



Institute of Criminology

**An Exploratory Study of How Practitioners in UK Fire and Rescue  
Services Working with Children and Young People who Set Fires Identify  
Clients Requiring Psychosocial Interventions**

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**Submitted in part fulfilment of the requirements for the Master's Degree in Applied  
Criminology, Penology and Management**

**2020**

## **Acknowledgements**

Firstly, my sincerest thanks to my supervisor Dr Lucy Willmott whose wise and patient counsel has helped me become a better academic, practitioner and person. As importantly, our conversations about gin-drinking men in home-built boats have helped keep me smiling during the harder moments.

Secondly, I remain grateful to Professor Ben Crewe whose early encouragement was instrumental in starting my academic journey again.

Warmest thanks must also go to Hannah Evans and Robin Morris-Jones for their informed insights during the piloting of my research questions, and to the National Fire Chiefs Council for their support of this study. Further gratitude is extended to Homerton College for the research grant I was awarded for this study, thereby enabling me to disseminate my early findings at the Annual Fire Related Research and Developments Conference 2019.

To the practitioners who took part in this study – without whose time and support this research would simply not have been possible – I hope I have done justice to the courage with which they spoke, and to the dedication they show to their frontline work.

Finally, it has been a privilege to be a member of the Institute of Criminology through the happiest and saddest of times. May we forever keep learning together.

## **Abstract**

Firesetting by children and young people is a dangerous, often complex behaviour that requires two distinct types of specialist intervention; fire safety education, as delivered predominantly by fire and rescue services (FRSs), and psychosocial interventions provided most typically by clinicians. Yet despite these differing approaches, no assessment tools are available to assist FRS practitioners in identifying the level of firesetting risk a child or young person presents. Using a mixed-methods, explanatory, sequential design, this study explores how, given this absence, FRS practitioners identify those clients requiring psychosocial interventions.

Three themes were in evidence across the data generated by the national survey, senior manager interviews, focus group and staff interviews: inconsistency in service provision; an absence of staff self-legitimacy, largely attributable to a lack of supervisory relationships that can nurture self-verification, and the invisibility of emotional labour.

Whilst the current national picture for this work appears highly problematic, the 100% response rate to the survey ensures the findings are generalisable across all UK FRSs. This provides the FRS governing body with an opportunity to instigate the changes needed, as identified by their frontline staff. Namely, the development of a risk assessment tool, formal, expert training, and national written guidance. With findings that contribute to the current literature due to its exploration of an area of work that is largely hidden from view, there exists for the first time the opportunity for this frontline workforce to get the focus and attention it deserves.

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## Introduction

A substantial proportion of deliberately set fires are started by children and young people (Tyler et al. 2019). Up to a third of young people in community samples report that they have engaged in firesetting behaviour (Lambie and Randell 2011) and this “common, costly and complex problem” (Kolko 2002, p.xvii) is cited as causing significant amounts of physical, financial and emotional damage across the world each year. At the time of writing, a nine-year-old boy in Eureka, Illinois, is being charged with five counts of first-degree murder after allegedly starting a mobile home fire that killed five of his family members (<https://www.latimes.com/world-nation/story/2019-10-08/illinois-child-charged-murder-deadly-fire>). Upon reflection of these findings and the retributive criminal justice response child-set fires can evoke, it is perhaps of little surprise that deliberately set fires are a problem that “merits attention from both policy makers and practitioners” (Palmer et al. 2007, p.102).

Yet despite the acceptance amongst academics in the field that juvenile firesetting is a significant societal problem, the UK Home Office does not include figures on child-set fires within its annual fire statistics (<https://www.gov.uk/government/statistical-data-sets/fire-statistics-data-tables#cause-of-fire>). When listing “playing with fire” as a cause of property fires, no ages are assigned to those deemed to be playing. The absence of more detailed, informative data is synonymous with what is known about the work carried out in the UK with children and young people who set fires. Namely, very little, as the majority of literature available on the subject of youth firesetting originates from overseas, predominantly North America, Australia and New Zealand.

The only evaluation of interventions available in England and Wales for “young firesetters”, the term used in the study’s title, was published in March 2005 by the Office of the Deputy Prime Minister (ODPM) and commissioned by the Arson Control Forum (ACF). The review established there is no one uniform, systematic approach used in this intervention work. With Scotland and Northern Ireland absent from its methodology, the evaluation sought to address the inconsistencies it had highlighted within the English and Welsh provision by recommending two distinct types of intervention when working with children and young people who set fires; one, an educational package and the other a treatment programme. The evaluation set out that these two different approaches of fire safety education and treatment – with the latter most commonly referred to as “psychosocial interventions” (p.15) – would each require clear protocols, including assessment procedures.

Without stating what these assessments would look like – or providing any criteria that could be considered as part of the process – assessment was deemed necessary in order for appropriate targeting of interventions to take place. For whilst educational packages were to be considered applicable for children on a broad scale, psychosocial treatments would be “the intervention of choice for a smaller number” (p. 41), with particular mention made of adolescents. The evaluation further added that if firesetting intervention is to be successful it must contain content appropriate to the target population, thus making a “full assessment...fundamental” (p.22). Reflecting upon the evaluation’s findings in the document’s Ministerial Foreword, the then Parliamentary Under Secretary of State Phil Hope MP stated that the ACF would be seeking a new focus on the role of intervention work and that he, personally, attached a “high priority to it” (p.4).

Less than two months later Phil Hope MP was no longer in post, and it fell to the new Parliamentary under Secretary Jim Fitzpatrick MP to echo the previously expressed sentiment. In his foreword to the ACF Research Bulletin (2005) published in response to the evaluation's findings, the Secretary of State outlined the similar "high priority" he attached to the "unique contribution" FRS personnel can make, and where there was still a "great deal more" that could be done in this field (p.1). He further spoke about "pointers to good practice", which included the need for accurate assessment, selection criteria for referrals, formal staff training, and emotional support to staff in this "demanding work" (p.1).

Yet fifteen years later neither Phil Hope nor Jim Fitzpatrick sit as members of parliament, and responsibility for UK FRSs no longer rests with the ODPM but with the Home Office. Whilst lost parliamentary seats, retirement and department reshuffles are part and parcel of the inner machinations of government, of greater significance is that the ACF is now defunct. Moreover, the high priority attached to the great deal more work needed to be done appears not to have materialised; in the intervening years no standardised assessment framework, screening procedures, selection criteria or formalised risk assessment tools have been developed that can help practitioners identify children and young people in need of psychosocial interventions to address their firesetting behaviour. Over a decade and a half later, mandatory formal training and emotional support for staff delivering this work also remain absent.

The only national document available to assist UK FRSs in the delivery of their firesetter interventions is a guidance note produced by the Chief Fire Officers Association (CFOA) in 2016. A stated aim within the guidance is that it allows FRSs to "identify and understand the support pathways that can be exploited in order to ensure that the right intervention takes place

at the right time” (p.3). Yet no assessment framework, risk assessment tool or procedures are provided within the guidance on what identification could or should look like. Therefore, how are FRS practitioners – the workforce that the 2005 evaluation identified as carrying out most of the work with children and young people who set fires – identifying those clients requiring psychosocial interventions?

By exploring this question, this study addresses a knowledge gap by contributing to an evidence base that is currently extremely limited, be it from an academic, policy or procedural perspective. In reviewing existing theories and empirical evidence from the relevant fields within criminology, psychology, and sociology, a substantive theory is created that is then tested against the emergent findings. Through conducting an online survey of all UK FRSs, the scope of the study extends further than the two-nation focus of the 2005 evaluation. Furthermore, the 100% response rate to the survey allowed for purposive sampling that ensured the telephone interviews and focus group subsequently undertaken with frontline practitioners represented every country in the UK and each region of England; arguably delivering a more systematic approach than the six FRS site visits made during the 2005 evaluation. In so doing, the mixed-methods, explanatory, sequential design of this study allows for the first time a comprehensive review of the initial decision-making processes by all UK FRSs when working with children and young people who set fires.

As noteworthy, this study is carried out at a time when FRSs policies, procedures and practices are under greater political, public and media scrutiny than ever before in the history of the service. With FRSs now sitting under the jurisdiction of the Home Office and under the command of the Policing and Fire Minister, FRSs are being subjected to inspections as part of

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) for the first time. With it also comes the possibility of UK FRSs being held accountable as never before to a joint Police and Fire Commissioner. Most exposing of all, the first phase of the Grenfell Tower Inquiry into the deaths of 72 people killed in a residential fire in Kensington, London, in 2017, has scrutinised on an unprecedented level the decision-making of a fire brigade. Against this current backdrop, this study and its exploration of how FRSs identify levels of need in their risk-critical work with children and young people who set fires has arguably never been timelier.

## Literature Review

### *The assessment-intervention paradox in addressing firesetting behaviour*

The limited literature on “what works” in addressing child-set fires is clear in identifying two distinct intervention approaches to this potentially fatal behaviour: fire safety education (FSE) or psychosocial interventions. What is less clear is how practitioners identify which approach is the most appropriate, for each demands a different form of expertise (Kolko, 2002). FSE aims to target a child’s curiosity in, exposure to, and experience with fire, and in so doing requires the expert instruction of fire safety skills and practices that raise awareness of the dangers of fire. This most common intervention for children and young people who set fires (Kolko et al. 2008; Mackay et al. 2012) is often delivered in conjunction with psychosocial interventions (Kolko, 2002), separate though the two approaches are. Psychosocial interventions seek to modify parenting practices, children’s cognitive and behavioural responses, and the family functions and relationships that influence a child’s firesetting behaviour (Kolko and Vernberg, 2017). Such interventions frequently incorporate cognitive behavioural treatments, including graphing (Bumpass et al. 1983), pro-social skills and anger control (Kolko and Ammerman, 1988), problem-solving skills (DeSalvatore and Hornstein, 1991), and cognitive behavioural therapy (CBT) (Kolko; 2002).

Notably, CBT is the basis for the UK’s first standardised treatment programmes for adult arsonists in both prison and secure hospital settings, whose presenting needs extend far beyond the provision of FSE alone (Gannon et al. 2015). Like the adult population, the need for psychosocial interventions to address children and young people’s firesetting is indicative of the often complex and multi-faceted nature of this behaviour. In children and young people, the complexities reflect a population that has significantly more extensive histories of trauma

and adverse familial events, problematic behaviours, greater levels of mental-ill health, higher diagnoses of Attention Deficit Hyperactivity Disorder, and elevated rates of emotional dysregulation as compared to children and young people who do not set fires (Perks et al. 2019). Such multiple, complex presentations that intertwine with heightened fire affect and interest (Watt et al. 2015) mandate the need for thorough assessment and referral processes to determine those clients where FSE alone cannot effectively meet their needs.

Yet FRS practitioners across the UK are not mandated to use assessment tools that could help identify which of the two distinct responses best serves a child's firesetting risk and need. This is despite the literature clearly evidencing that it is only through assessment that effective treatment plans can be identified and crafted (Stadolnik 2000; Kolko 2002; Dolan et al. 2011; Lambie et al. 2019). Whilst the lack of mandated assessments equally limits the development of systematic, standardised practices elsewhere in the world (Putnam and Kirkpatrick 2005; Fritzon et al. 2011), several firesetting assessment models have been made available for a number of decades to US practitioners working with children and young people who set fires. Although caution is needed regarding the validity of many of these assessments – which are mostly structured interview guidelines – two of the most comprehensive and reliable are the Firesetting Risk Inventory (FRI) (Kolko and Kazdin 1989a) and the Children's Firesetting Inventory (CFI) (Kolko and Kazdin 1989b).

Based in the early empirical literature (Kolko 1985, 1989), their structured, objective scoring helps identify clinical concerns and determine which of the two targets for intervention is most appropriate; FSE to address fire interest, and psychosocial interventions to promote behavioural control. With internal consistency, test-retest reliability and criterion validity data

all supportive of the domains assessed within these two screening tools, they appear to provide the ability for robust assessment procedures by UK FRSs. However, their marked absence is perhaps explained by their application being seemingly beyond the expertise of FRS practitioners and their specialism of FSE.

This is because when discussing the application of these two assessment tools in his seminal text 'Handbook on Firesetting in Children and Youth' (2002), Kolko describes "clinical practitioners" (p. 177) making "clinical evaluations" (p.178) and identifying "clinical concerns" (p.184). Similarly, when both instruments featured in a more recent text entitled 'Assessment and Intervention with Children and Adolescents Who Misuse Fire', Kolko and Vernberg (2017) again specify their "clinical guide" (p.14) is intended to be implemented primarily by mental health professionals with masters-degree level (or higher) education and training. The clinical, post-graduate training necessary to administer assessment tools alongside the minimalist statutory requirement on FRSs to deliver firesetting interventions beyond simply "promoting fire safety...to the extent that it considers it reasonable to do so" (Fire and Rescue Services Act 2004), appear to absolve FRSs of their responsibility to use risk assessment tools. It is seemingly for other, better equipped and more qualified professionals to carry out this role, just as it is for these other agencies to deal with those children requiring psychosocial interventions.

Paradoxically, by having no suitable, early assessment framework to identify these children and young people, it is highly likely that FRSs will be left trying to deliver support to those clients whose needs are far more complex than can be served by FSE alone. This is because when psychosocial interventions have been put in place, the children and young people



requiring this specialist approach have almost always begun their treatment following the identification of this need by a fire service, as opposed to a mental health team (Stadolnik 2000; Kolko 2002). Therefore, by not conducting standardised assessments, FRSs may potentially be left “holding the baby”, and more so being held to account at a time when their decision-making is subject to a greater level of exposure than has ever before been witnessed in the history of the service, due to the Grenfell Tower Inquiry’s public scrutiny of FRSs practices and procedures. In the worst-case scenario of a fatality caused by a child-set fire, the absence of routine assessments that could have helped identify a child’s risk could be viewed as UK FRSs failing to utilise their unique opportunity to address the “risk, needs and responsivity factors for the young person and their family” (Lambie et al. 2019, p.849).

Such is the strength of feeling regarding this missed opportunity by FRSs that in their 2019 paper on risk factors for future offending by children and adolescents who set fires, Lambie et al. set forth a direct challenge to FRSs – to start adopting the Risk, Need and Responsivity (RNR) model (Andrews and Bonta, 2006) in their firesetting interventions. Strikingly, the authors go as far as to state that matching the level of intervention to the severity of a child or young person’s risk must incorporate not only their firesetting behaviour but also their potential trajectory into life-course-persistent offending. Admittedly, the suggestion of FRS practitioners identifying risk beyond that of firesetting may not be palatable for a service that sees other agencies as more qualified and professional for such decision-making. However, if UK FRSs choose to respond to this clarion call of assessments rooted in RNR principles, an opportunity presents itself to develop more robust practices beyond their likely “first generation” approaches to identifying firesetting risk and need.

### *Early twentieth century risk assessment practices in the year 2020*

The RNR model is arguably the most influential development in the assessment and treatment of people who offend (Blanchette and Brown 2006; Ward, et al. 2007; Polaschek 2012), thus providing a persuasive benchmark for the assessment and treatment of children and young people whose offending behaviour is firesetting. First formalised in 1990 by psychologists Andrews, Bonta and Hoge, RNR shifted risk decision-making away from the “first generation” approaches that dominated the first half of the twentieth century. Such approaches were reliant solely upon professional judgement as informed by an individual’s training and experience (Bonta and Wormith 2008), which were victim to the limitations of natural human error and cognitive biases, be they implicit or explicit (Dawes et al. 1989). Whilst it cannot be denied that experience gradually shapes the development of high-level, complex skills (Ericsson and Lehmann, 1996), in time even professional decision-making based in practice wisdom becomes more automatic (Klein 1993), and predicted outcomes are accepted merely as satisfactory rather than optimal by the decision-maker (Klein, 1993; Abernathy and Hamm 1993). With such approaches increasingly recognised as being little better than chance, RNR ushered in a movement that enabled the growth of “fourth generation” practices (Bonta and Andrews 2007), with decision-making grounded in evidence-based actuarial risk instruments that consider both static and dynamic risk factors, and incorporate individual case management plans. In short, approaches to risk work that are likely to be in stark contrast to the anticipated last century practices of FRSs, due to the absence of mandated firesetting risk assessment tools.

In light of such absences, FRSs would do well to consider in what ways the RNR model could offer a robust standard against which their identification of risk and need can be measured. For example, as a minimum it would be reasonable – whereby actions are deemed to be not perfect

but average (Hall v Brooklands Auto-Racing Club 1933) – to expect FRS practitioners to follow the main, general principles of the RNR model in their risk work. Even critics of the RNR model, who forcefully question whether its deficit-focused approach pays sufficient attention to strengths-based rehabilitation, acknowledge its “excellent principles [that] should guide interventions used in any credible correctional program” (Ward et al. 2012, p.98).

In guiding firesetting interventions, the principles of the RNR model would require practitioners to match the level of intervention to a child's risk of further firesetting (the risk principle); assess dynamic risk factors – commonly referred to as criminogenic needs – and target them in intervention (the needs principle); and tailor interventions to the learning ability, motivations and strengths of the child, with strengths adjusted commensurate to risk (the responsivity principle). If such approaches are in evidence, FRSs will be evidencing greater compliance with 21<sup>st</sup> century risk practices and adhering to several key criteria of defensible decision-making.

### ***“It’s the doers wot get the blame”***

The concept of defensible decision-making has been enthusiastically adopted within criminal and youth justice settings, across social care departments and by public health bodies. And with good reason, for as the above quote on the “doers” getting the blame implies (Kemshall 1998), hindsight scrutiny when a case goes wrong blames “every death as chargeable to someone’s account, every accident as caused by someone’s criminal negligence, every sickness a threatened prosecution” (Douglas 1992, p.15). Prior to 2017, FRSs had largely escaped jury by twenty-twenty vision in the event of fire deaths, but the fire at Grenfell Tower has “brought into sharp focus the work of FRSs” (State of Fire and Rescue 2019 HMICFRS, p.12).

Defensible decision-making has taken on an unprecedented significance for FRSs in the wake of the largest FRS in the UK being found gravely inadequate in its planning and training for such an incident (Grenfell Tower Inquiry: Phase 1 Report 2019), and with a new Inspectorate whose inspection criteria includes how well FRSs work with partner organisations to tackle firesetting behaviour (HMICFRS 2018/19). Now more than ever, FRS practitioners need to be able to evidence and distinguish between those decisions that result in adverse outcomes due to negligence, and those that – even with hindsight – are defensible, despite a fatal outcome.

Decisions are deemed to be defensible if it can be demonstrated that all reasonable steps were taken in the assessment and management of risk (Carson 1996; Kemshall 1998a, 1998b). Typically, defensible decisions are those based on factors that include appropriate levels of staff knowledge; risk assessments grounded in evidence; risk management plans linked to level of risk; adherence to agency policies; clear recording; communication with relevant others; maintaining contact with the client at a level commensurate with the level of risk of harm; and responding to escalating risk, deteriorating behaviour, and non-compliance; (Kemshall 1997; Kemshall 1998a; Kemshall 1998b; Monahan 1993). With its interplay between professionalism and procedural compliance, the defensible decision-making model can provide a solid framework to enable FRS practitioners to evidence how their decisions identify risk, in spite of the absence of standardised assessments. Just as criminal justice practitioners adhere to the principles of defensible decision-making, so must FRS professionals. For whilst the highly complex activities of decision-making in risk assessments (Brearley, 1982; Royal Society, 1992) are an accepted part of the routine responsibilities undertaken by criminal justice professionals, they are similarly demanded of FRS practitioners responsible for identifying the intervention needs of children and young people setting fires. To carry out this level of complex decision-making, FRS practitioners require the identifiable traits of those deemed to

be professional, namely, “autonomous decision-making, underscored by a distinct, theoretical, expert knowledge base” (May and Buck 1998, p. 5).

Whilst novice practitioners can eventually become expert through the acquisition of specific skills (Cornford and Athanasou 1995), achieving autonomy in staff decision-making is more difficult, for in recent decades managerialism has “infiltrated every eventuality of human existence” (Klikauer 2015, p.1109), including the public sector. It has brought with it the establishment of management cultures that shift authority away from staff in the belief that performance can be optimised by the application of generic management skills. In so doing, the professional status of staff has been weakened and downgraded, and their autonomy reduced (Locke and Spender 2011). Yet as the cross-examination of Watch Manager (WM) Michael Dowden in Phase 1 of the Grenfell Tower Inquiry highlighted – where he was asked repeatedly about his lack of training and gaps in knowledge regarding fire brigade policies – a practitioner’s autonomy, and accountability, can never be totally eliminated in human service occupations (Kemshall and Wilkinson 2011). With levels of individual accountability seemingly never higher, FRS practitioners’ own belief of self in the workplace may also conceivably be more in question.

Practitioners’ perceptions of their role are affected by whether they see themselves as professionals or administrators (Kemshall and Wilkinson 2011). If, as is suggested in their attitudes to using risk assessment tools, FRS practitioners consider themselves as not professional or expert enough to operate in this way, it is expected that they will be working more as administrators when it comes to defensible decision-making practices. If this is found to be the case, practitioners will be carrying out administrative recording and reporting on their

firesetting cases as “a given”, and as outlined in the CFA 2016 firesetter guidance (p.9), but the professional management of said cases, proportionate to the level of risk and need, may be largely absent. Extending further this notion of FRS practitioners’ self-identity and how it impacts on risk decision-making, the concept of self-legitimacy becomes of huge importance.

### ***Perceptions of self-legitimacy by dominated dominators***

No academic attention has been given to the concept of self-legitimacy within a FRS setting, with early exploratory studies having mostly taken place within the context of police and prison services. Notwithstanding considerations of self-legitimacy appearing to be more naturally suited to criminal justice settings and practitioners who wield power over people’s civil liberties, there are commonalities between the police, prison and fire services that mean FRS practitioners may equally need to “still a voice within” (Kronman cited in Bottoms and Tankebe 2013a, p.63) about their own recognition of entitlement to power (Meško et al. 2017).

All three institutions are uniformed, rank-structured, public-service organisations that operate under strict “command and control” (Le Grand 2010) hierarchies to direct the actions of their personnel (College of Policing 2020). With some prison officers even considering themselves to be an emergency service (Crawley and Crawley 2008), all three services can exert high levels of power and control over those with less authority, especially in times of crisis. Within the parameters of this study, FRS practitioners have the potential to wield huge authority over children who set fires; children who by reason of age alone face a significant imbalance of power in the relationship. Notably, however, the frequency and constancy of these types of interactions will typically be less intense for FRS practitioners and police than they are for prison staff. In light of this and the shared police and fire service core operational duties of

protecting life and property, the transferability of self-legitimacy research pertaining to police officers appears more appropriately aligned to FRS practitioners.

This alignment is borne out when considering that police officers, like FRS staff working at the frontline, are those with the least power in their organisations yet these “dominated dominators” (Bottoms and Tankebe 2013b, p. 153) are the direct representatives of their institutions with the public. Furthermore, the police have a visible, uniformed presence on the streets, with a duty of social intervention where needed (Punch 2000) that is also shared by FRSs. However, as Bottoms and Tankebe assert, despite this high visibility the behaviours of the front-facing “bobby on the beat” are ultimately dominated by senior police officers; just as the judgements of high-ranking FRS commissioners will dominate the actions of FRS staff at the coalface. Equally, Bottoms and Tankebe’s further argument that a single, disastrous high-profile police-public interaction on the street could have major consequences for the whole force, is also true for FRSs. To consider again phase one of the Grenfell Inquiry, no less than 29 recommendations were directly aimed at the London Fire Brigade following this single, disastrous high-profile FRS-public interaction on the street. This “complex dual role” (Bottoms and Tankebe 2013b, p.153) intimates at the dialogic nature of legitimacy (Weber cited in Bottoms and Tankebe 2012), where people, organisations and societal structures are constantly adjusting, contesting and responding to their ongoing interactions (Beetham 1991); an ebb and flow that is also encountered within the concept of self-legitimacy. Perceived audience legitimacy, professional identity, effectiveness, and relationships with managers and colleagues are all cited as necessary for the cultivation of staff self-legitimacy (Tankebe 2014a).

Taking each factor in turn, beginning with audience legitimacy, police officers who feel accepted by citizens express greater confidence in their own legitimacy (Bradford and Quinton 2014). Whilst it is not known to what extent this audience legitimacy shapes FRS practitioners' idea of self-legitimacy, it is feasible that the general high regard members of the public have for FRSs enables practitioners to feel that their identity is validated. With the fire brigade topping a YouGov 2018 poll of the British institutions the public is most proud of (<https://yougov.co.uk/topics/politics/articles-reports/2018/07/04/nhs-british-institution-brits-are-second-most-prou/>), those delivering firesetting interventions may indeed be viewed by the majority of children and young people they work with as having the moral and psychological legitimacy necessary for achieving engagement and desistance (McNeil and Weaver 2010).

Alongside the favourable attitudes of the general public, the institution of the fire service with its history embedded in naval traditions may also assist FRS practitioners to achieve the professional identity and symbolic legitimation connected with self-legitimacy. The uniform, its rank structures, the ceremonies as rites of passage for both new and long-standing public servants, and unique badges – one for each of the 53 UK FRSs all based upon the eight-pointed star of the cross of St. John – can provide the identity, authority and social standing that both confirms and justifies positions of power to staff and to their audiences (Bottoms and Tankebe 2013a). It will be interesting to see if FRS practitioners indeed feel this sense of professional identity, given that they are providing firesetting interventions and not firefighting. If their professional identity has to come instead from credentialism, expertise and autonomy (Mawby and Worall 2013), will these foundations for effectiveness be in any way achievable given the absences in FRS practices that have still not been addressed following findings published by the ODPM fifteen years ago?



With Bradford and Quinton (2014) highlighting a potential association between police effectiveness in crime reduction and increased police officer self-legitimacy, no studies are available to evidence the efficacy of UK firesetting interventions in preventing recidivism in children and young people who set fires. Thus, one could argue that the ability of FRS practitioners to draw upon their effectiveness as a way to cultivate their self-legitimacy will be problematic. In so being, it is anticipated that relationships with managers and colleagues will most directly shape FRS practitioners' self-legitimacy. For amidst the absence of national, standardised frameworks for assessment and no requirement for mandatory training and reflective supervision, practitioners will conceivably have little option but to rely on their managers and peers for quality of decision-making and quality of treatment.

A study of Ghanaian police officers found procedural justice – involving the two tenets of fairness and quality of decision-making procedures (Lind and Tyler 1988) – by supervisors was the strongest predictor of staff self-legitimacy (Tankebe 2014b). A year later, a study of Slovenian police officers similarly evidenced that procedural justice by supervisors predicted self-legitimacy (Tankebe and Meško 2015), whilst officers with a greater sense of self-legitimacy were also those who had good interpersonal relations with colleagues. Involving respect, good communication and trust between staff, as perceptions of positive relationships with colleagues increased, expressions of self-legitimacy amongst police officers similarly improved. Ultimately, it has been established that when officers interact with supervisors they will seek out evidence of fairness and care for their wellbeing as a potential source of self-confirmation or self-verification (Tankebe 2014b). In the context of this study, what is especially noteworthy here is the reference to officer wellbeing.

Citing emotional management as fundamental for firefighters, Scott and Myers (2005) noted how command and control structures, practiced on the fire ground and at fire stations, allow new recruits to learn from “veterans” (p.70) how to express emotions during and following a difficult incident. It is questionable whether FRS practitioners working outside these structures will be provided with the same opportunities as their firefighting colleagues, despite practitioners’ less visible frontline experiences being arguably as adrenalin-filled and traumatic at times.

FRS practitioners working with children and young people who set fires are dealing directly with a highly vulnerable and complex client group, as has been well documented in this chapter. Anticipated to be working under enormous unseen levels of emotional labour, these practitioners will not be immune from the reality that one in every four emergency service workers in England and Wales has thought about ending their life (Mind 2016). The residue of emotional labour on individual practitioners needing to make complex decisions on risk in the likely absence of self-legitimacy should be a cause of concern for individual FRSs, and of strategic significance to the National Fire Chiefs Council (NFCC). The NFCC, as “the professional voice” of UK FRSs that also incorporates CFA (www.nationalfirechiefs.org.uk/About) is a recent confirmed signatory of Public Health England’s Concordat for Better Mental Health 2019, making the impact of emotional labour on a key part of its workforce of crucial operational importance.

### ***The toll of emotional labour without the protection of self-legitimacy***

Emotional labour, a sociological concept coined by Hochschild (1983), describes the ways in which individuals manage and display feelings in order to achieve the goals of the organisation

they work for. Although it was originally developed within the realms of the private sector, more recent academic attention has explored the ways in which public servants use emotional labour as part of their work, including within criminal justice settings. Whether criminal justice practitioners are exercising power or providing support services, emotional labour is at its heart, as efficacy and competency of practitioners is dependent upon the suppression of how they are truly feeling, expressing instead whatever emotion is appropriate for the moment (Guy in Phillips et al. 2020). Due to the similarities that have already been established between firesetting interventions and criminal justice practices, it is apt to consider what the literature says for relevance to the current study.

Hochschild set out three pre-qualifying conditions for a practitioner to engage in emotional labour. The first requires face-to-face or voice-to-voice contact with the public; the second requires a practitioner to alter the emotional state of another person; and the third necessitates a degree of control by a supervisor over the emotional activities of the practitioner. The first criterion is clearly met by FRS staff delivering frontline firesetting interventions to children and young people. The second is similarly met because FSE requires the changing of emotional states, with the emotion of curiosity about fire cited at the beginning of this chapter. Thirdly, the role of managerial relationships and their influence on self-legitimacy would suggest the final criterion is duly met by FRS staff. In changing the emotional state of another person, practitioners are required to manage their own emotions at a time when the behaviour of other people is “often at their worst – injured, upset or angry” (Martin in Phillips et al. 2020, p.561). In this description of police officers’ duties, Martin’s could easily be describing FRS practitioners’ interactions with children and young people who set fires: the potential of a burn injury is always present, and the high incidences of trauma amongst this client group are likely

to lead to displays of intense anger and upset, as is common in the presentations of those impacted by traumatic events (van der Kolk 2015).

Faced with such extreme emotions, it is expected that FRS practitioners will respond in accordance with what are described as feelings rules; the norms “judged appropriate to accompanying events” (Hochschild 1983, p.59), which mask the hidden realities of the more negative and even harmful emotions felt towards their work. Yet creating a “publicly observable body and facial display” (Hochschild 1983, p.7) that is in keeping with behavioural expectations and norms regarding which emotions ought to be expressed and those that ought to be hidden (Rafaeli and Sutton 1989) cannot come without adverse consequences for those practitioners having to suppress their lived emotions. The negative consequences of conforming to emotional labour expectations are well documented, particularly in relation to health-related outcomes and burn out (Hochschild, 1983; Waldron 1994; Fineman 2000; Meyerson 2000; Phillips et al. 2020), where unexpressed and unrecognised emotions can have drastic, long-term impacts. The presence of, and masking of, these powerful feelings becomes relevant to the current study when considering the influence negative emotions have on decision-making. For example, making decisions when frightened can lead to perceived risks being inversely proportional to perceived benefits (Slovic 2007; Slovic and Västfjäll 2010) and also biased interpretations (Sunstein and Zeckhauser 2011).

### ***Research Question***

In considering the main research question of how practitioners in UK FRSs working with children and teenagers who set fires identify those clients requiring psychosocial interventions, a detailed review of the literature has allowed for a substantive theory to emerge. Within this

theory, it is firstly expected that FRSs will be inconsistent in their practices. This is due to the clear absence of assessment tools as recommended in the firesetting research, and a continuation in their use of first generation risk assessment approaches found to be no better than chance. However, it may be that they apply the principles of the RNR and defensible decision-making models, and this research will seek to identify whether this is the case. Given that practitioners see others as the professionals, it is questionable whether such principles, if known, are systematically applied. Secondly, the absence of supportive supervisory relationships and a clear professional identity will be de-legitimizing to practitioners, impacting upon their decision-making ability as they regard others as the true professionals. Finally, applying the concept of emotional labour to firesetting interventions, it is expected that practitioners will hide the negative emotions that accompany their frontline work; an invisibility which, given their deficit of self-legitimacy, will prove highly problematic for this workforce. Through its mixed-methods, explanatory, sequential design, this study will allow for the proposed substantive theory to be rigorously tested and analysed, providing unique insights into a specialist area of risk and harm reduction not previously explored or understood.

## **Methodology**

### ***Research aims and questions***

The aim of this research is to scrutinise the previously unexplored area of how FRS practitioners make decisions about risk when working with children and young people who set fires. It does this by asking the key question of how practitioners in UK FRSs working with children and young people who set fires identify clients requiring psychosocial interventions. Subsequent questions of how confident practitioners are in this identification of risk and need, and to what extent they consider such decision-making as defensible are further explored.

### ***Adopting a methodology***

A mixed-methods, explanatory, sequential design (Creswell and Plano Clark 2011) was adopted to answer the research question. It was originally envisaged that an exploratory study utilising only qualitative methods would best capture the voices of these practitioners who must identify psychosocial need; by facilitating conversations with and between practitioners in the field, “a rich insight into people’s biographies, experiences, opinions, aspirations and feelings” (May 2001, p.120) would be captured in a way that quantitative methodologies cannot facilitate. Yet the literature review revealed a lack of clarity and absence of formalised approaches that the perspectives of those senior managers with ultimate responsibility for this work had to be captured; their views on how practitioners should be directed and supported in their decision-making became a critical addition to the study. An initial scoping exercise deemed a quantitative component to the study to be equally crucial.

When approaching the NFCC for information about firesetting interventions for children and young people, no data was available. Nothing was known about the number of FRSs delivering this work nationally, whether any FRSs were delivering support beyond FSE, or how long

FRSs had been providing this type of work. This gap necessitated a survey of all UK FRSs to establish fully the breadth and type of firesetting interventions undertaken; for only by establishing a wider understanding of this work across FRSs could a context and deeper scrutiny of individual practices be achieved. This mixed-methods approach allowed for a triangulation of data (Denzin 1998) and a more comprehensive and generalisable set of findings, supporting the assertion that “theory generated from just one kind of data never fits or works as well as a theory generated from diverse slices of data on the same category” (Glaser and Strauss 1967, p.68).

## *Survey*

### *Questions*

The online survey was distributed to all 53 UK FRSs (see Appendix I for the complete list), and proved to be a quick, cheap and efficient method for systematically collecting the data (Bachman and Schutt 2003). The first question established if any firesetting intervention is provided by the FRS, and the use of conditional branching within the survey build created a custom path through the questions that varied based upon a respondent’s answer (see appendices II to IV). Informed by the firesetting literature, those FRSs providing firesetting interventions were asked to confirm whether they delivered FSE or psychosocial interventions, and what training, if any, had been received for delivering either service. With confidence a contributory factor in staff self-legitimacy (Bottoms and Tankebe 2012; Tankebe and Meško 2015), respondents delivering either type of intervention were also asked about their confidence levels when identifying the type of intervention required. Confidence levels were measured using the Likert Scale; an ordinal scale that allows participants’ attitudes and opinions to be rated (Bowling 1997). Closed questions captured procedural data, and tick boxes and free text

boxes gave respondents the opportunity to expand on answers previously given, and contribute ideas on the future of this work.

### ***Pilot***

Without robust programme design and sufficient testing, mistakes in online surveys can invalidate findings (Fink 2009). To minimise this risk, Qualtrics software was used to design and host the online survey, and a pilot version was tested by two experienced colleagues: a retired Chief Probation Officer, and a current FRS practitioner working with children and young people who set fires. Neither completed the online survey when distributed, thereby eliminating concern that participants already exposed to a pilot may respond differently to those who have not previously experienced it (van Teijlingen et al. 2001).

Feedback from the pilot ensured an accurate estimated survey completion time for participants. Completing the pilot in under seven minutes, participants in the final survey were advised completion should take no longer than fifteen minutes. Doubling the estimation was designed to be inclusive of any neurodiverse practitioners who may require extra time, but still allowed minimal intrusion of public sector workers “doing more with less”. Tester feedback led to changes in terminology and navigation through the survey, and both testers acknowledged the importance of stating the independence of the research in the survey introduction (see Appendix V), encouraging staff to “scrutinise the objectivity of the investigation” (Snape and Spencer in Ritchie and Lewis 2003, p.20) should they wish to do so.



### ***Distribution and 100% response rate***

The researcher's role as a trainer and supervisor for FRS practitioners' working with children and young people who set fires afforded direct access to the email addresses of 44 FRS teams providing firesetting interventions. Email addresses for the remaining nine UK FRSs were sourced online, ensuring all 53 services were sent the survey at the same time. Due to the trusted relationships nurtured over sixteen years of working in this field, the researcher anticipated surpassing the 44% survey response rate of the 2005 ODPM evaluation. Aided by email prompts sent every 10 days and flexibility over survey response times to cover leave, 83% of UK FRSs (n = 44) completed the survey within the first month of distribution.

Confident that duplication was not the reason for the high response rate because the survey build did not permit more than one response from the same participant, there remained a determination that the survey could represent more UK FRSs. The nudge theory (Thaler and Sunstein 2008) was adopted by the researcher, where telling people what others are doing encourages them to do the same. Those FRSs yet to reply were advised via email that the majority of their peers had responded. Smaller FRSs were encouraged to use their voice and ensure the study was not dominated by the larger metropolitan brigades, the majority of which are on the English mainland. It will remain unknown whether the Welsh, Celtic status of the researcher had any influence but reflexivity in research teaches that social background affects research practice (Hesse-Biber 2007). It is similarly unknown whether a combination of reflexivity, the impact of nudge theory, or a workforce eager to be seen contributed to the survey's 100% response rate. What is certain is this level of representation allows the findings to be generalised across UK FRSs on a scale never previously achieved.

## ***Interviews***

### ***Governing bodies***

In the absence of national guidance, interviews with senior representatives from within the NFCC and HMICFRS could help identify the role governing bodies play in shaping frontline decision-making and perceptions of self-legitimacy. In 2018/19, the HMICFRS inspected all 45 FRSs across England using diagnostic criteria that included the key question, “How well does the FRS work with partner organisations to tackle fire setting behaviour and support the prosecution of arsonists?” (HMICFRS FRS Assessment 2018/19). Yet the request for an interview was declined. The reason stated in an email was that the Inspectorate is not “in a position to offer the level of detail on this subject that you [the researcher] will need” (Staff Officer, HMICFRS). With the Staff Officer duly thanked for their time, the researcher was left pondering how an organisation unable to answer a set of interview questions on FRSs work to address child firesetting behaviour could have sufficient knowledge to inspect and rate them against this same criterion.

### ***Face-to-face interviews***

Interview requests were accepted by the three NFCC senior managers who have overall responsibility for FRS service delivery, youth engagement work, and firesetting interventions for children and young people. Face-to-face interviews were considered necessary due to the potentially sensitive nature of the questions being asked; exploring decision-making in the absence of standardised assessment frameworks with the senior managers arguably accountable for not addressing the gaps in practice identified fifteen years ago demanded sensitivity. Face-to-face, the researcher’s body language and non-verbal cues could communicate an open, non-judgemental line of inquiry.

### ***Schedule***

Consistent with the semi-structured format, the interviews were based around a schedule (see Appendix VI) that allowed for the exploration of new ideas as they arose (Brinkmann 2012). Specifically, the schedule focused on the themes identified in the literature pertaining to the identification of risk, and of defensible decision-making. When discussing the 2005 ODPM evaluation document, one senior manager estimated that over 50% of FRS staff had never heard of this document. This led to the staff interview schedule beginning with a question about awareness of this document. As per a sequential design, each stage of data collection informed the next, including purposive sampling for the focus group and staff interviews.

### ***Focus group***

#### ***Sampling and setting***

A non-probability sampling technique was used for the selection of the focus group participants, allowing for selection based on qualities they possess (Etikan et al. 2015). In this instance the “quality” was geographical location; namely, those practitioners working in the most densely populated NFCC regions of the UK. With focus group interactions used explicitly to generate synergistic data and insights (Morgan 1997), those taking part needed to have a rich source of cases to draw upon. The use of a focus group was also important in view of the emotional labour literature; it was anticipated that the closed group setting would lead to the loosening of prescribed work conformities, as the first focus group studies exploring morale in the US military established that participants revealed sensitive information about themselves when in a safe, comfortable place with people like themselves (Merton et al. 1956).

Seven out of the ten FRSs within the South East England and London NFCC regions participated in the focus group, with three sending apologies. The seven participants were hosted at the headquarters of Hampshire FRS, ensuring invitees from the Isle of Wight had the shortest journey after leaving the ferry. Inclusivity was further achieved by the offer to reimburse participant travel costs, and ensuring any specific access, learning and dietary requirements were accommodated.

### ***Vignettes and schedule***

Held in a closed room, practitioners were seated around one large table to avoid any suggestion of hierarchy. Introductions also avoided asking how long practitioners had worked in this field because of any superior knowledge that might be inferred from longer lengths of service. Equally mindful of the pitfall of ‘groupthink’ (Janis 1971), where decision-making is influenced by the urge to conform or for the discouragement of dissent, participants were assured that there was no right, wrong or “better” answer (Loftland and Loftland 1995).

The focus group was split into two parts and began with a discussion of five vignettes (see Appendix VII), chosen because they are an established research method in exploring decision-making and attitudes in criminal justice (Roberts and Hough 2005). The vignettes were of varying complexity, ranging from a young child playing with a lighter to an older adolescent with a history of self-harm and firesetting behaviour. The vignettes were blended cases from the researcher’s frontline practice, which allowed for authenticity but preserved client confidentiality. The vignettes were not presented in order of age or complexity, thus avoiding an identifiable pattern emerging where every case presented as more complex than the last. Informed by the RNR literature, participants were invited to share their initial thoughts about

the type of firesetting intervention required for each vignette, what informed their decisions, questions on “dosage”, and whether their initial decision-making had changed upon listening to the input of others. In the context of the role of peer relationships in perceptions of self-legitimacy, this latter question sought to identify if reflecting on other colleagues’ perspectives influenced individual decision-making. Exploring practitioners’ work more generally, the schedule for the second part of the focus group (see Appendix VIII) expanded into the domains of confidence and defensible decision-making. This allowed the survey data to be interrogated further, providing a context for the emerging story to be better understood, and which would be explored further in staff interviews.

### *Staff interviews*

### *Sampling and Setting*

The survey respondents who consented to further participation in the study (n=51) allowed for purposive sampling, guaranteeing a practitioner from every nation of the UK and each NFCC region of England was interviewed, with the exception of those represented in the focus group. Additionally, participants with differing, contradictory answers in their survey responses were purposively sampled to bring the “multi-perspectivity that should be borne in mind in sampling” (Merken 2004, p.169).

Telephone interviews provided a pragmatic solution to data collection over such an extensive spread of national participants. Undertaken over two weeks, all 20 interview requests were granted. At short notice one participant emailed reluctance over taking part but a sensitive response restating the research aims and reaffirming confidentiality secured their participation (see Appendix IX).

### ***Schedule***

The semi-structured format and schedule incorporated the different types of interventions FRSs deliver (see appendices X and XI). Building on the use of vignettes to explore the criteria for identifying risk and need, participants were invited to provide their own example of a complex case. This allowed interviewees the opportunity to reveal more readily whether the firesetting risk factors and criminogenic needs cited in the literature are considered, or whether they are developing their own criteria in the absence of standardised assessments. Survey data relating to the CFOA guidance and any available internal policies were also explored for their influence, if any, on quality of decision-making. Finally, participants were asked to consider how defensible their decision-making is, and any concerns they have about this. Completing this final stage of the methodology meant the data analysis could begin.

### ***Data Analysis***

All four data sets were managed, analysed and presented in a systematic way (Noaks and Wincup 2004). The first method of investigating the quantitative data was through reporting descriptive statistics to describe the relationship between the answers across different survey items. Responses to open-ended survey questions necessitated content analysis through the creation of codes and categories, and deliberate interpretation (Bryant 2014). Any emergent themes were then looked for in the qualitative findings, where familiarisation with the data was afforded through transcribing the audio recordings of the focus group and interviews that took place, and analysing the data using framework analysis (Spencer et al. 2003). This close reading of the data ensured the rigorous testing of the substantive theory, interpreted via the criteria of words, their context, and the intensity, specificity and extent of participants' comments (Krueger 1994).

## ***Ethics***

The NFCC granted their support of this study ahead of any fieldwork being undertaken, secured through a series of email messages and a final telephone conversation with the NFCC Head of the Children and Young People's Board.

A research ethics submission for this study was approved by the University of Cambridge, and the study adhered to the ethics guidance of the British Society of Criminology and the protocols of the University of Cambridge's Institute of Criminology's Research Ethics Committee. Close attention was paid to Bryman's (1988) four areas of concern: absence of informed consent; invasion of privacy; harm to participants; and the use of deception.

### ***Informed consent and respect of privacy***

Participant information sheets and consent forms confirmed anonymity, confidentiality and compliance with the General Data Protection Regulation 2018 (see appendices XII and XIII). Alongside confirming understanding of the signed consent form, the terms of participation were outlined at the beginning of every interview, with emphasis placed on the option to withdraw at any time, and without reason. Audio recording was by consent only, and handwritten notes were made during the interview with one participant who declined to be recorded. To preserve anonymity and prevent identification when presenting the research findings, each survey respondent has been randomly allocated a number from 1 to 53, and all focus group and interview participants have been assigned gender-neutral pseudonyms.

### ***Avoidance of harm to participants***

Inviting practitioners to reflect on their practice with children and young people has the potential to evoke anxiety. When one participant became tearful at the end of their interview, recording stopped and a space was provided to discuss the feelings raised. Using the same trauma-informed approaches as when working directly with clients, the researcher was able to provide containment and support to the participant. The participant was calm by the end of the call, and email contact after the interview confirmed no further support was needed.

### ***Transparency***

The researcher's insider status was made clear to all participants, helping to manage expectations of being a "detached researcher" (Robson 2011, p.85) and allowing for an openness about how professional experiences have led to first-hand interest in, and influences upon, this subject. This reflexive stance and "constant process of navigation and negotiation" (Bennett 2016, p.291) that informed how the researcher related to the participants may have helped nurture their willingness to talk openly.

### ***Limitations***

Restricted to the views of FRSs due to time restraints, the study would have benefitted from capturing the perspectives of practitioners from the wider children's workforce who deliver psychosocial interventions. Interviews with members of staff from Child and Adolescent Mental Health Services would have allowed for an exploration of what criteria they use to identify firesetting risk and need, and where areas of commonality can be found amongst FRS



practices, if at all. If present, they could serve to evidence the quality of decision-making, audience legitimacy and professional identity FRS practitioners have in this field.

A further limitation of this study recognises that the researcher is not a theoretical serf (Glaser 1978), and will have influenced the research process and analysis with their own world view. However, the breadth and depth of data captured allows for generalisable themes that authentically represent the views of practitioners from every UK FRS. Similarly, the varied methodologies provided several different steps to maximise the credibility and reliability of the data. Helpfully, the researcher's work as a frontline practitioner with children and families demands the qualities of having objective thought, which was actively applied throughout this study. Therefore, despite the acknowledged limitations, the data can be considered an important first step in accessing this hitherto largely hidden workforce, and understanding how it identifies firesetting risk.

## **Findings and Discussion**

This chapter sets out and discusses the findings of each stage of this study's methodology to address the research questions. Part one introduces and discusses the survey data, and part two explores in turn the rich narrative provided by senior manager interviews, the practitioner focus group and staff interviews. Throughout, the data evidences the three overarching themes as theorised. Firstly, inconsistencies in service provision that include the presence of first generation approaches to identifying risk, and a lack of full adherence to defensible decision-making practices. Secondly, a lack of clear professional identity and absence of supervisory relationships are delegitimising to the extent where others are revered as experts within the children's workforce. Thirdly, there is the invisibility of practitioners' emotional labour, often in environments where their frontline work is awarded scant priority and little recognition.

## PART ONE

### SURVEY FINDINGS

#### Theme One – Inconsistencies in service provision

##### Identification of risk

The theorised inconsistencies in FRS practices are evidenced across the whole of the UK. The full scale of the FRS “postcode lottery” – that where you live defines the quality and availability of public services you receive – emerged early within the survey findings. For some children, being identified for psychosocial interventions to address firesetting risk will be determined not by their presenting behaviour but whether any firesetting intervention service exists (see Table I below).

**Table I – Availability and type of UK FRS firesetting interventions**

Number of UK Fire and Rescue Services (FRSs) (N = 53); online survey results (N = 53)

		Yes	No	
Number of FRSs providing intervention service for children and young people (CYP) who set fires		51	2	
CYP referred to other services for support when no FRS intervention available		1	1	
In the absence of FRS interventions, CYP referred to:				
• Children and Families Social Care		1		
• Other FRS		1		
Reasons given for lack of FRS intervention services:				
• Small size of FRS		1		
• Limited capacity		1		
	Fire safety education (FSE)	FSE and psychosocial interventions		
Type of FRS intervention provided	47	4		
	0-10yrs	11-20yrs	21-29yrs	More than 30yrs
Length of time FRS has provided FSE interventions (n=51)	7	32	10	2
Length of time FRS has provided PS interventions (n=4)	2	1	1	0

It was found that 51 UK FRSs provide FSE interventions, with two FRSs having delivered this service for over 30 years (mode = 11-20 years). Of these 51, four provide psychosocial interventions in addition to FSE, with one FRS delivering this additional provision for over 20 years. In contrast to this intensity and length of service provision, two UK FRSs do not offer any interventions for children and young people setting fires, with lack of capacity and small size of the FRS cited. Of these two FRSs, one makes no onward referral for support for these children, ultimately meaning that this FRS makes no identification of risk regarding firesetting behaviour by children and young people. The second automatically refers all child-set fires to children and families social care, and a neighbouring FRS. This default referral to social care, as instructed by the FRSs internal safeguarding policy, is the first indication that some FRSs see others as responsible for identifying firesetting risk; an equivalent absence of a “moral right to govern” (Bottoms and Tankebe 2012, p.150) as seen within the self-legitimacy dialogue.

### **First generation risk approaches**

First-generation risk assessment approaches relied primarily on the unstructured judgement of skilled practitioners, and have long since been discredited because of their subjective, unempirical qualities and poor predictive accuracy (Bonta 1996). Yet despite these limitations, the positive responses cited by respondents in relation to their confidence when identifying risk (see Table II below) were frequently explained by “years of experience” and the importance of “highly trained” staff.

**Table II – Staff training and confidence levels**

				<b>Yes</b>	<b>No</b>
FRSs delivering FSE interventions (n=51) have trained staff for this specialist role				46	5
FRSs delivering PS interventions (n=4) have trained staff for this specialist role				4	0
	Not at all confident	Not very confident	Somewhat confident	Fairly confident	Very confident
Confidence levels of FRSs (n=51) when identifying CYP requiring support beyond FSE interventions	0	6	14	21	10
Confidence levels of FRSs (n=4) when identifying CYP requiring support beyond PS interventions	0	0	0	3	1

Conversely, those FRSs who identified as less confident cited the absence of training but also a lack of risk assessments. Whilst the 12% (n = 6) of FRSs who are not very confident in their decision-making are clearly in a minority, paradoxically, these are the practitioners that could appear to be most aware of the limitations of professional judgements based on individual experience and training alone. Their low confidence may reflect an understanding that assessments need to be more rigorous and systematic than what are effectively educated guesses. Notably, a respondent who rated their FRS as highly confident went on to describe inconsistencies within the team's knowledge, and how this results in some staff not recognising the need for additional support "early enough" (respondent 17). As theorised, a lack of evolution ultimately inhibits the "objective, impartial and rational" (Lewis 2014) decision-making needed in risk assessments.

### **Defensible decision-making**

Adherence to defensible decision-making practices requires communication with relevant others (Kemshall 1997; Kemshall 1998a; Kemshall 1998b; Monahan 1993), and FRSs

evidenced high levels of knowing where to refer children and young people requiring additional support (see Table III below).

**Table III – Knowledge of where to refer CYP**

	Yes	No
FRSs delivering FSE interventions (n=51) know where to refer CYP for additional support to address firesetting risk	42	9
FRSs delivering PS interventions (n=4) know where to refer CYP for additional support to address firesetting risk	4	0

Social care and multi-agency safeguarding hubs (MASH) featured as the most common sources of onward referral by FRSs, followed by Child and Adolescent Mental Health Services (CAMHS). With police Safer Neighbourhood Teams (SNTs) featuring lowest, it could suggest that FRS practitioners identify firesetting by children and young people more as a public health risk (Tyler et al. 2019) and less a criminal justice one.

Another key feature of defensible decision-making is adherence to agency policies, and respondents identified high levels of awareness of the CFOA Firesetter Guidance Note 2016, with 69% (n = 33) rating it between somewhat, fairly and very useful in identifying additional support for firesetting risk (see Table IV below). This is despite the fact the guidance does not contain any assessment criteria or framework for the identification of risk. It simply states “referrals to other agencies should be made when additional support for the CYP and family is identified” (p.8). Upon probing the explanations given for the positive ratings, they reflected an attitude that something is better than nothing,

“previously there was nothing in place” (respondent 25).

**Table IV – Awareness and usefulness of CFOA Firesetter Guidance Note 2016**

				Yes	No	
FRSs aware of the CFOA Firesetters Intervention Guidance Note 2016				48	3	
	Have not read it	Not at all useful	Not very useful	Somewhat useful	Fairly useful	Very useful
Usefulness of CFOA Firesetters Intervention Guidance Note 2016 in helping identify CYP needing additional support to address firesetting risk	1	1	13	11	15	7

With one FRS not reading the document, 29% of FRSs rated the guidance as not useful due to its limited content, and expressed a desire for a “recognised national approach” (respondent 7). Thus, some FRSs are aware of the inconsistencies in practice that are likely to arise from an absence of national direction in this area, and want this to change.

Ironically, a consistency began to emerge within the inconsistencies of practice; namely, one of the reasons given for 18% (n = 9) of FRSs having no internal written policy for their firesetting intervention work was consistent with the reasons given for lack of staff training: not a service priority (see Table V below). When society demands evidence that all reasonable steps have been taken to reduce perceived risks (Nash 1999), FRSs whose core functions include “protecting life and property in the event of fires” (Fire and Rescue Services Act 2004) are likely to find it difficult to prove as defensible any decision that does not prioritise children and young people who set fires within these specified duties.

**Table V – FRS firesetting intervention policies**

	Yes	No
Number of FRS interventions (n=51) with a written juvenile firesetting intervention policy	42	9
Reasons given for absence of written juvenile firesetting intervention policy:		
• Currently under development	4	
• Lack of resources	1	
• Not important and not a service priority	1	
• Not enough children with the need	1	
• Current policy out of date	2	

The 89% of FRSs (n = 31) who rated their internal written policies as either somewhat, fairly or very useful in helping to identify additional support for children and young people setting fires (see Table VI below) repeatedly cited clear processes as the reason,

“it shows the processes that need to be followed” (respondent 53).

**Table VI – Usefulness of internal FRS policy**

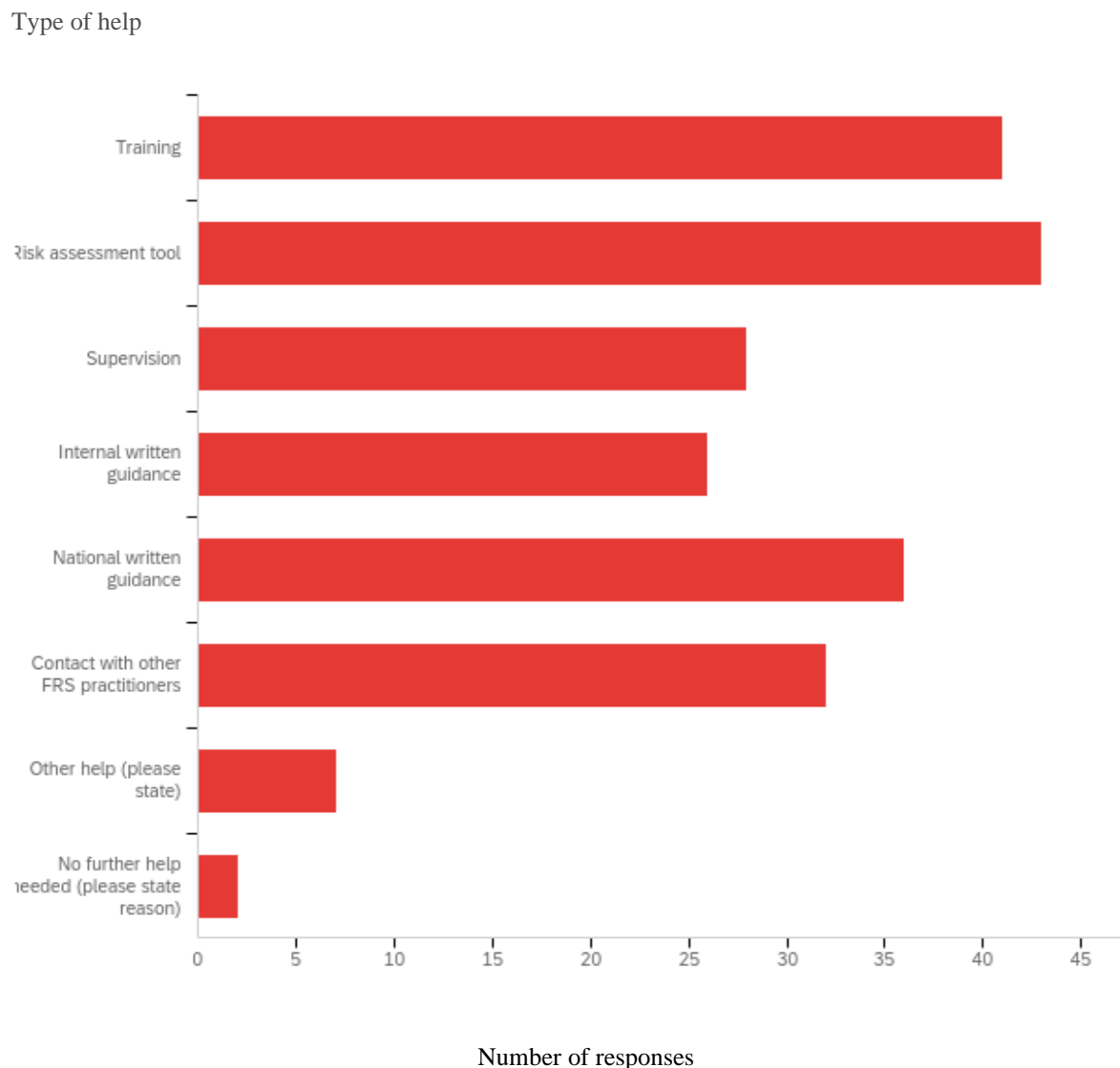
	Yes		No		
FRS written juvenile firesetting intervention policies (n=42) contain information on referring CYP to other services for additional support to address firesetting risk	35		7		
	Not at all useful	Not very useful	Somewhat useful	Fairly useful	Very useful
Usefulness of FRS policy information in helping identify CYP that need additional support (n=35)	0	4	7	16	8

Akin to those FRSs seeking a national steer in the identification of risk, at a local level practitioners also welcomed guidance that can provide quality decision-making; whether or not they consciously realise it, practitioners are seeking a tenet of procedural justice fundamental to achieving self-legitimacy (Tankebe 2014b).



Most notably, when asked what would help FRSs identify those children and young people who require additional support, the majority of respondents (n = 43) selected a risk assessment tool (see Figure I below). This illustrates a desire on the part of FRS practitioners to achieve efficacy in assessments and defensible decision-making that is more robust and rigorous than the first generation approaches currently in place.

**Figure I – Ways to help FRSs identify when additional support is needed**



With each FRS able to select more than one source of future support, national written guidance (n = 36) was the third most popular choice after training (n = 41). With practitioners frequently expressing the need for “consistency” (respondents 30, 38, 42 and 46) across FRSs,

practitioners are seeking more proactive, analytical decision-making underpinned by a national framework. It also appears to suggest that respondents are more aware of the inconsistencies – and vulnerabilities – in their practice than their high confidence levels suggest.

## **Theme Two – Absence of self-legitimacy**

### **Audience legitimacy**

Whilst public perceptions about this work were not cited, one respondent spoke about a “pressure” placed upon them by other services to “solve the firesetting”, because they considered the FRS to be “fire specialists” (respondent 3).

### **Effectiveness**

The high levels of confidence FRSs expressed over the identification of risk would appear self-confirming of practitioners’ efficacy and decision-making. Yet scrutiny of the reasons given portrayed a different image. Whilst many respondents attributed their confidence to experience and professional training, for the majority this was most commonly rooted in “interceding under the guidance of the experts” (respondent 29). Conversely, amongst those staff members who were not very confident in the identification of firesetting risk, inconsistent relationships with external agencies were described. Thus, it appears that confidence about efficacy comes not from within but without; specifically, the other agencies that make up the professional community, most typically social care and safeguarding teams. For the majority of respondents, it is these agencies that have the “expertise of experienced and qualified children’s workforce practitioners” (respondent 12) who can make efficacious, quality decisions.

## **Professional identity**

Barker (2001) asserts that identity and self-legitimacy are “inextricably linked”, yet the perceived professional identity of FRS practitioners was often inconsistent. This is seen in attitudes to training: 100% of FRSs (n=4) who deliver psychosocial interventions have staff trained for this role, but 11% (n=5) of FRSs providing FSE interventions do not undertake any staff training for this equally skilled work. In direct opposition to the firesetting literature that affirms firesetting behaviour requires, “a broad range of knowledge...a broad range of talents and expertise” (Kolko et al. in Kolko 2002, p.183), for some FRSs,

“specialist training is not a requirement of the role or identified in the role profile”  
(respondent 45).

With absence of staff training explained by a “lack of service priorities” (respondent 26), it is hard to envisage how practitioners within these FRSs (n = 5) can develop a sense of professional identity, when contributory factors are professional training and being a part of a professional community (Nugent and Jones, 2009).

## **Supervisory relationships**

Despite FRSs seemingly valuing the role other agencies play in this work, these relationships could not be described as “social capital” (Coleman 1988, p.100). As such, the opportunity this provides for cultivating self-legitimacy, as evidenced in the limited empirical police studies to date, is missed. Indeed, far from providing a self-confidence that has its foundations deeply rooted in social relations (Barbalet 2001), only a small number of FRSs spoke about formalised partnerships with other agencies. Rather than nurturing Coleman’s key tenet of collaborative decision-making, respondents typically described referrals to social care that reflected more

the perceived limitations of FRSs, including their lack of “time and capability” (respondent 23). Whilst not universally stated, the sentiment “we’re not therapists” (respondent 19) echoed the earlier delegitimizing professional status of FRS practitioners.

### **Theme Three – Invisibility**

#### **Emotional labour**

The opportunity for free comment at the end of the survey allowed some respondents to stop the act of emotion management (Hochschild 1979) and reveal more of the “concerns” (respondent 34) and “pressure” (respondent 4) that had emerged earlier in the survey. Behind the suggested confidence existed a long-standing uncertainty and worry about this work,

“The FRS has, for many years, not had an easily identifiable role that has overall responsibility for interventions...Consequently, a situation has developed whereby the nature, number and frequency of such interventions differs significantly by area within the FRS...this is of significant concern as it represents a risk to children, their families and the people we serve, along with a risk to staff and the reputation of the FRS” (respondent 1).

Speaking directly to the substantive theory, this respondent captured all three themes: inconsistency, a lack of legitimacy, and invisible, problematic emotional labour.

## **PART TWO**

### **NFCC SENIOR MANAGER INTERVIEWS**

#### **Theme One – Inconsistencies in service provision**

##### **Identification of risk**

The three NFCC senior managers who have overall responsibility for this work nationally had little awareness about the existence of the 2005 ODPM evaluation, and its key recommendations of developing formal assessments and referral criteria. One manager with a working knowledge of the study admitted that it had no impact on firesetting interventions nationally,

“It was one of the documents that you read and put to bed...nationally, everybody talked about it, everybody said really good, really good, but then went back to their own FRSs. They said, this is my service, we will do what is appropriate for our service.”  
(Francis).

Each senior manager had different levels of awareness about what type of firesetting interventions are provided, and held opposing views on what support should be made available by FRSs. Francis openly advocated that FRSs are “more than capable” of identifying and providing psychosocial interventions, whilst Reece thought the identification and provision of such support by FRSs “a bit odd”, stating,

“I would imagine, I would hope, I would want some sort of qualified person to do that. It doesn't sound like the sort of thing you could pick up over a weekend's course. It sounds like you need to have the education and know what you're doing.

Although correct that psychosocial interventions will require clinical practitioners making clinical evaluations (Kolko 2002), there is an inference that those delivering FSE interventions

need little specialist skill beyond what can be learned from minimal training. In a similar vein, Francis asserted,

“you can train anybody to do a firesetter role...because it is only education.”

These attitudes are in direct opposition to the firesetting literature, which advocates that FSE interventions require practitioners who are “knowledgeable about child development and its relationship to firesetting dynamics” (Pinsonneault et al. in Kolko 2002, p.263).

### **First generation risk approaches**

Senior managers were universally accepting of the fact that FRSs work in different ways and “that’s always going to be the case” (Jamie). Whilst there was positive talk about looking at introducing standards for firesetting intervention work, this was set against a context whereby,

“we’ve got so many different areas of work...and prioritising what they are is going to be difficult” (Reece).

However, any such introduction of national standards was focused purely on staff competencies for working with children and young people – with the role of youth worker as a suggested benchmark – and not the creation of any assessment framework for the identification of firesetting risk.

When exploring how FRSs identify those cases requiring psychosocial interventions, what arrangements exist to match interventions to firesetting risk, and what could help this decision-making, senior managers universally spoke about the importance of experience and training. Alongside an “appetite for risk” (Jamie), experience and training were cited as the most influential factors on practitioners’ confidence levels, to the point where individual discretion

and “flex” (Francis) were considered more important than any formalised assessment procedures,

“If you put something down formally you’d be perhaps swayed by the process as opposed to the personality...relationships are built on personalities as opposed to formal structures” (Francis).

As the dialogue continued and thought processes evolved, two senior managers started to recognise the limitations of these first generation risk approaches,

“individual discretion is flawed in relation to the experiences and exposure a person has” (Jamie).

As the interviews progressed, one senior manager started to recognise fully the vulnerabilities that current practices pose. Almost thinking aloud Reece commented,

“Now I’m thinking about it more, you only need, if you’re a Director of Social Services and a child dies on your watch you are the devil, so, this isn’t one removed away from that”.

Reece began to suggest the need for central co-ordination and national guidance to ensure,

“gaps aren’t missed, making sure there’s a professional way of doing things”.

Yet this emerging recognition was quickly tempered when Reece spoke about the 23% reduction in wholtime firefighters and 40% loss of inspecting officers that UK FRSs have suffered in the last ten years, and resignedly asked,

“So how do you get anyone to do this work?”

Contrastingly, for Francis the absence of direction from the centre was not about resources but a determination for the NFCC “not to dictate” what FRSs should do. Declaring this also to be

the will of Jamie, the inconsistencies across FRSs appears to be less an omission on the part of the NFCC but more a deliberate management style.

### **Defensible decision-making**

Despite the acceptance that this role involves work with children and young people “who have the potential to kill themselves or others” (Francis), all three senior managers were positive and confident about the defensible decision-making practices of FRSs in this work,

“If we’re setting them out to do this type of thing we should have confidence as an organisation that they’re able to do their job” (Reece).

However, when asked what specifically makes practitioners’ decision-making defensible, senior managers spoke only of record-keeping and staff training. No direct reference was made to the tenets of defensible decision-making, or the adoption of this model as an evidence-based way of working. This is surprising, given its current use within risk guidance for health care settings (Nothing Ventured, Nothing Gained: Risk Guidance for People with Dementia, Department of Health, 2010) and Reece making specific reference to having “very good links to Public Health England” in other areas of non-emergency FRS work with vulnerable adults. It was equally surprising to hear a senior manager state that practitioners’ decision-making can ultimately be defended because,

“we can put our hand on our heart and say that staff do the best they can based on the training that they get” (Francis).

In reality, deaths considered by the public to be errors in prediction by professionals, particularly when involving children, can lead to the scapegoating of individual practitioners for something that is not their fault (Shoesmith 2016). It could be especially hard to defend



errors in prediction that were a result of inconsistencies caused by a “lack of adherence to principles of good practice” (ODPM evaluation 2005, p.5) first highlighted fifteen years ago.

## **Theme Two - Absence of self-legitimacy**

### **Audience legitimacy**

All three senior managers spoke with notable pride about the high levels of regard the public has for FRSs. Yet when placed against the context of their attitudes to firesetting intervention work, it appears this is related more to the traditions of firefighting and operational duties.

### **Effectiveness**

Congruent with the predominant view that others are expert in this field, no mention was made of how effective FRSs are in this work.

### **Professional identity**

The notion of FRSs collaboratively working together in a multi-agency framework on the identification of firesetting risk was largely absent. There was no expectation amongst senior managers that FRSs would have any defined roles, responsibilities or formal protocols with other agencies in this regard. The approach was described as “pass it back or pass it on” (Francis),

“if it is anything other than education they [FRS practitioners] pass it on to the professionals” (Francis)

“it [the intervention] moves from being education to being something requiring professionals, it’s about moving a young person through and onto an intervention that works...it’s about how much an FRS wants to invest into a particular young person and how quickly they want to move them on to somebody else” (Jamie).

“It would be good if someone like Public Health England took on the lead” (Reece).

Similarly, Jamie spoke with noticeable determination about the need for FRSs to “discharge their responsibilities” and “move an individual on at a pace” to an agency that “has more responsibility”, reflecting the belief that other agencies are more responsible for addressing child-set fires than FRSs.

As striking, during the interview Jamie spoke about the opinions given as being a “very lay person’s response”. It seems this less well-defined professional identity of FRSs in firesetting interventions, as opposed to firefighting, is leaving some senior managers less confident and lacking in self-legitimacy,

“we’re not expert...we need other expertise...bring people in who know what they’re talking about” (Reece).

This is important given Barker (2001) states “a principal way in which people issuing commands are legitimated is by their being identified as special”. With a discourse that largely suggests their own lack of expertise in this specialist field, it will be difficult for frontline practitioners to look to the most senior managers in this field as a way of reinforcing their self-legitimacy.

## **Supervisory relationships**

With no intent to enact the 2005 ODPM recommendations on standardised assessments and protocols, the approach of the NFCC appeared to be a reversal of the managerialism advanced in the literature. Far from reducing the autonomy of frontline practitioners, senior managers appear to have given responsibility for the identification of firesetting risk to individual practitioners, with little notion of the emotional labour that exists.

## **Theme Three – Invisibility**

### **Emotional labour**

When asked to reflect upon the CFOA Firesetter Guidance Note's reference to "complex cases", and what the criteria might be for identifying such cases, the responses were varied and illuminating. Francis was alert to some of the risk indicators as identified within the firesetting literature, citing the intensity and frequency of the firesetting behaviour, and any history of trauma and adverse familial events. For Jamie, there can be no "tick box" for complex cases because a practitioner's "norms, bias and unconscious bias" will determine how complex a case is. Reece simply commented,

"Wow. I don't know. I'd have to be a child psychologist to answer that properly"  
(Reece).

Despite the brevity of this statement, it is deeply revealing. It evidences that the complexities of this work which practitioners routinely face are invisible to one of the most senior manager's with overall responsibility for this work on a national level. As such, the emotional labour of this work will be equally absent from sight, setting up an expectation that the focus group and staff interviews would evidence practitioners managing emotions under expected social rules

(Hochschild 1979); rules that will not have taken into account the emotional impact of this risk-critical work.

## **FOCUS GROUP**

### **VIGNETTES**

#### **Theme One – Inconsistencies in service provision**

##### **Identification of risk**

The case vignettes produced a vibrancy and synergy of discussion that evidenced, contrary to the substantive theory, there is much consistency in the decision-making across the seven FRSs representing the London and South East Region. When asked to explain their decisions about the type of firesetting intervention required, all participants were confident in identifying FSE as an initial approach to the risk identified. Whilst this could appear a blanket decision towards cases that saw no identification of the different firesetting risks presented, it was reached after careful consideration of the firesetting behaviour presented in each case, discussion about the known family environment, and, notably, hypothesising what other agencies may already be involved or need to be involved in each case, including social care, mental health, and education. Where there was likely to be other agency involvement because of the information given, all participants stated they would make contact to confirm what support was already in place, if any, and the part they could play in this.

For example, in the vignette of Noah who self-harms, is setting fires at school and home, and whose family history included sexual abuse, participants bounced suggestions off one another in a way that appeared reflective of the evidence that practice is at its best when firesetting interventions are collaborative (Palmer et al. 2007),

Taylor: “I would be thinking who is already working with him?”

Cameron: “Yes, and can we complement that? Do we cover our side or could we work alongside?”

Logan: “Can we do a joint visit with whoever else is going to support him in the firesetting?”

This sense of responsibility and desire to actively work with other agencies, as opposed to referring on, was in marked contrast to the sentiments expressed by senior managers. Whilst fully aware of their remit as FSE practitioners – “I only deliver FSE” (Taylor) – Parker enthused about the important support they can offer,

“We are part of the jigsaw puzzle”.

A sentiment that was met with much enthusiastic nodding and vocal agreement.

### **First generation risk approaches**

When asked what was informing the decisions being taken at each step, all participants agreed that their many years of experience and the external training they had received underpinned their approaches. As theorised, the absence of actuarial tools restricted the participants to first generation risk approaches in their heavy reliance on experience and training. The group members confirmed they had all received the same specialist foundation training from an external organisation expert in the field of juvenile firesetting behaviour, and it was this that informed their approach in each of the vignettes. Notably, the group also evidenced fourth generation case formulation, hypothesising how many sessions might be undertaken for each vignette, and the role each agency could have in addressing the firesetting risk. When asked

what was informing this higher level approach, the group was again unanimous in citing training,

“Training, it always comes back to that. I still always refer back to my training notes and stuff, so I know I’m doing the right thing” (George).

Whilst the reliance on experience and training does not detract from the reality that the largest population in the UK is served predominantly by first generation approaches to firesetting risk, the presence of fourth generation thinking as instilled by an external trainer suggests that fifteen years since it was first recommended, formal staff training remains a necessary prerequisite (ACF Research Bulletin 2005).

There was one area where inconsistency across the region was noted in the vignette discussions: dosage. Where one FRS’s standard practice is to visit a child or young person a minimum of three times, another service rarely visited any case more than three times; for other FRSs, the number of visits each vignette demanded would be determined as in “real life”; on a case-by-case basis,

“bespoke to their needs, could be one, could be ten” (Ezra)

This brings into sharper focus the postcode lottery scenario evidenced in the survey, and how the absence of an actuarial tool leaves identification of risk to individual, subjective assessments. It also raises the question as to whether it is a reasonable expectation for any practitioner to be able to identify the level of firesetting risk in one visit, when crafting such formulations requires careful examination of the evidence that gradually emerges over the course of an assessment (Kolko 2002).

When asked what could help address inconsistencies such as those identified in the vignette discussions, one participant suggested the need for formalised risk assessments, which was unanimously welcomed by the group. In synergy with the survey respondents but not national senior managers, those delivering interventions are seemingly aware of the need for more accurate diagnostic formulations, regardless of their level of training and experience.

## **Theme Two – Absence of self-legitimacy**

### **Audience legitimacy**

When discussing six-year-old Ben, the wearing of uniform was considered especially important for building a trusting relationship,

“We are in uniform, we promote that trust and he will talk to us” (Cameron).

### **Effectiveness**

The group displayed high levels of confidence when making decisions together about the vignettes, with no doubts expressed as to how effective their input could be.

### **Professional identity**

A confidence in their professional identity was evident throughout the vignette discussions. Charlie appeared to speak for the whole group when asserting other agencies,

“haven’t got the fire specialism that we’ve got”.



Furthermore, Logan evidenced a confidence to challenge an external professional in their assessment of firesetting risk, stating that the police SNT officer in Lucy's case "isn't correct" in his use of the term pyromaniac, and this would need addressing.

### **Supervisory relationships**

With no supervisors present, the impact of peer relationships upon self-legitimacy appeared to be enacted in the room, as participants appeared imbued with a feeling of self-protection from uncertainty,

"I realise that actually I am doing everything right" (Taylor).

Far from the presence of other professionals causing individual practitioners to possibly reflect upon and change their initial decision-making, this additional input appeared to make their approaches more assured. In so doing, it evidenced the extent to which self-legitimacy is cultivated by peers.

## **Theme Three – Invisibility**

### **Emotional labour**

Buoyed by their mostly united, synergistic decision-making, no evidence of emotional labour emerged during the vignette discussions.

## **FOCUS GROUP**

### **DISCUSSION**

#### **Theme One – Inconsistencies in service provision**

When asked to think generally about the importance of consistency in decision-making across FRSs, there was broad agreement about the need for more directive national guidance, except amongst one participant. Although supportive of consistent service provision in theory, Charlie was sceptical that this “ideal world” thinking could ever be achieved. Presenting a counter argument that acknowledged the different sizes of UK FRSs, the remaining participants spoke passionately about the need for national guidance,

“If we all felt we’re all following the same line...then when you find yourself in a situation like when my team has been blown apart and they [managers] are saying, “Just get on with it for a little while, just do the best you can for a little while”, that I would be able to go back to them and say, “But no, actually the national guidance for firesetting says I need this, this, this, for the team to be successful”. I can’t do that at the moment, I can only say, “I feel like I need’, but that doesn’t always get listened to” (George).

In exposing this absence of managerial protection, the self-legitimacy displayed in the vignettes appeared less certain, and with it the first suggestion of emotional labour as had been intimated in the survey.

## **Theme Two – Absence of self-legitimacy**

### **Audience legitimacy**

For the majority, the wearing of uniform went beyond utilitarian purposes to provide audience legitimacy. As in the field of criminal justice, the uniform is an expressive self-legitimizing function to justify to themselves or others the actions they are taking, and the identities they are expressing or claiming (Barker 2001).

### **Effectiveness**

Like the NFCC senior managers, all participants were in complete agreement that record keeping was the most important way to achieve effective, defensible, decision-making. Similarities with the survey data was seen in the majority of participants expressing high levels of confidence in their identification of risk. This was attributable to training, experience, and the ability to speak regularly with colleagues about casework. For the one participant who felt the least confident in their decision-making, this was due to being the only member of staff in their FRS who works directly with children and young people who set fires. In addition, they described a line manager who does not understand the work this entails,

“it’s difficult when you don’t have someone to talk to” (Taylor).

### **Professional identity**

Despite not being recognised by their managers and peers, the participants belief in their professional identity remained unaltered,

Parker: “People don’t realise what an asset we are”

Ezra: “I’d say the same thing”.

### **Supervisory relationships**

Parker responded to Taylor’s powerful image of being invisible in an organisation of thousands,

“I bet our Authority members don’t know we exist. I bet a large portion of our firefighters don’t know we exist”

revealing an absence of self-legitimacy amongst senior managers and colleagues outside the immediate team.

### **Theme Three – Invisibility**

#### **Emotional labour**

With a lack of recognition taking the form of out-of-date policies for some participants, this became symbolic of the invisibility this work has amongst FRS senior managers. Using the insight afforded from the NFCC senior manager interviews – which suggested that much of the emotional harm from this work will go unnoticed by FRS managers, and consequently kept hidden from view by practitioners – participants were directly asked,

“What are your fears?” (researcher).

The room fell absolutely silent until Parker, who had been a less vocal member of the group, spoke,

“I just think it’s extremely lucky for our service that nothing really that bad has ever happened. I have worries...I think we’re just lucky that nothing has ever happened...I

just feel firesetting work could be torn apart in a second but I don't know how we protect ourselves from that.”

Most startlingly of all, Parker concluded by saying how “ashamed” they felt at working for a fire service that cares so little for its people. The lack of recognition of the emotional labour of this work suddenly became both visible and palpable in the room.

## **STAFF INTERVIEWS**

### **Theme One – Inconsistencies in service provision**

#### **Identification of risk**

Inconsistency continued as the most prevalent and pervasive theme of the study. This is perhaps to be expected given the expectation of one NFCC senior manager that more than half of UK FRSs would be unaware of the 2005 ODPM evaluation. As predicted, the majority of interview participants confirmed they had no knowledge of this document, and its recommended protocols for assessment.

Less expected were the inconsistencies noted amongst the FRSs delivering psychosocial interventions. The two areas of commonality found across the four programmes were, firstly, the need to provide psychosocial interventions had been identified through collaboration with an external, non-FRS organisation. Secondly, the training for this role is delivered by external specialists. Three different psychosocial programmes are provided across the four FRSs; two are designed by two different external specialists from the fields of either risk management or forensic psychology, and delivered by FRS staff. Another programme is provided by a counselling service who are commissioned by the FRS to carry out psychosocial interventions once identified by the FRS.

One FRS delivering psychosocial interventions had developed its own risk assessment tool from “looking at Fineman and Kolko’s assessments” (Alex). Much like the focus group participants, this individual practitioner was using the firesetting literature to help achieve an evidence-based, consistent approach in the identification of risk. A different FRS used the

criterion of age to automatically refer all adolescents for psychosocial interventions, which sits in diametric opposition to defensible decision-making practices that require responses commensurate with the level of risk posed (Kemshall 1997; Kemshall 1998a; Kemshall 1998b; Monahan 1993).

### **First generation risk approaches**

More typically but no less concerning, the remaining FRSs delivering psychosocial interventions did not have any set referral criteria for identifying the children in need of this additional support. Instead, it was left to the discretion of individual practitioners,

“practitioners go into the home, have those conversations and go this is definitely not just a one-off conversation” (Brooklyn)

FRSs delivering FSE interventions only fared little better, the majority having no formal criteria for how children are identified for either FSE or psychosocial interventions. Beyond playing with or setting fire, the one other identified criterion for FSE interventions was age; ordinarily, a requirement for the client to be a child as defined in law. However, some FRSs imposed upper age limits of 16 years’ old and 25 years’ old<sup>1</sup>, neither of which are consistent with the legal definition of a child as a person who has yet to reach their 18<sup>th</sup> birthday (Children Act 1989; Children and Young People (Scotland) Act 2014; Social Services and Well-being (Wales) Act 2014; The Children (Northern Ireland) Order 1995).

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<sup>1</sup> Upon discovering this upper age limit during the research fieldwork, the title of this study was altered to include “young people”.

Like the focus group participants, many interviewees are effectively building their own assessments of risk in an attempt to bring consistency to the identification of children and young people requiring psychosocial interventions. Bailey was typical in describing the areas considered,

“the family background, what the intention and motive of the fire was, any history of firesetting, age, any learning disabilities, any other disabilities at all, trying to get as much information to tailor our sessions appropriately”.

Furthermore, some participants are giving additional consideration to areas that include antisocial behaviours beyond firesetting, antisocial attitudes, school attendance and hobbies. In so doing, they are formulating their own identification of risk using the central eight criminogenic needs. Therefore, amidst first-generation risk approaches practitioners are applying specialist knowledge gained from external training to match risk with need,

“without the training you wouldn’t know what is appropriate to refer...you cannot second guess this” (Toni).

In contrast, Leslie, who described themselves as “not an expert”, had only received in-house training delivered by FRS staff, and used the following approach to formulate decisions on firesetting risk,

Leslie: “If on the first visit they [the child] are brilliant, they're really sorry, I can see they're remorseful, they're crying at the pictures I'm showing them...I'm thinking yeah, this has been a silly mistake.”

Researcher: “Please tell me more about the pictures you show”.

Leslie: “We have a bank of pictures we have of burnt hands and burnt faces”.



Leslie's use of remorse as a way to determine future firesetting risk and dosage was shared by other participants. For some, such decisions were always determined by the availability of resources, which for a number of FRSs meant one visit only, with an exception made if a child or young person has a disability or disorder. Where Leslie's practice was more unusual, although not unique amongst participants, was in adopting the use of short, sharp, shock tactics that have been evidenced as ineffective since the 1980s (Home Office 1984). Notably, the use of these approaches was only mentioned by participants trained by FRS staff. For those who had received formal, external training, it was by the same specialist that had trained the focus group, and the specialist that had trained two of the FRSs in delivering psychosocial interventions. This expert input may explain why some FRS practitioners are able to reflect elements of fourth generation risk approaches in their work.

### **Defensible decision-making**

Absent of the verbal clues provided by the focus group, a change in mood was still detected on the telephone amongst the majority of interview participants when asked about how defensible their decisions would be in the event of a fatal fire. Beyond one participant who commented,

“if anything does go wrong, generally one hopes the system doesn't look for blame”

(Jo)

the most common response was silence, often followed by a nervous laugh and the comment, “good question”. After some reflection, the majority of participants spoke about keeping records, with some discussion of the need for policies.

For those participants who have no written policy, it was described as a source of concern for one but for others it was something they had not thought about before completing the study's survey. As to the CFA 2016 guidance, a form of "back-up" (Lou) was the main reason cited by those who had rated the document as useful in their survey response. Those who considered it not useful spoke about it "not covering me" (Harper) in the event of a case going wrong; language that suggests that in the event of an adverse outcome, the "system" Jo spoke about above does indeed look for someone to blame.

Resembling the opinions of the focus group participants, interviewees placed heavy emphasis on the critical role they believed national guidance could play, particularly in achieving consistency across FRSs, which all cited as important. This was considered especially critical for Pip, whose FRS last trained its staff in 2005, has no written firesetting intervention policy, and keeps no central records or documents that could evidence the work undertaken by FRS practitioners,

"It is a concern and it is something that bothers me personally. But at the end of the day I'm just a small cog" (Pip).

Pip was resolute in the belief that only national guidance containing a consistent, clear direction on minimum standards of performance would bring about the culture change needed, whereby firesetting intervention work has parity with frontline firefighting within the service. Whilst Pip's was perhaps the most startling example of the extent of gaps in practice, the merging together of the absence of self-legitimacy and emotional labour did not make Pip an outlier.

## Theme Two – Absence of self-legitimacy

### Audience legitimacy

Practitioners did not question their legitimacy amongst the general public, frequently citing themselves as trusted and respected, and echoing the assertions of the focus group that their uniform helped engage younger children. However, unlike their focus group colleagues, far from lamenting that other organisations did not recognise the role they could play, there was an overwhelming sense that participants were having to manage external expectations as to the service FRSs could deliver. At its most extreme, Jordan's was a powerful example of how delegitimising the workplace can be for practitioners, and the emotional labour held within,

*"We've recently had a child fire death within this area and the whole serious case review<sup>2</sup>...I'll be honest, we as a service are saying where do we go when we've got someone with more than just basic firesetting who has serious issues. People look to us as a magic wand and I stood up and said "We are not that. We are not skilled to deal with young people with all of these problems". We had done firesetter work with him in the past. We are trained in basic, basic fireplay. This kid had every issue under the sun and yet we were getting asked in the SCR, the astonished looks on people's faces in the SCR, "Why hasn't this worked?" and, honestly, this kid was a teenager when we got him, had complex needs going off the scale and yet we are seen as, I made sure to point out in the SCR that people have got to stop looking at us for the answer to all this. That then leads to looks around the room and people saying "What do we do?" and I don't have the answer for that. No-one does".*

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<sup>2</sup> Current practice is Child Safeguarding Practice Reviews, but the former term Serious Case Review (SCR) remains in common usage.

Jordan's burning sense of despair and frustration could be heard in every word spoken over the telephone. The perceived scrutiny of the efficacy of the work undertaken, calling into question the quality of decision-making, and being treated unfairly are wholly delegitimizing. Most of all, Jordan believes that no-one has an answer to this, which is of little surprise when a lack of managerial support is absent at the most national senior level.

### **Effectiveness**

Akin to the NFCC senior managers and focus group participants, effectiveness was expressed mostly through high confidence levels, which were again attributed to training and experience. Evidence of efficacy for some participants was also the low re-referral rates of children and young people who received FSE interventions, and not being invited to visit a home again. For these practitioners, a lack of evidence was confused with positive evidence of efficacy, and suggested that practitioners are seeking confirmation of their moral authority when it is rarely found amongst managerial relationships.

### **Professional identity**

Like Jordan above and the NFCC senior managers, the language predominantly used by interviewees reiterated the notion that the FRS is "no expert" (Blessing) in this work. The strong sense of professional identity shared by the focus group was not in evidence during telephone conversations conducted alone.

## **Supervisory relationships**

Participants rarely spoke about legitimating relationships with managers, and on the few occasions they were in evidence this was mostly attributed to luck,

“The line manager overlooking the scheme has been there for a very long time, twenty plus years, so there has been an evolution of understanding...We're lucky with that. Take that line management out of there and have someone completely new in, which is often the case in the fire service...the support for our team would be really, really difficult. It would literally be then only peer support” (Riley).

Riley's observation on the importance of peer support in the absence of managerial support was accurate. The majority of practitioners cited their immediate peers as their main source of self-legitimacy. It is noteworthy that this was again attributed to luck, especially regarding the length of time someone had been in post.

## **Theme Three – Invisibility**

### **Emotional labour**

When asked to describe a complex case, every practitioner relayed the pains of their work. Free of the requirement to manage emotions and achieve organisational norms, the tears flowed for some. Detailed explanations of cases were given, which routinely involved traumatic events such as child sexual abuse, physical abuse against children, child criminal exploitation, arson attacks in family homes and life-changing burns injuries. One participant described witnessing a knife attack between a child and their step-parent during a home visit. The full

extent of practitioners' emotional labour was revealed bare in a way the survey and focus group discussions had not. Work was described as,

“distressing” (Casey)

“horrendous” (Em)

“upsetting” (Gabriel)

“we all have the same pain” (Evelyn)

“I worry a lot to be fair” (Charity)

“It causes me concern. I don't know if it causes anybody else any concern, but it causes me concern” (Billy).

“They [senior managers] don't really care that much, especially if they [firesetting interventions] are done by a low life like me, a non-uniformed bloody woman...They don't want to know” (Alex).

For Alex, the absence of procedural justice from managers, her perceived lower status as a woman, and lack of professional identity due to not being an operational firefighter, had led her to hide her emotions on an especially difficult case. By her own admission, the burying of these emotions ultimately impacted on her risk decision-making. Working for an FRS whose youth firesetting intervention provision extends beyond the age of 18, Alex was left providing psychosocial interventions for a 22-year-old man with a long history of childhood trauma, abuse and firesetting behaviour. Anxious that she was not clinically trained to address his complex needs, she did not speak with her managers about her concerns for fear she would be dismissed as weak and unprofessional. During the course of their work together, the young man set another fire and was recalled to prison. Whilst in prison, he killed his cellmate.

## **Conclusion**

This study sought to address gaps in the firesetting literature by exploring how UK FRS practitioners identify children and young people whose firesetting risk requires psychosocial intervention. It identified three core themes: inconsistencies in service provision; an absence of staff self-legitimacy, and the invisibility of emotional labour. Broadly, these findings support existing theories on the need for assessment tools to identify risk and enhance treatment planning; the delegitimizing impact upon staff when professional identity and supportive managerial relationships are absent; and the hidden harms of emotional labour. However, their application for the first time to FRS practitioners enriches the current literature through the new perspectives it provides.

As theorised, the absence of standardised assessments is leading to predominantly first generation risk approaches, relying predominantly on individual training and experience that leaves decisions susceptible to the subjectivity of human behaviour. Practitioners who have received external, specialist training used their acquired knowledge to make decisions based on the risk factors for firesetting behaviour, with some also giving consideration to criminogenic needs and case formulation that was akin to fourth generation practices. The positive impact of this training upon the identification of risk makes it an area worthy of study, with particular emphasis placed on scrutinising the content of what is delivered.

Legitimacy theory predicted an absence of managerial relationships that proved to be hugely problematic and delegitimizing for practitioners. The majority of practitioners have such little sense of their own professional identity that they would frequently describe others as

professionals, and themselves as “not the experts”; reflecting language that was commonly used by the NFCC senior managers responsible for this work nationally. Where perceptions of self-legitimacy were most in evidence, this was shaped and cultivated by supportive colleague relationships.

Denied the opportunities important in engendering self-legitimacy, practitioners were especially vulnerable to emotional labour. As anticipated, practitioners frequently kept hidden from view the negative, harmful emotions that accompany working with a client group well-documented in the literature as frequently presenting with trauma.

The mixed-methods, explanatory, sequential design proved beneficial in exploring the research questions, providing both breadth of data and thick descriptions. The survey identified for the first time the scale of FRS firesetting interventions across the UK, with a 100% response rate that allows the findings to be generalisable across all FRS settings. The use of the nudge theory in securing this high response rate is a useful reflection point for other researchers. Similarly, the reflexive, insider status of the researcher and this impact on participant engagement is worthy of further consideration, as the only other large-scale evaluation involving FRS firesetting practitioners generated a 44% survey response rate.

The face-to-face NFCC interviews and focus group allowed the dialogic nature of the legitimisation process to be witnessed close-up, providing rich evidence of how staff self-legitimacy is shaped from above by managers and laterally by colleagues. The focus group participants exhibited the highest levels of moral authority in their work, combining to produce a joint effect greater than the sum of their separate parts. In contrast, staff interviews made



alone by telephone call appeared to mirror the isolation of emotional labour, seemingly enabling a transference of feeling that exposed usually hidden emotions. The limitation of this study in involving only FRS practitioners indicates there may be value in considering the involvement of other members of the children's workforce in future focus groups, particularly those from social care who are deemed by many within the FRS to be the rightful experts in this work. In addition to future research that could test further the themes identified here in a wider context, it could support the beginnings of constructive relationships across the different agencies working to address child-set fires.

The recommendations for frontline practice largely relate to the central role the NFCC must now play in addressing the themes evidenced in this study. It would be arguably neglectful of NFCC senior managers to ignore the views expressed by all 53 FRSs in a study the NFCC supported, and authorised staff to participate in. It is within the NFCC's agency to take the steps needed to address the three themes identified, by actioning the three key areas practitioners highlighted as most useful in the identification of firesetting risk – a risk assessment tool, training, and national written guidance.

An immediate review of the current CFOA Firesetter Guidance Note 2016 would need to pay particular attention to the reasons why nearly 30% of FRSs rated it as not useful; namely, that it does not offer any assessment or referral criteria for the identification of firesetting risk. New, mandatory guidance will need to include a clear direction on this, as informed by the firesetting and risk literature. In addition, the guidance can set out the tenets of defensible decision-making, which includes instruction on appropriate levels of staff training, delivered by recognised experts in the field of firesetting behaviour and risk management. The guidance

would further benefit from incorporating the 2005 ODPM evaluation recommendations, particularly around the creation of formal referral pathways across agencies, thereby helping to improve consistency across FRSs, and establish the professional identity of FRS practitioners carrying out this work. Crucially, the new guidance must place emphasis upon the language used throughout the document, citing FSE firesetting interventions as an expertise that is delivered by highly skilled professionals within FRSs. Whilst each of these will help shape the cultivation of self-legitimacy, the requirement to support the wellbeing of staff carrying emotional labour is paramount. With the NFCC a recent signatory of the Public Health England mental health concordat, it would appear an appropriate time to mandate for practitioners to receive supervision that can prove formative and restorative for those undertaking this highly complex work.

Finally, the Research and Development arm of the NFCC is perfectly placed to commission the development and testing of a firesetting risk assessment tool for use by FRS practitioners. This comes with the caveat that assessments do not offer a panacea, and practitioners, policy makers and academics must always hold as truth our children and young people are not members of aggregate groups needing to be held to account for their actions, but individuals deserving of being supported and cared for. Against this backdrop, the moral and practical imperative for change in this impressive field of work has arguably never been greater.

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## **Acts of Parliament**

Children Act 1989

Children and Young People (Scotland) Act 2014

Fire and Rescue Service Act 2004

Social Services and Well-being (Wales) Act 2014

The Children (Northern Ireland) Order 1995



## Appendices

### Appendix I

#### UK Fire and Rescue Services by NFCC region

##### *East Midlands*

Derbyshire FRS  
Leicestershire FRS  
Lincolnshire FRS  
Northamptonshire FRS  
Nottinghamshire FRS

##### *London*

London Fire Brigade

##### *North Western Region*

Cheshire FRS  
Cumbria FRS  
Greater Manchester FRS  
Isle of Man FRS  
Lancashire FRS  
Merseyside FRS  
Northern Ireland FRS

##### *South Eastern Region*

Buckinghamshire FRS  
East Sussex FRS  
Hampshire FRS  
Isle of Wight FRS  
Kent FRS  
Oxfordshire FRS  
Royal Berkshire FRS  
Surrey FRS  
West Sussex FRS

##### *Wales*

Mid and West Wales FRS  
North Wales FRS  
South Wales FRS

##### *Yorkshire and Humberside Region*

Humberside FRS  
North Yorkshire FRS  
South Yorkshire FRS  
West Yorkshire FRS

##### *Eastern Region*

Bedfordshire FRS  
Cambridgeshire FRS  
Essex FRS  
Hertfordshire FRS  
Norfolk FRS  
Suffolk FRS

##### *North Eastern Region*

Cleveland Fire Brigade  
County Durham and Darlington FRS  
Northumberland FRS  
Tyne and Wear FRS

##### *Scotland*

Scottish FRS

##### *South Western Region*

Avon FRS  
Cornwall FRS  
Devon and Somerset FRS  
Dorset and Wiltshire FRS  
Gloucestershire FRS  
Guernsey FRS  
Isles of Scilly FRS  
Jersey FRS

##### *West Midlands*

Hereford and Worcester FRS  
Shropshire FRS  
Staffordshire FRS  
Warwickshire FRS  
West Midlands FRS

## Appendix II

### Custom path of survey questions where no intervention identified

1. Does your FRS provide a juvenile firesetting intervention service for children and young people who set fires?

☐ Yes

☒ No

2. Please state the reason(s) for not providing this service.

3. Do you refer children and young people with firesetting behaviour to other services for support?

☐ Yes      Where yes, respondents automatically directed to question 4

☐ No      Where no, respondents automatically directed to question 6

4. Where do you refer children and young people for support to address their firesetting behaviour (tick all that apply).

☐ Children and Families Social Care (social services)

☐ Multi Agency Safeguarding Hubs (MASH)

☐ Child and Adolescent Mental Health Services (CAMHS)

☐ Police Safer Neighbourhood Teams (SNT)

☐ School

☐ Other (please state)

5. What helps inform your decisions on where to refer children and young people for support to address their firesetting behaviour?

6. Please use this space to make any final comments you would like to add.

7. If selected, I consent to being contacted for an interview as part of this study.

☐ Yes

☐ No

This is the end of the survey. Thank you for taking part. All respondents will receive an electronic summary of the study's findings when available.

## Appendix III

### Custom path of survey questions where FSE and psychosocial interventions identified

1. Does your FRS provide a juvenile firesetting intervention service for children and young people who set fires?

☒ Yes

☐ No

2. What type of juvenile firesetting intervention does your service provide?

☐ Fire safety education i.e. teaching about the dangers of fire and providing age-appropriate fire safety advice

☐ Psychosocial interventions i.e. cognitive behavioural treatments and/or behavioural therapies

☒ Both

3. How long has your FRS provided fire safety education interventions for children and young people who set fires?

☐ 0 - 10 years

☐ 11 - 20 years

☐ 21 - 29 years

☐ More than 30 years

4. All staff delivering fire safety education interventions to children and young people who set fires receive training applicable to this specialist role.

☐ Yes If yes, respondents are automatically directed to q.5

☐ No If no, respondents are automatically directed to q.6

5. Please list the training provided.

6. Please state the reason training has not been provided.

7. How confident are you as an FRS at identifying those children and young people who require support beyond fire safety education to address their firesetting behaviour?

- ☐ Very confident
- ☐ Fairly confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not at all confident

8. Please state your reason for the answer given in the previous question.

---

9. Do FRS practitioners delivering fire safety education know where to refer children and young people for additional support to address their firesetting behaviour?

- ☐ Yes      If yes, respondents are automatically directed to q.10
- ☐ No        If no, respondents are automatically directed to q.11

10. When identifying those children and young people who require support beyond fire safety education to address their firesetting behaviour, which agencies do your FRS practitioners refer to (tick all that apply)?

- ☐ Internal referral i.e. FRS practitioners that deliver psychosocial interventions
- ☐ Children and Families Social Care (social services)
- ☐ Child and Adolescent Mental Health Services (CAMHS)
- ☐ Multi Agency Safeguarding Hubs (MASH)
- ☐ Police Safer Neighbourhood Teams (SNT)
- ☐ School
- ☐ Other (please state)

11. How long has your FRS provided psychosocial interventions for children and young people who set fires?

- ☐ 0 - 10 years
- ☐ 11 - 20 years
- ☐ 21 - 29 years
- ☐ More than 30 years

12. All staff delivering psychosocial interventions to children and young people who set fires receive training applicable to this specialist role.

☐ Yes      If yes, respondents are automatically directed to q.13

☐ No      If no, respondents are automatically directed to q.14

13. Please list the training received

14. Please state the reason training has not been provided.

15. How confident are you as an FRS at identifying those children and young people who require support beyond psychosocial interventions to address their firesetting behaviour?

☐ Very confident

☐ Fairly confident

☐ Somewhat confident

☐ Not very confident

☐ Not at all confident

16. Please state your reason for the answer given in the previous question.

17. Do FRS practitioners delivering psychosocial interventions know where to refer young people for additional support to address their firesetting behaviour?

☐ Yes      If yes, respondents are automatically directed to q.18

☐ No      If no, respondents are automatically directed to q.19

18. When identifying those children and young people who require support beyond psychosocial interventions to address their firesetting behaviour, which agencies do your FRS practitioners refer to (tick all that apply)

☐ Children and Families Social Care (social services)

☐ Child and Adolescent Mental Health Services (CAMHS)

☐ Multi Agency Safeguarding Hubs (MASH)

☐ Police Safer Neighbourhood Teams (SNT)

☐ School

☐ Other (please state)

19. Are you aware that the National Fire Chiefs Council has produced firesetting intervention guidance (entitled CFOA Firesetters Intervention Guidance Note 2016)?

☐ Yes      If yes, respondents are automatically directed to q.20

☐ No      If no, respondents are automatically directed to q.22

20. How useful is this guidance in helping identify those children and young people who need additional support in addressing their firesetting behaviour?

☐ Very useful

☐ Fairly useful

☐ Somewhat useful

☐ Not very useful

☐ Not at all useful

☐ Have not read the guidance

21. Please state your reason for the answer given in the previous question.

22. Aside from the CFOA Firesetters Intervention Guidance Note 2016, does your FRS have a written juvenile firesetting intervention policy?

☐ Yes      If yes, respondents are automatically directed to q.24

☐ No      If no, respondents are automatically directed to q.23

23. Please state the reason for not having a written juvenile firesetting intervention policy.

24. Does your written juvenile firesetting intervention policy contain information on referring children and young people to other services for additional support to address their firesetting behaviour?

☐ Yes      If yes, respondents are automatically directed to q.25

☐ No      If no, respondents are automatically directed to q.27

25. How useful is this policy information in helping identify those children and young people who need additional support in addressing their firesetting behaviour?

☐ Very useful

☐ Fairly useful

☐ Somewhat useful

- ☐ Not very useful
- ☐ Not at all useful

26. Please state your reason for the answer given in the previous question.

27. What would help your FRS identify those children and young people who require additional support to address their firesetting behaviour?

- ☐ Training
- ☐ Risk assessment tool
- ☐ Supervision
- ☐ Internal written guidance
- ☐ National written guidance
- ☐ Contact with other FRS practitioners
- ☐ Other help (please state)

- ☐ No further help needed (please state reason)

28. Please use this space to make any final comments you would like to add.

29. If selected, I consent to being contacted for an interview as part of this study.

- ☐ Yes
- ☐ No

This is the end of the survey. Thank you for taking part. All respondents will receive an electronic summary of the study's findings when available.

## Appendix IV

### Custom path of survey questions where FSE intervention identified

1. Does your FRS provide a juvenile firesetting intervention service for children and young people who set fires?

☒ Yes

☐ No

2. What type of juvenile firesetting intervention does your service provide?

☒ Fire safety education i.e. teaching about the dangers of fire and providing age-appropriate fire safety advice

☐ Psychosocial interventions i.e. cognitive behavioural treatments and/or behavioural therapies

☐ Both

3. How long has your FRS provided fire safety education interventions for children and young people who set fires?

☐ 0 - 10 years

☐ 11 - 20 years

☐ 21 - 29 years

☐ More than 30 years

4. All staff delivering fire safety education interventions to children and young people who set fires receive training applicable to this specialist role.

☐ Yes      If yes, respondents are automatically directed to q.5

☐ No      If no, respondents are automatically directed to q.6

5. Please list the training provided.

6. Please state the reason training has not been provided.

7. How confident are you as an FRS at identifying those children and young people who require support beyond fire safety education to address their firesetting behaviour?



- ☐ Very confident
- ☐ Fairly confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not at all confident

8. Please state your reason for the answer given in the previous question.

---

9. Do FRS practitioners delivering fire safety education know where to refer children and young people for additional support to address their firesetting behaviour?

- ☐ Yes      If yes, respondents are automatically directed to q.10
- ☐ No        If no, respondents are automatically directed to q.11

10. When identifying those children and young people who require support beyond fire safety education to address their firesetting behaviour, which agencies do your FRS practitioners refer to (tick all that apply)?

- ☐ Internal referral i.e. FRS practitioners that deliver psychosocial interventions
- ☐ Children and Families Social Care (social services)
- ☐ Child and Adolescent Mental Health Services (CAMHS)
- ☐ Multi Agency Safeguarding Hubs (MASH)
- ☐ Police Safer Neighbourhood Teams (SNT)
- ☐ School
- ☐ Other (please state)

11. Are you aware that the National Fire Chiefs Council has produced firesetting intervention guidance (entitled CFOA Firesetters Intervention Guidance Note 2016)?

- ☐ Yes      If yes, respondents are automatically directed to q.12
- ☐ No        If no, respondents are automatically directed to q.14

12. How useful is this guidance in helping identify those children and young people who need additional support in addressing their firesetting behaviour?

- ☐ Very useful
- ☐ Fairly useful

- ☐ Somewhat useful
- ☐ Not very useful
- ☐ Not at all useful
- ☐ Have not read the guidance

13. Please state your reason for the answer given in the previous question.

---

14. Aside from the CFA Firesetters Intervention Guidance Note 2016, does your FRS have a written juvenile firesetting intervention policy?

- ☐ Yes      If yes, respondents are automatically directed to q.16
- ☐ No        If no, respondents are automatically directed to q.15

15. Please state the reason for not having a written juvenile firesetting intervention policy.

---

16. Does your written juvenile firesetting intervention policy contain information on referring children and young people to other services for additional support to address their firesetting behaviour?

- ☐ Yes      If yes, respondents are automatically directed to q.17
- ☐ No        If no, respondents are automatically directed to q.19

17. How useful is this policy information in helping identify those children and young people who need additional support in addressing their firesetting behaviour?

- ☐ Very useful
- ☐ Fairly useful
- ☐ Somewhat useful
- ☐ Not very useful
- ☐ Not at all useful

18. Please state your reason for the answer given in the previous question.

---

19. What would help your FRS identify those children and young people who require additional support to address their firesetting behaviour?

- ☐ Training
- ☐ Risk assessment tool

- ☐ Supervision
- ☐ Internal written guidance
- ☐ National written guidance
- ☐ Contact with other FRS practitioners
- ☐ Other help (please state)

- ☐ No further help needed (please state reason)

20. Please use this space to make any final comments you would like to add.

21. If selected, I consent to being contacted for an interview as part of this study.

☐ Yes

☐ No

This is the end of the survey. Thank you for taking part. All respondents will receive an electronic summary of the study's findings when available.

## Appendix V

### Survey



#### Juvenile Firesetting Research Survey

Welcome to this survey, which is part of a wider research study that aims to establish what interventions, if any, UK Fire and Rescue Services (FRSs) provide to children and young people who set fires.

The study is also interested in exploring how staff identify those children and young people that require additional support to address their firesetting behaviour, and how confident staff feel in this decision making. The researcher and study are both fully independent of the National Fire Chiefs Council (NFCC). However, the NFCC encourages all FRSs and their staff to take part in the study wherever possible. This is with the aim that a national overview and insight into the juvenile firesetting intervention work carried out by FRSs can be captured.

Depending upon whether or not your FRS provides an intervention service to children and young people who set fires, and if so what type of support is provided, you will be presented with a maximum of thirty questions to answer. The study should take no longer than fifteen minutes to complete, and you will receive a summary of the survey's findings when published as a thank you for your time in taking part.

Please be assured that your responses will be kept completely confidential. Furthermore, your participation in this research is completely voluntary. You have the right to withdraw from the study, for any reason and without prejudice, until 1 September 2019 (after which point the data will be analysed to inform the wider research study). All data collected is processed according to the General Data Protection Regulation 2018.

If you would like to contact the research lead to discuss further any aspect of this survey or study, please e-mail Joanna Foster on [jef63@cam.ac.uk](mailto:jef63@cam.ac.uk)

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age or over, and that you are aware that you may choose to terminate your participation in the study for any reason.



I consent, begin the study.



I do not consent. I do not wish to participate.

## Appendix VI

### NFCC interview schedule

#### Background/setting the scene

The only published, national evaluation of firesetting work currently available is the document entitled 'Evaluation of Interventions with Arsonists and Young Firesetters'. The evaluation was commissioned by the ODPM, the research was carried out by the University of Leicester and its findings were published in 2005. In this document, it recommended the development of two distinct types of intervention:

- i) **Education i.e. fire safety,**
  - ii) **Treatment programmes, i.e. what are described as psychosocial interventions, which address the psychological and social factors associated with firesetting. An example of a psychosocial intervention would be cognitive behavioural treatment.**
1. How, if at all, has the 2005 evaluation helped inform your decision making on the best type of intervention for FRSs to provide to children and teenagers who set fires?
  2. To your knowledge, how readily available are psychosocial interventions across FRSs?
  3. To the best of your knowledge what are the agreed roles and responsibilities of FRSs and partner agencies in relation to juvenile firesetting interventions?
  4. What formal pathways do FRSs have to refer children in need of psychosocial interventions to other services?
  5. How confident do you think FRS staff are in their decision-making when it comes to identifying differing levels of risk and need, i.e., those cases that require fire safety education alone, versus those requiring psychosocial interventions?
  6. The CFA Firesetters Intervention Guidance Note 2016 talks about the involvement of other agencies in 'complex cases' of children and young people with firesetting behaviour. What would you suggest as possible criteria for 'complex cases'?
  7. In the absence of specific guidance on what defines a 'complex case', what do you think FRS practitioners are drawing upon to identify those children and young people in need of additional interventions?
  8. Do you think more specific guidance would be helpful in the decision to refer children and teenagers for psychosocial interventions, or is individual discretion on the part of the practitioner more important?
  9. Social workers and youth offending team officers have standards documents for working with children whose behaviour is harmful, and National Occupational Standards exist for firefighting staff. As far as I am aware there are no similar, national standards for FRS practitioners working with children and young people who set fires. What do you consider might be helpful in this area?

10. In a worst-case scenario where a case 'goes wrong' i.e. a child who received intervention from a fire service goes on to significantly harm themselves or another person in another fire they set, how confident are you that staff could defend the decisions they took?

11. Finally, what do you think could help improve practitioners' work and decision-making in this area?

**That is the end of the interview. Is there anything further you would like to say or ask me?**

## **Appendix VII**

### **Focus Group vignettes**

#### **Vignette One**

Eight-year-old Rhys is an only child who set a fire at home by placing pieces of paper in the toaster. Rhys has ADHD and attachment disorder, and lives at home with his paternal grandparents as his parents were killed in a road traffic accident when he was four. His gran has caught him playing with a lighter twice before. Rhys has a teaching assistant at school.

#### **Vignette Two**

Seventeen-year-old Kevin is caught playing with a lighter and an aerosol in the school yard, trying to recreate a stunt on You Tube in front of his friends. Kevin has never set fires before but has regularly been found smoking in the school toilets. Kevin lives at home with mum and three siblings, having regular contact with dad. Mum is in a new relationship with a man from the local travelling community.

#### **Vignette Three**

Eleven-year-old Noah has a history of setting fires at home and at school, and self harms. His father is in prison after Noah's younger brother disclosed sexual abuse. Noah lives at home with his brother and mother at weekends and holidays, attending a residential school during the week for children with emotional and behavioural difficulties.

#### **Vignette Four**

Fourteen-year-old Lucy sets a fire in the street. When speaking with the Safeguarding Officer at Lucy's school, he comments that Lucy is a "pyromaniac". Lucy has set fires at home including burning her school books, and has burnt herself twice. She lives at home with mum and has no contact with either set of grandparents. Lucy is bullied at school because of her poor personal hygiene and dirty school uniform.

#### **Vignette five**

Six-year-old Ben sets a fire at home using a lighter. Ben lives at home with his mother and three older brothers aged 16 to 23, all of whom are smokers. Dad is not allowed access to the family home because of a restraining order due to violence against mum. Dad sees all four boys once a month at a local contact centre. Ben has been identified at school as "gifted and talented".

## **Appendix VIII**

### **Focus Group Schedule**

1. What is most important in shaping your decision-making when identifying the type of intervention children and young people need to address their firesetting behaviour?
2. How confident do you feel in this decision-making?
3. How important for you is consistency in decision-making across FRSs?
4. What is currently in place to ensure that your decision-making is defensible?  
Is there anything that concerns you in your decision-making processes?
5. What, if anything, needs to be put in place to help improve your ability to make risk-critical decisions in this work?

**That is the end of the focus group. Is there anything further you would like to say or ask me?**



## Appendix IX

### Email response to study participant who sought to withdraw from telephone interview at short notice

-----Original Message-----

From: J.E. Foster [mailto:[jef63@cam.ac.uk](mailto:jef63@cam.ac.uk)]

Sent: 26 September 2019 09:12

To:

Subject: Interview participation

Importance: High

Hello [REDACTED],

Many thanks for your below update and I wonder if it is at all possible that I can change your mind, please?

This is because, firstly, all the interview participants were selected to ensure every country and region of the UK are represented. I am very passionate about all of the UK being included, and would be really disappointed to know that [REDACTED] would not be represented.

Secondly, the contribution of every FRS is valuable. I have spoken to FRSs that have no written firesetting policies and those that do; those that have been doing this work for a short time and those that have offered intervention for over 30 years. What is crucial is capturing where FRSs are at this moment in time in the interventions they provide. Similarly, to capture FRSs that are making changes to their service in light of training and/or new guidance is really critical. Therefore, capturing this would be highly valuable indeed.

Thirdly, there is no 'right or wrong' answers to the interview. Describing accurately your firesetting work is the right and valuable answer.

Finally, FRSs will not be named in my findings and so it will not be possible to identify your service and its practices.

It is absolutely your right to withdraw from the interview despite providing earlier consent, and I will respect this decision. However, if you felt comfortable to be interviewed upon reflection of this message, then I would be really very grateful.

Whatever your final decision, my thanks to you and your service for your time and support to date in this study. It is hugely appreciated and I will of course send you a summary of my findings when available.

With kindest regards ever,

Joanna.

Joanna Foster  
Researcher, University of Cambridge

## Appendix X

### Interview schedule for FRSs delivering psychosocial interventions

#### Background/setting the scene

The only published, national evaluation of firesetting work currently available is the document entitled 'Evaluation of Interventions with Arsonists and Young Firesetters'. The evaluation was commissioned by the ODPM, the research was carried out by the University of Leicester and its findings were published in 2005. In this document, it recommended the development of two distinct types of intervention:

- iii) Education i.e. fire safety,
- iv) Treatment programmes, i.e. what are described as psychosocial interventions, which address the psychological and social factors associated with firesetting. An example of a psychosocial intervention would be cognitive behavioural treatment.

1. With this in mind, have you been made aware of this 2005 evaluation document and its recommendations?  
  
If yes, what influence does it have, if any, on your service's firesetting intervention work?
2. What is most important in shaping your decision-making on the referrals you receive?
3. In your survey, you identified your service as providing both types of intervention for the referrals you receive i.e. fire safety education and psychosocial interventions. Please tell me more about the psychosocial interventions you deliver.
4. How was this need identified?
5. What are your referral criteria for those cases requiring psychosocial interventions i.e. how do you identify those cases in need of support beyond fire safety education?
6. Please describe the training you have been provided with for this role.

7. In your survey you commented that you are “\_\_\_\_\_ confident” as a FRS in identifying support beyond either FSE or psychosocial interventions for children and teenagers. What is the reason for this confidence/lack of confidence?
8. Nationally, there is no specific guidance available to FRSs on what defines a complex firesetting case. Please give me an example of a complex case you have worked on.
9. How do you identify what additional interventions are needed in the event of a complex case?
10. Please give me an example of a complex case where additional intervention to address the firesetting behaviour was identified.
11. There is no national guidance on the minimum number of interventions to carry out on a case. What influences your decision on the number of interventions made on a case?
12. In your survey you commented that the CFOA Firesetters Intervention Guidance Note is “\_\_\_\_\_ useful”. In what ways is it “\_\_\_\_\_ useful”?
13. How important to you is consistency in decision-making across FRSs?
14. You described your in-house juvenile firesetting intervention policy as ‘\_\_\_\_\_ useful’. Please tell me more about this.

*Alternative question 13 where there is no internal written policy*

You said in your survey that you have no written in-house juvenile firesetting intervention policy. Does the lack of a written policy cause you any concern?

15. What is currently in place to ensure that your decision-making on referrals is defensible?
16. Is there anything that concerns you in your decision-making processes?
17. What, if anything needs, to be put in place to help improve your ability to make risk-critical decisions in this work?

**That is the end of the interview. Is there anything further you would like to say or ask me?**

## **Appendix XI**

### **Interview schedule for FRSs delivering FSE interventions**

#### **Background/setting the scene**

The only published, national evaluation of firesetting work currently available is the document entitled 'Evaluation of Interventions with Arsonists and Young Firesetters'. The evaluation was commissioned by the ODPM, the research was carried out by the University of Leicester and its findings were published in 2005. In this document, it recommended the development of two distinct types of intervention:

- v) Education i.e. fire safety,
- vi) Treatment programmes, i.e. what are described as psychosocial interventions, which address the psychological and social factors associated with firesetting. An example of a psychosocial intervention would be cognitive behavioural treatment.

1. With this in mind, have you been made aware of this 2005 evaluation document and its recommendations?

If yes, what influence does it have, if any, on your service's firesetting intervention work?

2. What is most important in shaping your decision-making on the referrals you receive?
3. You have identified your service as only delivering fire safety education in its firesetting intervention work. What is the difference in the referral criteria for those children and young people requiring fire safety education and those in need of psychosocial intervention?
4. Please describe the training you have been provided with for this role.
5. In your survey you commented that you are "\_\_\_\_\_ confident" as an FRS in identifying support beyond FSE for children and teenagers. What is the reason for this confidence/lack of confidence?

6. Nationally, there is no specific guidance available to FRSs on what defines a complex firesetting case. Please give me an example of a complex case you have worked on.
7. How do you identify what additional interventions are needed in the event of a complex case?
8. There is no national guidance on the minimum number of interventions to carry out on a case. What influences your decision on the number of interventions made on a case?
9. In your survey you commented that the CJOA Firesetter Guidance Note is "\_\_\_\_\_ useful". In what ways is it "\_\_\_\_\_ useful"?
10. How important to you is consistency in decision-making across FRSs?
11. You described your in-house juvenile firesetting intervention policy as '\_\_\_\_\_ useful'. Please tell me more about this.

*Alternative question 12 where there is no internal written policy*

You said in your survey that you have no written in-house juvenile firesetting intervention policy. Does the lack of a written policy cause you any concern?

12. What is currently in place to ensure that your decision-making on referrals is defensible?
13. Is there anything that concerns you in your decision-making processes?
14. What, if anything needs, to be put in place to help improve your ability to make risk-critical decisions in this work?

**That is the end of the interview. Is there anything further you would like to say or ask me?**

## **Appendix XII**

### **Participant Information Sheet**

#### **‘An Exploratory Study of How Practitioners in UK Fire and Rescue Services Working with Children and Young People who Set Fires Identify Clients Requiring Psychosocial Interventions’**

**Joanna Emma Foster, Researcher, University of Cambridge**

#### **About the researcher**

I have spent the last sixteen years specialising in the field of juvenile firesetting behaviour, and alongside my direct work I am studying for a Master's in Applied Criminology, Penology and Management at the University of Cambridge. I am not an employee of any UK Fire and Rescue Service and I am fully independent of the National Fire Chiefs Council (NFCC), the Home Office, and Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS). I have also self-funded my studies.

#### **Reason for this study**

I am interested in finding out how UK FRS staff working with children and young people who set fires identify those clients who require psychosocial interventions; that is, support beyond fire safety education as is the more typical role and remit of FRSs. I am especially interested in what guides practitioners' decisions, how confident staff feel (or not) in making these decisions, and ideas on what could support the decision-making process. It is my intention that this study will help the NFCC, HMICFRS and FRSs understand more about the decisions currently made by staff in this risk-critical area and what could assist such decision-making in the future.

#### **What will participation involve?**

Participation will involve an interview that is expected to last no longer than one hour. During the interview I will ask you about your juvenile firesetting intervention work and how decisions are made to refer cases to other agencies that are able to offer psychosocial support. The online survey you completed as part of the study will form the basis for some of the questions asked.

#### **Do I have to take part in the study?**

Your participation is completely voluntary. If you do not want to take part, you do not have to, and this will not disadvantage you in any way.

#### **Are there any risks involved in taking part?**

During the interview you will be asked to discuss your firesetting intervention work. Some questions might also ask you to think about things you have not previously thought about when approaching casework. Depending on your circumstances, this might trigger some unsettling thoughts about decisions you have previously taken on cases. You do not have to answer any questions you do not wish to, and time will be given at the end of the interview to discuss anything you may have found difficult or wish to reflect on. If you find the interview distressing, you can stop at any time, and I can advise you on who you could talk to about your feelings.

### **Are there any benefits in taking part?**

I cannot pay you for taking part in the study but if you agree to take part and are interviewed when you would normally be working, you will not lose any pay. Travel costs will be reimbursed where applicable.

Participants in other studies have often welcomed the chance to speak to someone neutral, who is willing to listen to them. You will also be contributing to an understanding of juvenile firesetting intervention work in the UK.

### **Will what I say be kept confidential?**

The information you share in the interview will normally be kept completely confidential. However, the researcher will be obliged to pass on to a member of staff any information regarding:

- A breach of Health and Safety;
- Any breach of acceptable conduct in the workplace that occurs during the interview;
- A concern for your safety and/or that of other people.

In all other circumstances, everything you say will remain confidential. The information you provide will be stored securely, in line with General Data Protection Regulation (GDPR) 2018. The only people who will have access to your interview is the researcher.

### **Will my contribution remain anonymous?**

If you agree to the researcher using quotes from the interviews, this will be done in such a way that you cannot be identified.

### **How do I agree to take part in the study?**

If you agree to take part, you will be asked to complete a consent form, confirming that you understand what the study involves and have had a chance to discuss any questions with the researcher. You will also be asked to state whether you are happy for the interview to be recorded.

### **What if I want to withdraw from the study?**

You are free to stop an interview or refuse to take part in any further interviews at any stage during the research process, without having to explain why you want to stop. You can also insist that the content of your interview so far is excluded from the study, without having to explain why. You may make this decision at any point up until 14 October 2019, when I will begin writing the research findings. If you make this decision, I will destroy your interview recording and any associated material. Making this decision will not be held against you or disadvantage you in the workplace in any way.

### **What will happen to the results of the study?**

Your interview may contribute to various publications where I write about juvenile firesetting. These will mainly be academic articles and books. The findings may also be discussed in other academic publications written by the researchers, and in discussions or presentations with members of the NFCC, HMICFRS, FRSs and the wider public sector community, as well as other university researchers. Again, this would be done in such a way that you could not be personally identified.

**What if I want more information about the study, or want to complain about some aspect of it?**

Further information about the study can be obtained from the researcher. If you want to contact me, you should do so by emailing [jef63@cam.ac.uk](mailto:jef63@cam.ac.uk)

The study has been reviewed by the Ethics Committee of the Institute of Criminology, University of Cambridge. If you want further information about its ethics, or if you want to complain about some aspect of the research, you should contact [ethics@crim.cam.ac.uk](mailto:ethics@crim.cam.ac.uk) who will forward your comments to the relevant person on the Ethics Committee.

**Thank you for your time in reading this information. If you have any further questions at any stage of the research, please do not hesitate to ask me.**

**Joanna Emma Foster (researcher)**



## Appendix XIII

### Participant Consent Form

**Project title:** 'An Exploratory Study of How Practitioners in UK Fire and Rescue Services Working with Children and Young People who Set Fires Identify Clients Requiring Psychosocial Interventions'

**Researcher:** Joanna Emma Foster, Institute of Criminology, University of Cambridge

**Contact details:** jef63@cam.ac.uk

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Please tick the boxes if you agree with the following three statements.

- |                                                                                                                                                                                                                                               | YES                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. I have read and understood the Participant Information Sheet for the study (or have had it read out to me and have understood it), and have had chance to ask questions.                                                                   | <input type="checkbox"/> |
| 2. I understand that my participation is completely voluntary, that I do not have to answer any of the researcher's questions if I do not wish to, <b>and that I can withdraw at any time, without giving reasons, until 14 October 2019.</b> | <input type="checkbox"/> |
| 3. I agree to take part in the study, which means being interviewed by the researcher.                                                                                                                                                        | <input type="checkbox"/> |

Please answer **YES** or **NO** to the following two statements by ticking the appropriate box.

- |                                                                                                                                                       | YES                      | NO                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4. I agree to our interviews being recorded.                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to let the researcher use quotes from our interviews and conversations, as long as this is done in such a way that I cannot be identified. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of researcher: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_