children placed in the care of local authorities by the courts (see paragraph 16 below).

#### *Duration of stay*

15. The expectation is that most children admitted to St Charles will require relatively long-term treatment—for three years or more.

*Management*

16. St Charles (and any similar establishments) is provided and administered by the Home Secretary under section 64 of the Children and Young Persons Act 1969 which provides that:

"64. There shall be defrayed out of moneys provided by Parliament any expenses incurred by the Secretary of State in providing, equipping and maintaining homes for the accommodation of children who are in the care of local authorities and are in need of particular facilities and services which are provided in these homes and are, in the opinion of the Secretary of State, unlikely to be readily available in community homes."

The community home system for which the act provides will consist of a range of residential establishments for the care of children provided either by local authorities or by voluntary bodies in partnership with local authorities—the range and scope of such provision being planned on a regional basis. This new system of community homes will absorb and replace the existing system of approved schools, remand homes and children's homes and hostels as from 1 April 1973; and there is accordingly specific provision in the act for the necessary machinery by which these establishments will be able to acquire this new status and role. It will thus be seen that the establishments set up under section 64 of the act (of which St Charles is the first) are designed to complement the facilities for the residential care of difficult children provided by, or under the aegis of local authorities, within the community home system.

*Staffing*

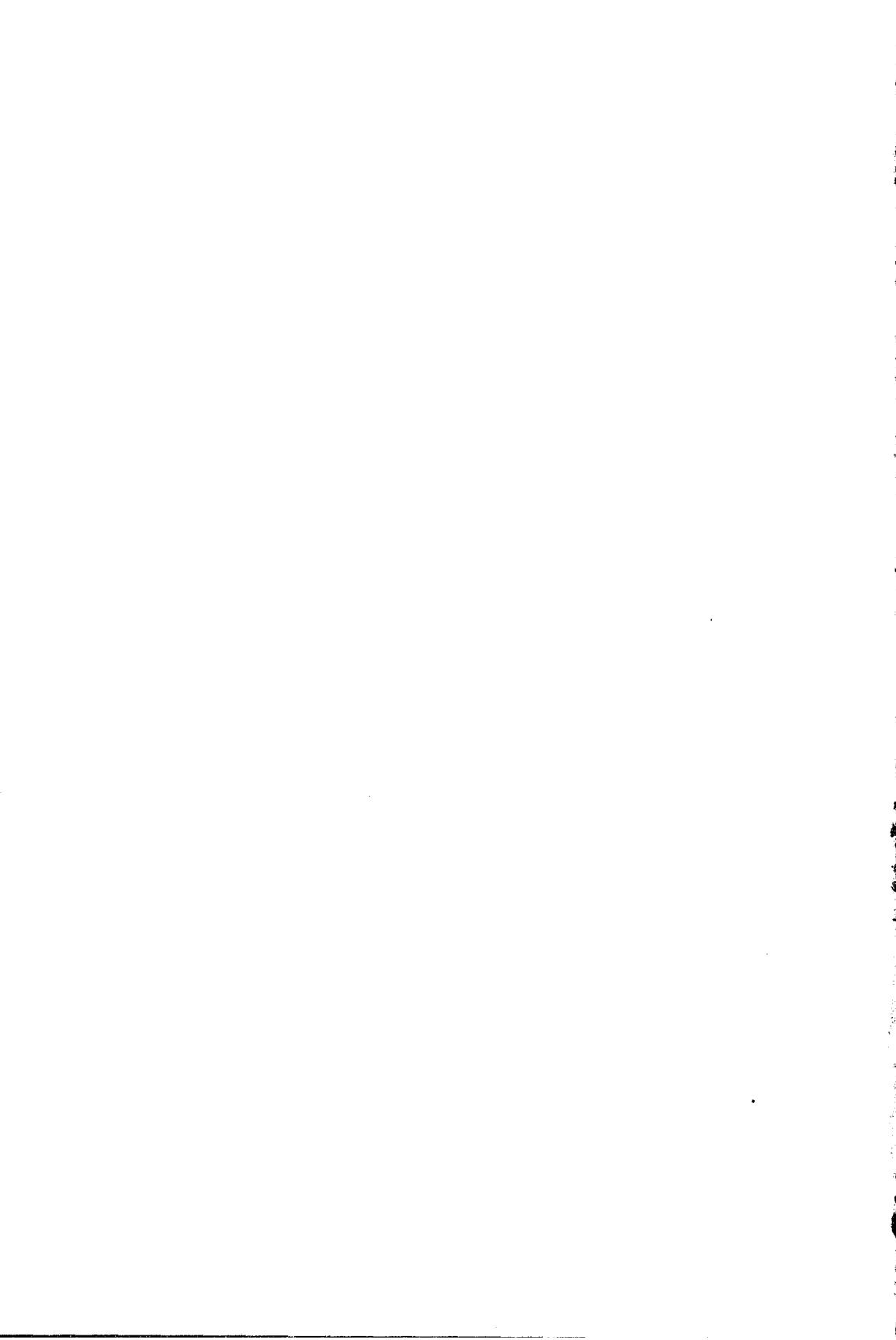
17. It is expected that initially most of the staff, apart from the medical director himself, will be appointed on secondment from local education authorities, child care departments, hospitals and approved schools. They will be fairly evenly balanced as between men and women. Most will work in teams on a shift basis to provide continuity of care.

*Staff training*

18. There will be continuous on-the-job training of staff to improve professional skills, to provide staff support and to secure total communication as the basis for staff confidence and effective security.

*Research*

19. The intention is that research should be from the start an important aspect of the work of St Charles. This should include evaluating the work in terms of relevance of treatment to input and output, thus increasing knowledge of the management of severely disturbed young people.



## APPENDIX VIII

### THE EXECUTION OF SENTENCES OF IMPRISONMENT ON YOUNG ADULT OFFENDERS IN LUXEMBOURG

#### I. *Legislation*

Under Article 197 of the Code of Criminal Procedure "the judgment shall be executed on the application of the Attorney General and the civil plaintiff as regards their respective interests".

Article 2 of the Reorganisation of Prisons Act of 21 May 1964 provides that "the Attorney General shall be responsible for the general direction and supervision of prisons. The Attorney General is also responsible for supervising the execution of sentences and the penological treatment of prisoners. He may delegate the exercise of the functions specified in the preceding paragraphs to an official of the central or a local office of his department".

Under Article 38 of the Constitution of the Grand Duchy of Luxembourg "the Grand Duke has the right to remit or reduce the sentences pronounced by the courts".

#### II. *Practice*

Every person sentenced to a term of imprisonment who is not already in prison on remand is summoned to appear by the officer responsible for the execution of sentences who draws his attention to his right to request mercy. The Grand Duke does in fact make wide use of his powers to remit sentences of imprisonment on young adults, especially by relying on the terms of the law concerning the suspension of the execution of sentences (*sursis*).

If a request for mercy is rejected or the person concerned considers that there is no point in submitting such a request, the officer and the convicted person fix the day for the commencement of the sentence (*Strafantritt*) by mutual agreement.

In fixing the date, account is taken in particular of the convicted person's social and family position. Thus, short sentences of imprisonment may be served during the annual holiday periods, which avoids the person concerned being dismissed by his employer and other difficulties of a social or family nature. The practice of splitting up such sentences is widely practised.

This participation of the convicted person in fixing the time for the sentence to begin leads to the authorities' entering into a dialogue with the convicted person.

A further advantage of this practice is that it enables the prison administration to make provision in due course for a programme of personalised treatment.

Young adult offenders are usually sent to a special section of the Givenich farm centre, which in this case serves as a semi-open educational institution, where they are taken care of by trained staff specialising in adjusting sentences to the individual concerned.

Again, the fact of having been able to *make a decision* in this field gives the convicted person a certain confidence in the machinery of justice and the prison administration and also a greater sense of personal responsibility, for it constitutes a sort of contract between the official concerned and the convicted person.

The system has been in force in Luxembourg since 1968, and the results obtained show that this way of executing sentences may be described as very satisfactory.

## APPENDIX IX

### INFORMATION MEMORANDUM

The European Committee on Crime Problems has instructed its Sub-Committee No. XIII to investigate trends in the re-education of adolescents and young adult offenders (14/15-21/23 age groups), paying particular attention to the most recent developments in this field.

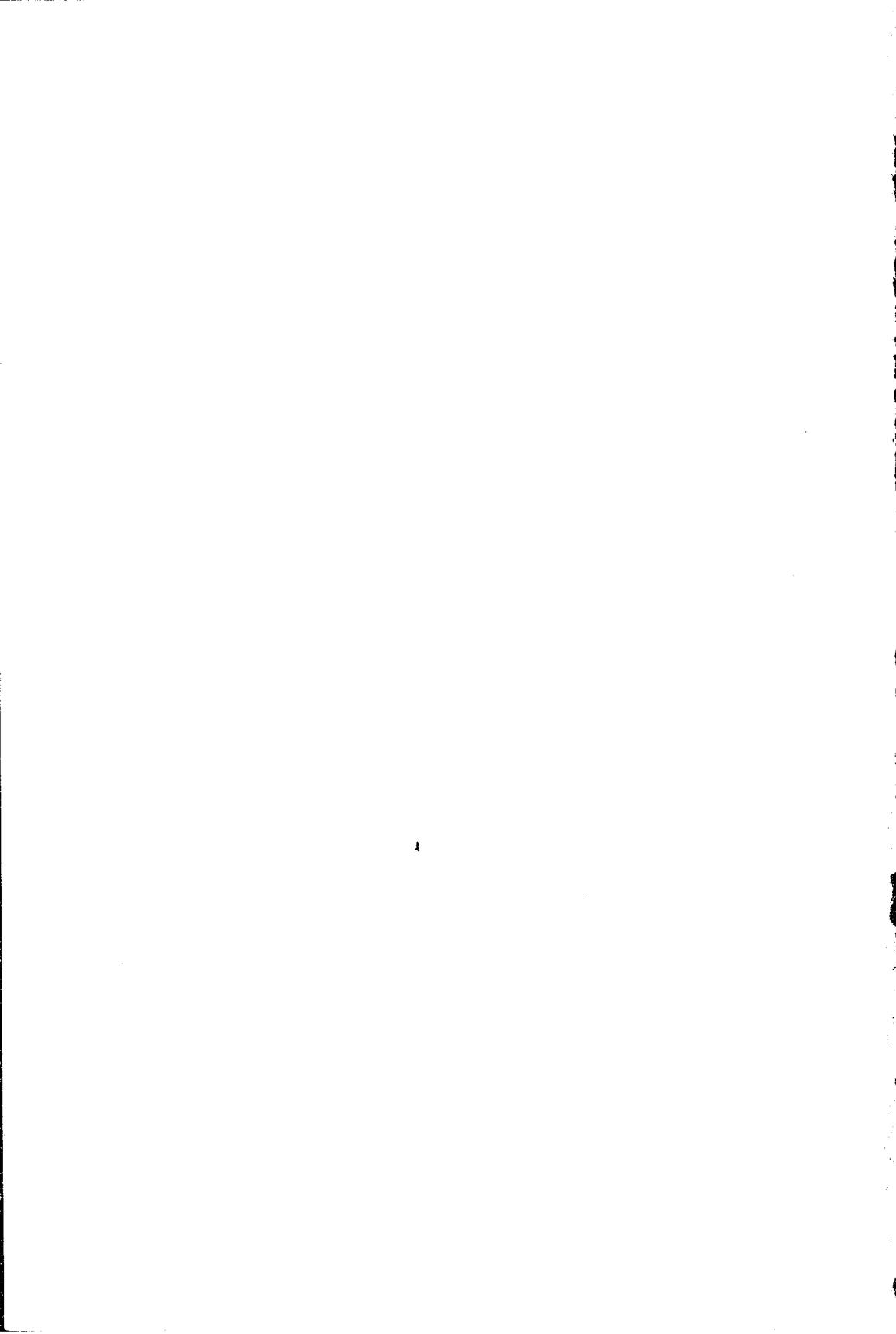
The sub-committee intends to set about this task by compiling not a complete survey of all known types of treatment used in the various countries, but an inventory of the most recent experiments embarked upon in this field in both the public and private sectors. *Only* new, original and significant experiments will be included, whether or not they are accompanied by research, whether they are in progress, have been terminated for any reason, or have failed; account will also be taken of projects contemplated for the near future or which have been rejected.

No particular form is required for the description of experiments. For the purpose of ensuring that interesting experiments are not omitted, the guide lines set out in Document DPC/CEPC XIII (71) 4 give a list of topics in which the sub-committee is interested; though not exhaustive, this list is intended to help decide whether or not a particular experiment should be mentioned, with the proviso that, when in doubt, it should be included rather than omitted. The sub-committee does not expect every country to reply to every question.

The sub-committee wishes to compile a catalogue of these experiments and would like as detailed a description as possible of their aims, the manner of carrying them out, the young people concerned, the staff involved, where appropriate the reasons for their success or failure, and in all cases an assessment of their effects (with reference to any relevant documents or publications).

The sub-committee may ask for further particulars of experiments which it finds particularly interesting. The usefulness of such a survey is obvious. It is important to all countries to find out what new avenues there are to be explored, with an indication of those which can be embarked upon most economically, and to study experiments which appear to have proved fruitless or needlessly expensive. The sub-committee accordingly hopes to meet with generous co-operation on the part of the countries consulted.

Heads of delegation or the persons designated by them for the purpose are asked to send their replies, in English or French if possible, either as and when they receive them, or in a single batch. In any event, replies should reach the Secretariat by *30 April 1972*.



## APPENDIX X

### GUIDE LINES

*Trends in the re-education of adolescents and  
young adult offenders*  
(covering age groups approximately 14-23)

(Please indicate where the information is confidential and not to be quoted as directly pertaining to the country concerned.)

#### I. *Problems concerning types of individuals, groups or communities*

*New experiments in treatment:*

a. *concerning:*

- i. young offenders taken individually
- ii. young offenders and their families
- iii. existing groups of young people upon whom work has been carried out while they remain in the community
- iv. young offenders, their families and the community, seen as a unified or total field for action

b. *separating or grouping together of young people:*

- of the same age or from different age groups (including those over 23)
- of the same sex or different sexes
- of similar or different IQ levels
- delinquents and non-delinquents
- with the same socio-cultural background and different backgrounds
- from the same region and different regions
- of the same ethnic origin and different ethnic origins
- etc.

c. *classification according to a typology established in advance with a view to using differential treatment*

d. *with regard to new types of young offenders*

#### II. *Problems arising out of the aims and techniques of treatment*

*New experiments in treatment carried out:*

a. *in order to achieve:*

- i. a rapid social rehabilitation of "normal" offenders (e.g. by finding them work)

ii. enhancement of young people's ability to adapt themselves to developments, foreseeable or not, in a continuously changing society by using all means to make them independent

iii. attempts at defining the intermediate and final goals in forms of treatment which have been planned with the agreement of the person concerned (e.g. "contacts" made between staff and offenders)

iv. new methods of treatment of young people with more serious psychological problems

b. or with the object of widening the range of treatment available:

i. either by allowing groups of young people to work directly with offenders

ii. or by allowing delinquent or near-delinquent behaviour to continue so that the offender can feel accepted, and will himself eventually seek help from existing public or private organisations

iii. or, after having placed the offender under control, he is allowed to continue in conditions where there is a risk of offending, for example in open conditions or after a short period in closed conditions, in order to avoid subsequent more serious offences, and in the hope of obtaining his co-operation

c. in order to promote the more frequent, intensive and diversified use of existing resources for action in an open environment, possibly combined with certain requirements such as:

i. attending courses

ii. attending group sessions

iii. participation in community service

iv. attending day centres

v. weekend activities

vi. participation in leisure-time activities and holiday camps

vii. short periods in residence

d. in order to replace the traditional type of institution (in which there was a uniform system to which young people had to adapt themselves at least by conforming superficially) by an organisation offering a flexible range of diversified facilities likely to satisfy the needs of the young people undergoing treatment

e. by deliberately using the peer group for the purposes of treatment

f. by finding specific forms of treatment for young people who respond negatively to group or community treatment

g. in order to apply modern methods:

i. of vocational training to bring them into line with changes in economic and industrial life

ii. to deal with slow or resistant learners

*h.* the use of psychotherapy in prisons, institutions, or an open environment

*i.* where appropriate methods have made the period spent by young offenders in prison more beneficial and to obtain the best possible results

*j.* where attempts have been made to reduce the number of difficult cases passed on from one form of care or treatment to another and to restrict adverse effects by introducing greater continuity in treatment

*k.*   *i.* situations accompanied by evaluation by research

*ii.* instances where treatments have been changed as a result of the findings of research

*l.* offsetting the adverse effects of the indeterminate sentence. (Is any other work being done upon the question of determinate and indeterminate sentences?)

### *III. Staffing problems*

New developments in the recruitment, training, interrelations and functioning of the different categories of staff (teachers, social workers, supervisors, probation officers, psychologists, psychiatrists, technical instructors etc.)



**END**