



Photo: Alice Carfrae

Risk-taking adolescents and child protection

*'I would that there were no age between 10 and 23,
or that youth would sleep out the rest; for there's
nothing in between but getting wenches with child,
wronging the ancients, stealing, fighting...'*

Shakespeare. The Winter's Tale Act III

1 Introduction and key learning points

Adolescence is a time of change. A powerful combination of biological, psychological and social changes make adolescents more likely to engage in risk-taking behaviours than children or adults, and these changes contribute both to opportunities for healthy growth and the risk of negative outcomes (Calkins, 2010). Experimentation and impulsive behaviour are part of normal teenage experience. With support, most young people navigate these challenges and emerge as healthily functioning adults. However, the interaction of individual, family and environmental factors can greatly increase a young person's vulnerability to risk and the potentially adverse consequences of risk-taking.

This briefing is intended to support strategic managers, frontline teams and practitioners. It begins by looking at the concept of 'risk-taking' and goes on to outline some recent research on developmental aspects of adolescence – in particular, emerging knowledge relating to the adolescent brain. It considers research and policy material on the impact of maltreatment on adolescents, the effective safeguarding of young people (including messages from Serious Case Reviews), and managing risk and promoting resilience. The briefing then looks at key messages from two strong practice approaches – Social Pedagogy and Multisystemic Therapy (MST). Practice points and emerging practice examples are highlighted for service development and frontline practice, and links provided for relevant papers and other sources of information and support.

'Adolescence is, in and of itself, a period of risk'
(Calkins 2010)

The concept of risk-taking

In working with children and young people there are many contexts in which risk is a central consideration. This briefing focuses on risk-taking behaviours that expose young people to a range of negative outcomes. A combination of factors in a young person's 'social ecology' – ie in their family, peer group, school or community – can make it more likely they will be exposed to risk or engage in risk-taking activities. In other words, 'risky' behaviours may be precipitated by risk factors – for example, running away can be seen as taking one risk to escape another (such as maltreatment at home).

The challenge for services is to identify the most promising means of engaging with young people in order to divert them from behaviours that place them at risk. The challenge of working effectively with young people is increased by the fact that many service approaches and structures were designed for use with children, while young people's needs and experiences are very different.

Key messages

Risk-taking, then, is a normal part of adolescent development. Most young people will experiment with the increased opportunities for risk that their growing independence allows. However, for young people whose lives have exposed them to risk factors – such as the 'toxic' confluence of neglect, maltreatment, parental substance misuse and parental mental health issues – there is increased likelihood that their own risk-taking may raise safeguarding concerns.

Some of the key messages in this briefing are:

- > **Social ecology influences risk-taking behaviour and its consequences.** Risk factors relating to families, peer groups, school or community environments can increase the likelihood that young people will be exposed to or engage in risk-taking activities. Positive aspects of these same experiences can be engaged to build resilience and protective activities for young people.
- > **We can use the emerging neurological evidence** to inform our understanding of the best opportunities for intervention and aim to work with developmental factors to increase the chances of success of a particular approach. For instance, adolescents' limited ability to favour delayed rewards over immediate gains should be taken into account when considering the design of services and approaches to motivating young people to change. Focused and brief early intervention programmes to improve self-control are promising and can help reduce delinquency and problem behaviours for children up to age 12.
- > **Maltreatment in the early years can affect brain development** 'producing a brain that is focused on survival' at the expense of the more advanced thinking that happens in the brain's cortex (Child Welfare Information Gateway, 2009; Brown and Ward, 2013). This impulsivity may lead young people to increased risk-taking as they get older, while remaining in a home environment in which maltreatment has featured can increase opportunities to do so.
- > **Maltreatment experienced in adolescence has a strong effect on later adjustment**, including criminal behaviour and substance use. Young people's situations are often complicated by issues such as their own substance misuse, running away or being thrown out of home, as well as violence and conflict with parents, which make their case histories distinct and often more complex than those of younger children.
- > **Risk factors for anti-social or offending behaviours in adolescence include not only parental tolerance of such behaviour, sibling and peer anti-social behaviour and the young person's own acceptance or attitude to it, but also low educational performance or living in a reconstituted or stepfamily.** School years 9, 10 and 11 are a period of increasing risk and decreasing protective factors. Black Caribbean or mixed white/black Caribbean young people show higher levels of risk factors for anti-social behaviour.
- > **Resilience can be strengthened**; it is not a personality trait. Children and young people become more or less resilient depending on the opportunities they are given. Authoritative parenting, participation in education and training and supportive friendship groups can promote resilience.
- > **Adolescents, particularly boys, are much less likely to ask for help than younger children and building relationships of trust is particularly important for successful intervention.** For those who enter the referral and safeguarding process, a consistent, long-term relationship with a professional throughout is a key factor to disclosure and protection.

2. Adolescent brain development

Adolescence is a period of huge developmental change. Practitioners have long been familiar with the hormonal changes and physical developments of puberty, but in recent years magnetic resonance imaging (MRI) has cast new light on the workings and development of the living brain, providing neurological evidence for why risky behaviours increase in adolescence. Research into brain development is too complex a body of literature to cover in detail here (references for research review articles are given below), but we can extract some key points:

- > The brain lags behind the body in adolescent development, ‘especially in the areas that allow teenagers to reason and think logically’ (Child Welfare Information Gateway, 2009).
- > Increased dopamine release to subcortical reward centres encourages attraction to new and immediately exciting experiences. This ‘sensation seeking’ behaviour is ‘strongly associated with the initiation of a wide range of adolescent risk behaviours such as use of drugs’ (Romer et al, 2010). Levels of sensation-seeking behaviour are greater in males than in females.
- > There is a period of growth in the limbic system of the brain, which governs emotional responses. ‘Teenagers may rely on their more primitive limbic system in interpreting emotions and reacting – “gut reactions”, since they lack the more mature cortex that can override the limbic response’ (Child Welfare Information Gateway, 2009).
- > This makes them ‘more prone to engage in dangerous risk-taking behaviour’ and ‘not sufficiently able to interpret emotions, particularly if there is no secure attachment figure available to help them negotiate these tasks’ (Brown and Ward, 2013).
- > Studies scanning the brain at regular intervals have shown that the brain continues to develop into at least the mid-twenties (Child Welfare Information Gateway, 2009).

> Practice point

It’s important to acknowledge that while these developmental changes affect all adolescents, it is only a very small proportion of adolescents who account for the very large share of serious forms of risk-taking that cause concern (Romer, 2010). We can use the emerging neurological evidence to inform our understanding of the best opportunities for intervention and aim to work with developmental factors to increase the chances of success of a particular approach. For instance, adolescents’ limited ability to favour delayed rewards over immediate gains should be taken into account when considering the design of services and approaches to motivating young people to change.

There is good evidence that early intervention for improving self-control can be effective

Because self-control regulates anti-social, delinquent and criminal behaviour, many programmes have been developed to improve self-control among children and adolescents. Piquero et al’s systematic review (2010) found the effect of self-control improvement programmes for children under the age of ten was quite strong – both for improving self-control and for reducing delinquency and problem behaviours. The authors conclude (in line with [Gottfredson and Hirschi’s theory of crime](#), 1990) that self-control is malleable up to the age of ten to twelve, but that after this point it becomes relatively fixed. Self-control may improve after this age as socialisation continues, but it is largely unresponsive to any external intervention effort. Key elements of successful programmes were that they were focused and of short duration.

Resources and further reading

- > Watch a 14-minute **lecture on the 'mysterious workings of the adolescent brain'** by Professor Sarah-Jayne Blakemore from the Institute of Cognitive Neuroscience at UCL (www.ted.com/talks). She explains the dramatic changes that take place in the prefrontal cortex during adolescence and their impact on how adolescents think and behave, including risk-taking. You can also watch an hour-long **lecture on the teenage brain** by Professor Blakemore given to the Royal Society of Arts in November 2013 (<http://royalsociety.org/events/2013/the-teenage-brain/>).
 - > **Mentor International** has produced a summary of emerging science on the effects of substance misuse on adolescent brain development, including why adolescents may be particularly vulnerable to drug and alcohol misuse. The pack includes a booklet and slideshow with speaker's notes. <http://preventionhub.org/training/adolescent-brain?nav=4-160>
 - > **Blame My Brain – The amazing teenage brain revealed** (2013) by Nicola Morgan is written primarily to help teenagers understand their own brains, but is also a useful and accessible introduction to the subject for those who work with them. www.nicolamorgan.com/books/blame-my-brain/
 - > Read Piquero et al's full research review: **Self-control Interventions for Children Under Age 10 for Improving Self-control and Delinquency and Problem Behaviors** (2010) Campbell Systematic Reviews www.rip.org.uk/index.php?option=com_docman&task=doc_download&gid=767&Itemid=91
 - > Journal articles from a special issue of **Developmental Psychobiology** devoted to psychobiological models of adolescent risk are free to download (<http://onlinelibrary.wiley.com/doi/10.1002/dev.v52:3/issuetoc>). They include:
 - > Romer D (2010) 'Adolescent Risk Taking, Impulsivity, and Brain Development: Implications for prevention' *Developmental Psychobiology* 52 (3) 263-76
 - > Calkins S (2010) 'Psychobiological Models of Adolescent Risk: Implications for prevention and intervention' *Developmental Psychobiology* 52 (3) 263-76
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3. Impact of maltreatment on adolescents

Every individual's development takes place within the wider context of family, carers, peer groups and community. This section considers how these ecological factors can contribute to risk-taking at levels that pose safeguarding concerns by looking at research about the relationships between child and adolescent maltreatment and risk-taking activities in adolescence.

The impact of early maltreatment: the relationship between childhood experiences and adolescent risk-taking

Patterns of abusive maltreatment can be divided into two main categories – abuse that has been continuous since early childhood, and abuse that begins during adolescence (Cawson et al, 2000, cited in Rees et al, 2010).

The legacy of early experiences of care and nurture can influence a young person's ability to cope with outside influences (Brandon and Thorburn, 2008; Brown and Ward, 2013). Maltreatment in the early years can certainly affect brain development so that the brain is focused on survival 'at the expense of the more advanced thinking that happens in the brain's cortex' (Child Information Gateway, 2009). 'An underdeveloped cortex can lead to increased impulsive behaviour, as well as difficulties with tasks that require higher-level thinking and feeling' (Child Information Gateway, 2009). Such impulsivity may lead young people towards increased risk-taking as they get older. Remaining in a family environment in which maltreatment has featured is also likely to increase a young person's opportunities for risk-taking.

Making direct causal links between early maltreatment and later behaviours is not straightforward, however. The **Adverse Childhood Experiences (ACE) Study** conducted in the US was a large-scale investigation into associations between childhood maltreatment and health and well-being in later life. More than 17,000 adults provided information about their childhood experience of abuse, neglect and family dysfunction. The study found that exposure to various forms of stress during childhood predicted later adverse forms of risk-taking. 'In particular, such early stressors as physical and emotional abuse, emotional neglect, parental substance use, and exposure to violence in the household were linked to later adverse adolescent outcomes including drug use, addiction and suicide.' (Romer, 2010) For females, experience of sexual abuse was strongly related to exposure to other sources of stress and linked to earlier age of first intercourse and unintended pregnancy. In general, the more adverse experiences an adult had had in childhood 'the greater the emergence of risky behaviour in adolescence and later life'.

The ACE study gathered data by asking adults about their memories of adverse experience in childhood. Fewer studies record incidents of maltreatment in the early years and then return to the same group to check on their experiences later in life. One large-scale prospective longitudinal study in the USA has investigated the relationship between maltreatment in early childhood and adolescent problem behaviours (Lansford et al, 2007 and 2010). Researchers found a statistically significant correlation between the experience of physical abuse in the first five years of life and later substance use for girls, but not for boys. The later paper provides evidence that 'individuals who had been physically abused in the first five years of life were at greater risk of being arrested as juveniles for violent, nonviolent and status offences'.

Resources and further reading

- > The **Child Information Gateway briefing** aims to help professionals understand the emotional, mental and behavioural impact of early abuse and neglect in children. www.childwelfare.gov/can/impact/development/brain.cfm
- > Brown and Ward's (2013) **overview of research evidence on child development and the impact of maltreatment** (written for professionals in the family justice system) assesses the implications of maltreatment for well-being in childhood and adulthood, and timeframes for intervening. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200471/Decision-making_within_a_child_s_timeframe.pdf
- > More than 50 articles have now been published arising from the **Adverse Childhood Experiences (ACE) Study**. www.cdc.gov/ace/index.htm
- > The research review **Safeguarding in the 21st century: Where to now?** (Barlow and Scott, 2010) calls for a new conceptual model of safeguarding practice that is more clearly rooted in what is known about child development, parent-child interaction and the social complexity of families' worlds. www.rip.org.uk/research-evidence/research-reviews

Maltreatment experienced in adolescence and its link to risk-taking

Results from another US longitudinal study the **Rochester Youth Development Project** suggest that 'adolescent and persistent maltreatment have stronger and more consistent negative consequences during adolescence than does maltreatment experienced only in childhood' (Thornberry et al, 2001, cited in Rees et al, 2010). These findings raise serious concerns about the known shortcomings of child protection work with adolescents.

Early experience of maltreatment is likely to lead primarily to internalising behaviours at a later stage, while maltreatment experienced in adolescence has 'a stronger and more pervasive effect on later adjustment', including criminal behaviour and substance use (Thornberry et al, 2010, cited in Rees et al, 2010). The Rochester team speculate on why adolescent maltreatment should generate these different consequences. They suggest the interaction of factors – such as the intense emotional experiences of puberty, complex peer relationships and young people's increased cognitive abilities – are likely to give them a different perspective on maltreatment to that of a child. 'All of this may heighten oppositional behaviour and promote further victimization at home and on the streets, leading to long-term adjustment problems.' (Thornberry et al, 2010, cited in Rees et al, 2010)

Risk factors for maltreatment in adolescence

Risk factors for the maltreatment of young people are broadly similar to those for children, but the relationships and conflicts around these factors change as children get older. Young people's situations are often complicated by a range of issues that tend not to be present with younger children, such as their own substance misuse, running away or being thrown out of home, as well as violence and conflict with parents. This makes their case histories 'distinct and often more complex than those of younger children' (Rees et al, 2010).

- > **Parental substance abuse:** A young person's relationship to their parents' substance misuse changes as they get older. They may become involved with using drugs and alcohol themselves, or take on increasing caring responsibilities towards their parents.
- > **Parenting issues:** Lack of supervision, harsh parenting, poor attachment and other parenting issues will leave young people at increased risk as they negotiate the world beyond their own family.
- > **Reciprocal links between behaviour and parenting:** There is some evidence of two-way links between, for instance, young people's offending behaviour putting a strain on relationships with parents and causing further disengagement (Rees et al, 2010).
- > **Family violence:** As they grow older and are more able to defend themselves, violence between parents and young people can escalate. 'This two-way violence can blur the boundaries between the child as a victim and a perpetrator. This makes child protection of young people more complex and more difficult for professionals to manage and, crucially, may result in leaving young people in vulnerable situations.' (Rees et al, 2010)
- > **Parent Abuse: A hidden form of family violence** Watch Judy Nixon talking about her research in this area.

- > **Violence within intimate teenage relationships:** Research by Christine Barter and colleagues (2009) found that a quarter of girls aged 13 to 17 had experienced physical violence from a boyfriend and a third had been pressured into unwanted sexual acts. A follow-up study (Wood et al, 2011) focusing on teenagers from disadvantaged backgrounds found that many appeared to accept violence as a normal, if unwanted, feature of relationships.
- > **Neglect:** As with other age groups, neglect is the most common category under which services for maltreatment of young people in this country are delivered. The recognition that services are not well geared to responding to neglect and emotional abuse has led to increased attention to this form of maltreatment.

Resources and further reading

The Neglect Matters Project was part of the Safeguarding Children Research Initiative, a group of studies commissioned to support early intervention initiatives as part of the government response to the inquiry following the death of Victoria Climbié. The Neglect Matters outputs include:

- > A **literature review on neglected adolescents** by Professor Mike Stein and colleagues considers the practice, policy and research implications of the relevant UK and international literature. www.york.ac.uk/inst/spru/research/pdf/Neglected.pdf
- > **Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers** by Leslie Hicks and Mike Stein is informed by the literature review. It aims to provide information and signposts to good practice for those working in the area of adolescent neglect. www.york.ac.uk/inst/spru/research/pdf/NeglectMatters.pdf
- > A **guide for young people** to help them recognise neglect, understand what they can do about it and who they can turn to for help. www.nspcc.org.uk/Inform/publications/neglect_matters_guide_wdf75457.pdf

Safeguarding pressures

Across all age groups, there has been a sharp increase in recent years in the numbers of young people becoming subject to child protection plans (CPP). In particular, the number of over-16s on a CPP tripled between 2006 and 2009 (Brooks and Brocklehurst, 2010); since then the numbers have continued to rise. *Numbers of young people 16 and over subject to a Child Protection Plan 2010-13:*

March 2010	780
March 2011	1010
March 2012	960
March 2013	1100

The overall number of CPPs more than doubled (51%) between 2007-08 and 2011-12, including an eight per cent increase in 2011-12 alone (Brooks et al, 2012). There was a further 1.1% increase in 2012-13, all of which represents a huge increase in service demand over this six-year period (**Children in Need Statistics, Department for Education**).

Some authorities have also reported ‘startling increases’ in looked after young people aged 16 and 17. In particular, the 2010 Safeguarding Pressures report highlighted a 132 per cent increase in the number of looked after young people aged 16 and over (Brooks and Brocklehurst, 2010). This was largely due to the effects of the Southwark Judgement, a House of Lords judgement in 2009 that obliges children’s services to provide accommodation and support to homeless 16 and 17-year-olds.

Detailed statistical evidence examining age-related patterns in referrals and initial assessments show that referrals of older children and young people ‘appear to be significantly less likely to go down a child protection route’ (Rees et al 2010). In some instances this may mean young people are receiving services delivered through different means. Other factors may relate to the perceived competence and resilience of older young people to cope with maltreatment. There is also evidence that limited resources can mean cases involving older young people take lower priority. The complex issues and challenges of engaging successfully with young people may also be a factor in responding to the needs of this age group. The statistics suggest wide variation in responses to 10 to 15-year-olds in different authority areas (Rees et al 2010).

Analysis of Serious Case Reviews (SCRs)

Brandon *et al*’s biennial analyses of SCRs are a rich source of evidence (Brandon et al, 2009, 2010 and 2012). The additional qualitative analysis about children and young people harmed outside their home (‘at a community level’) makes their 2010 analysis of particular interest in relation to adolescents.

While the number of children dying a violent death in England and Wales has fallen substantially over the last 30 years, rates of death from assault for adolescents have remained static since the 1970s for girls and risen for boys (Sidebotham et al, 2011). The evidence from SCRs throws light on the worst consequences of maltreatment for adolescents.

Brandon et al (2010) found that 23% of SCRs between 2003 and 2009 involved a young person aged 11 to 17 years at the time of the incident, with girls over-represented in these older age groups. The fact that there are more girls in the older age ranges 'might reflect the increased vulnerability and greater levels of risky behaviour among girls noted anecdotally by practitioners' (Brandon et al, 2010). (The 2012 biennial analysis of SCRs from 2009-11 found a similar overall percentage related to 11-17-year-olds; however, there were more boys than girls in the 11-15 age group and the researchers report no clear pattern of gender distribution for this age group across SCRs between 2005 and 2011 – Brandon et al, 2012)

The 2010 report notes that 21% (n=55) of all SCR incidents 2007-09 occurred outside the family in a community context (defined as 'involving non-household/family members and gang/street-related violence', with suicides of young people outside the family setting also included in this category – Brandon et al, 2010). Again, girls (58%) were slightly overrepresented. Of the 55 SCR incidents in a community setting, 35 involved young people aged 11 to 17. Brandon's team identified the key themes linked to the experiences of this age group. These included: street-level/gang-related violence; risky adolescent behaviour (including suicide and self-harm); the young person as perpetrator of the serious incident; incidents occurring in supervised settings (eg school, hospital or residential care); and sexual abuse by a perpetrator from outside the family.

Resources and further reading

- > [Building on the Learning from Serious Case Reviews: A two-year analysis of child protection database notifications 2007-09](#) by Marion Brandon and colleagues is the 5th biennial of SCRs
 - > www.gov.uk/government/uploads/system/uploads/attachment_data/file/181651/DFE-RR040.pdf
 - > [Learning from Serious Case Reviews: Thematic briefings](#)
 - > The NSPCC has published a series of short 'at a glance' thematic briefings that highlight learning from SCRs, which include [learning from case reviews around child sexual exploitation](#).
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Street-level and gang-related violence

Community-level violence (stabbing, shootings or other assaults) was a factor in seven of the 35 SCR incidents in community contexts involving 11 to 17-year-olds (Brandon et al, 2010). This was the first biennial review of SCRs to include a small number of gang-related incidents; the authors suggest this is 'an indication of the wide reach of serious case reviews and shows that LSCBs are taking on a broad range of significant social problems'.

The seven SCRs identified a range of overlapping factors which contributed to young people becoming involved in the gang-related activity: community and social factors, including poverty and high rates of local unemployment; lack of leisure and social facilities, and the fact that young people's access to facilities 'may be restricted because of risks posed by their gang affiliation'; and individual circumstances of the young people, their families and close networks. These are similar to those factors identified in the cross-government report (HMG, 2011) that launched the government's Ending Gang and Youth Violence programme. Recent research suggests the risk of girls becoming involved with gangs is likely to reflect somewhat different vulnerabilities to those that influence boys (see below – Centre for Mental Health, 2013).

Brandon et al (2010) identify a common profile of young people involved in dangerous behaviour (including suicide) and street-level violence. Almost all had long histories of agency involvement (especially with youth offending services) as looked after children, and with mental health and substance misuse services. Most had experienced neglect or abuse and had grown up with the 'toxic trio' of family violence, parental substance misuse and parental mental ill health.

Even with good support, street-level violence remains 'a pervasive presence' when young people are making progress and moving on from these challenging circumstances. 'Past problems cannot be left behind when family and friends continue to draw the young person into street-level violence ... things can go very badly wrong even when young people are at the receiving end of good practice and good services'. (Brandon et al, 2010)

Resources and further reading

- > **Ending Gang and Youth Violence** At the end of 2011 the government launched its Ending Gang and Youth Violence programme following the riots that took place that summer. This diverted £10m of Home Office funding to 29 priority areas (now expanded to 33) identified as facing the biggest challenges on gang violence. The programme's annual report for December 2013 includes a qualitative assessment of what has been achieved so far, which reports that most areas feel the programme is helping them tackle gang violence. Particular strengths are that action is driven at a local level, with all areas having undertaken peer reviews with partners to highlight local problems. This has strengthened cross-agency working. Issues identified for the future include cross-border working (particularly in London) and referral pathways for gang members. In 2014 the Home Office will hold a workshop with the Local Government Association to help share good practice. www.official-documents.gov.uk/document/cm87/8746/8746.pdf. The original [Ending Gang and Youth Violence cross-government report](#) (2011) includes an assessment of the evidence of what causes young people to become involved with gangs and interventions that can make a difference for different age groups. www.gov.uk/government/uploads/system/uploads/attachment_data/file/97862/gang-violence-detailreport.pdf

Risky behaviour: suicide, running away and 'absconding'

Many of the young people's serious incidents involved excessive consumption of alcohol or dangerous drug use. 'In some cases deaths occurred after a night out with friends or taking drugs at a party. A number of suicides occurred after heavy drinking, sometimes following the breakup of a relationship. It was often difficult to be clear whether the excessive consumption of drugs or alcohol was a deliberate suicide attempt.' (Brandon et al, 2010)

Eight of the young people were in residential or foster care or other supervised setting at the time of the SCR incident, while a few more were care leavers in supported lodgings. Some of those who were not 'looked after' were living with friends or distant relatives or were homeless at the time of the incident. 'A pattern of risky and dangerous behaviour was very common among these older young people. Harm to the older looked after young people at the centre of the review or suicide often occurred while they were running away or absconding.' (Brandon et al, 2010). More common than single instances of running away was 'absconding'. The term 'absconding' was found in many database notification reports and executive summaries of reviews concerning looked after children, where it was often used 'as a short-hand term for a risk-taking lifestyle'.

Resources and further reading

- > **Running Away: Young people's views on running away from care**
This report from the Children's Rights Director (2012) records the views of 98 children and young people in care or living away from home on why young people run away. It finds there are many reasons why young people run away, including relationship problems, wanting a change of placement or because they cannot cope and can see no alternative. Asking about young people's problems and trying to resolve them is the best way to prevent young people running – if they do run, then it is essential they are able to talk through their problems on return. www.ofsted.gov.uk/resources/running-away-2012
- > **The Runaways' Charter**
The Runaways' Charter has been designed by the Children's Society to help local authorities ensure they are providing effective support to children and young people who have run away from care or home. http://makerunawayssafe.org.uk/sites/default/files/resource-files/Runaways-Charter-9-July-A4_0.pdf
- > Research in Practice (2013) [Children and Young People Missing from Care and Vulnerable to Sexual Exploitation](#)
This briefing examines the evidence on why children and young people go missing from care, what they do when they are missing and how that relates to research and policy on the separate but linked topic of sexual exploitation. It is accompanied by practical self-reflection tools developed to support LSCBs and those commissioning or designing services for young people at risk of going missing and/or sexual exploitation. www.rip.org.uk/research-evidence/research-briefings/prompts
- > The risk factors for going missing from care and for sexual exploitation are similar and describe many of the most vulnerable young people, either living in care or with their birth families (Research in Practice, 2013). These include those who use drugs and alcohol, or who self-harm, as a reaction to previous traumatic experiences. Young people who run away say they are more likely to go missing again if:
 - the problems they ran away from remain
 - there is no one to talk to when they return
 - they disclose problems, but no action is taken (Research in Practice, 2013).

Girls, serious violence and gangs

Brandon et al (2010) note the Race on the Agenda study (ROTA, 2010), which looks at the impact of serious youth and gang violence on women and girls, highlighted the ‘negligible evidence base’ in this area as well as policy and practice responses to gang crime that represent women and girls only as victims. It argues that responses which ignore race and gender have the potential to increase the victimisation of gang-affected young women. Girls can be left further isolated and without services to negotiate the risks they face. The study argues that the youth justice and alternative education systems are designed to work with boys. ‘Where girls have access to these interventions they are in environments dominated by boys ... [This] has a severe impact on young women’s ability to address their offending behaviour and reduce their victimisation (especially sexual violence where rape is used as a weapon).’ (Brandon et al, 2010)

Resources and further reading

> A Need to Belong: What leads girls to join gangs

This report from the Centre for Mental Health (2013) finds girls involved with gangs have a threefold greater risk of social and health difficulties compared to other young women, and have more than double the number of vulnerabilities than their peers. Whereas boys with low self-esteem are less likely to join a gang, girls are more likely to do so because the gang offers a ‘sense of security’ and ‘alternative family’. Girls involved with gangs are four times more likely to report poor relationships with families and peers, and more likely to have experienced domestic violence. Programmes working with gang members need to be sensitive to the specific requirements of girls and young women – eg by fostering respectful, collaborative and empowering relationships to strengthen self-esteem, providing safe housing and offering positive female role models. www.centreformentalhealth.org.uk/pdfs/A_need_to_belong.pdf

> Ending Violence Against Women and Girls

This resource pack, which is aimed primarily at Police and Crime Commissioners, is intended to help PCCs lead and galvanise coordinated local action to protect and support victims and prevent further violence.

Risk factors for anti-social and offending behaviours

The analysis of SCRs by Brandon and her team provides insights from the perspective after a serious incident has occurred. The On Track evaluation aims to identify risk factors for offending and anti-social behaviour in the general population in order to support preventative approaches.

On Track was a multi-component initiative aimed at children and families that might be at risk of offending. The national evaluation of On Track (Bhabra et al, 2006a) included a large-scale survey of 12,700 pupils in school in 24 areas of high crime and deprivation. Around one in ten of the young people surveyed were at risk of anti-social behaviour and other poor outcomes (reporting five or more of the following risk factors: parental tolerance of anti-social behaviour, siblings with anti-social behaviour, peers with anti-social behaviour, their own attitudes to anti-social behaviour, school exclusion, truancy, offending, challenging attitudes). The On Track survey findings give a sense of young people’s own perceptions of the risks they face.

* ‘On Track’ survey selected findings

Age: Years 10, 9 and 11 ‘appeared consistently as the school years of maximum stress and difficulty’, with risk factors increasing and protective factors decreasing up to a peak at Year 10. This is consistent with a large body of research.

Stepfamily structure: ‘Young people in reconstituted (step) families showed a marked tendency to do worse than other groups. Those in two birth parent families almost always did best, whilst those in lone parent households came between the two extremes.’ (Bhabra et al, 2006a: viii) The survey was one of the first to provide ‘strong and consistent evidence that children living in stepfamilies are a group with especially high needs and low levels of protective factors’. Because these children typically report poorer home relationships than other groups, ‘more may need to be done to mobilise adults in these families as key agents in their children’s good outcomes’ (Bhabra et al, 2006b: Research Brief RB728).

Education: Those young people reporting low educational performance also reported worse behaviour and attitudes, and were more likely to have the highest levels of anti-social attitude and offending behaviour and lowest attachment to and satisfaction with school.

Ethnicity: South Asian and especially Pakistani young people tended to report the highest levels of protective factors and lowest levels of risk factors across home, school and wider community. Black Caribbean or mixed white/black Caribbean young people were consistently over-represented among those reporting high levels of risk factors, though black African young people showed a very different pattern. White young people fell somewhere in between.

Resources and further reading

> The full On Track evaluation and a research brief are available to download.

Young people with sexually harmful behaviours

Hackett's research review (2014, forthcoming) on the problem of children and young people with sexually harmful behaviours notes that this is something of a contested area of policy and practice. Nevertheless, official statistics and existing research suggest children and young people account for about a quarter of all convictions against all age groups and a third of all sexual abuse that comes to the attention of the professional system within the UK. This means any policy or practice response to the issue of sexual abuse must deal with young people not only as victims, but in many cases as perpetrators also.

Hackett notes there is considerable diversity among young people with harmful sexual behaviours in terms of their background and experiences, and in the motivation for and meaning of their behaviours, as well as their needs. It is neither inevitable (nor even highly likely) that children and young people with sexually harmful behaviour will go on to perpetrate sexual abuse as adults. Indeed, the evidence suggests that non-sexual re-offence is more common than sexual recidivism, which emphasises the need for intervention to focus on broad-based behavioural and developmental goals.

Interventions that help change the wider circumstances in which abuse develops and is maintained appear to offer a better prognosis than other approaches that leave those circumstances unchallenged. Engaging with parents or family members who have shown harmful sexual behaviours is a vital part of intervention, not a luxury or an adjunct.

There is a strong consensus in the literature for an approach that is developmentally sensitive and takes account of the ways in which a young person's own experiences have shaped their developmental pathways, with interventions being tailored to the specific needs of the child and family rather than applied mechanistically.

4. Building resilience

A young person's resilience to risk factors in their lives will also help minimise their own risk-taking at levels that pose safeguarding concerns. The good news is that resilience can be strengthened; it is not a personality trait. Children and young people become more or less resilient depending on the opportunities they are given.

Authoritative parenting, participation in education and training, and supportive friendship groups can all promote resilience.

Authoritative parenting

There is 'clear and consistent evidence' that parenting style has a statistically significant association with a wide range of youth outcome variables. An authoritative parenting style is characterised by a healthy bond and loving relationship between parent and young person, while the parent upholds high expectations and clear boundaries. This style of parenting can be taught and is associated with 'higher self-esteem and subjective well-being, and lower odds of smoking, getting involved in fights or having friends who use drugs... [It is also] associated with better GCSE results and higher odds of staying on in education beyond school-leaving age' (Chan and Koo, 2010: 12).

Resources and further reading

- > Read Chan and Koo's [analysis of data relating to authoritative, authoritarian and permissive styles of parenting](#). It finds consistent and strong associations between parenting style and a wide range of youth outcomes. <http://users.ox.ac.uk/~sfos0006/papers/esr2011.pdf>

Practice points for looked after young people

- > *Authoritative parenting by foster carers:* A healthy loving bond with a foster parent who also upholds high expectations and clear boundaries can be central to developing compensatory attachments and stability. It can help prioritise young people's health and well-being, better prepare them for self-care and help them develop practical and inter-personal skills.
- > *Quality and stability of placements:* There is by now a great deal of long-standing evidence on the importance of placement stability (The Care Inquiry, 2013). An illustration of the potentially 'profoundly destabilising' effect of placement instability is offered by Coy (2009). She draws on life story interviews with 14 young women with backgrounds of local authority care and prostitution to show how multiple placement moves had limited their capacity to develop trusting relationships and led to 'a kaleidoscope of ways' in which the young women became vulnerable to sexual exploitation.
- > *Supporting transitions:* See the Research in Practice [Prompt topic briefing](#) for research and strong practice around supporting young people as they move towards emotional, financial and practical independence. www.rip.org.uk/publications/prompts

Participation in education or training

This is a key protective factor for young people. Barriers to access can be particularly acute for teenage parents, young people with learning difficulties and disabilities, and those who are NEET or in jobs without training (JWT). Young people in JWT frequently mention financial barriers as having prevented them from doing what they wanted to do post-16 (Spielhofer et al, 2010). While most young people 'are motivated by future progression' to stay in education or training, those who are NEET or JWT seem more motivated by immediate financial gain. Many teenage parents believe they would participate in education or training if they received more financial support and were well informed about financial support available to them (Spielhofer et al, 2010).

Resources and further reading

- > The Audit Commission report **Against the Odds** (2010) contains good statistical mapping of NEETs data and looks at practice strategies, targeting services, commissioning better outcomes, and the financial and policy case for action.
 - > The **study by Spielhofer et al** (2010) explores the barriers and constraints facing young people at the end of their compulsory schooling. www.gov.uk/government/uploads/system/uploads/attachment_data/file/193419/DFE-RB009.pdf
 - > The Research in Practice research review **Disengagement and Re-engagement of Young People in Learning at Key Stage 3** (and **Signpost**) explores how far interventions have been successful in preventing or reversing disengagement; **One in Ten: Key messages from policy, research and practice about young people who are NEET** (and **Signpost**) brings together research and promising practice to form a comprehensive overview of how to improve the life chances of vulnerable young people making the transition from compulsory schooling to adulthood. www.rip.org.uk/publications/research-reviews
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Friendships

For adolescents, friendship groups represent both a key risk and a potential protective factor. As a young person's social networks expand, the influence of the family decreases and that of peers becomes increasingly significant. While anti-social and pro-criminal peer group association can bring negative effects, friendships can also be a core source of social support and care for young people. Shifting young people away from negative social associations and towards different activities and protective networks is clearly of value in building their resilience.

Supportive friendship groups: some practice examples

- > **The Right Stuff Boxing Project** in Staffordshire aims to divert young people away from crime, anti-social behaviour and substance misuse by raising self-esteem through the sport of boxing. The project, which is led by Staffordshire Police, works in partnership with professional agencies to provide specialist support to young people who need it. www.therightstuffproject.co.uk
 - > **Dance United** is an intensive programme that creates bespoke dance projects and interventions to meet the needs of young people struggling with difficult circumstances, including young offenders, gang members, young people at risk of school exclusion, and those with low self-esteem or who are disengaging. Projects have a high completion rate and have supported many young people to re-engage with education, training and employment. An **evaluation** of the Bradford Academy project by researchers at the University of Manchester suggests less than a third of young offenders who had significant engagement with the academy between 2006 and 2008 subsequently re-offended (compared to local recidivism rates of 70 per cent for those on a community sentence and 50 per cent for less serious offenders). www.dance-united.com
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Peer support in seeking help

The Safeguarding Young People study (Rees et al, 2010) interviewed 24 young people (aged 11 to 18) who had been in contact with children's social care services. For them, peer support was frequently the most highly valued. Many had spoken to peers before professionals or family members, sometimes a long time before approaching anyone else. When they did approach professionals, this was often with the support of the friend they had initially disclosed to.

Young people need clear guidance to help them recognise maltreatment and know what to do about it – such as the Neglect Matters guide for young people (see Section 3).

Resources and further reading

- > The Research in Practice briefing [Promoting Resilience in Children and Young People and Families](#) identifies processes to promote and enhance resilience and suggests evidence-informed interventions that frontline practitioners can use. www.rip.org.uk/research-evidence/research-briefings/frontline
 - > The Neglect Matters materials (see Section 3 above) and Mike Stein's expert paper for NICE [Promoting the Resilience and Well-being of Young People Leaving Care: Messages from research](#) (Stein, 2009) contain useful principles.
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The next section looks at young people's relationships with professionals and at promising approaches to developing relationship-based practice.

Seeking help and young people's relationships with professionals

In all areas of human services, building a strong relationship of trust is at the core of a successful intervention. This is perhaps even more pertinent for adolescents for whom volatile developmental changes are coupled with their movement out of the sphere of family influence and into wider social networks.

Professionals may believe disclosure of maltreatment is easier for young people than for children, because young people generally have better communication skills and are more able to seek help on their own behalf. However, the Safeguarding Young People interviews suggest that young people's heightened awareness of the potential impacts of disclosure on themselves and their family creates a different set of barriers (Rees et al, 2010). Research commissioned by the Children's Commissioner has also found that young people often 'weigh up' the risks of disclosure (Cossar et al, 2013).

In fact, adolescents are much less likely to ask for help than younger children, with boys almost seven times less likely to talk to others about their problems and disabled children much less likely to disclose abuse than non-disabled peers (C4EO, 2010: 4). If young people do approach a professional for help this is likely to be someone they know and trust – in the Safeguarding Young People study, most often this was a teacher. In the Children's Commissioner's study, young people described how conversations with a trusted and sensitive professional could prompt recognition and how a relationship of trust can 'promote telling and help' (Cossar et al, 2013).

Young people identify confidence in themselves, feeling safe to speak out and trust in others is important for disclosure of abuse:

Confidence and safety. That's the only reason why I didn't speak out for nine months because of low self-esteem and I was terrified. [Kids] have to have the confidence and they have to have a big safety net around them cos if kids don't feel safe they don't do anything. Emma, age 14 (Rees et al, 2010)

Young people were often concerned that they would not be believed or they simply did not know who to tell. Some also discussed colluding with parents to cover up maltreatment:

... things can easily get covered up. Because I've done it many a time before and that's only purely because I was so loyal to my mum and I thought social services were the bad ones. And it's just ... I think that's when the whole close relationship thing comes in, because if the child really is hurting and they do need someone to talk to, then you've got to get their trust first before they'll do that. Like cos social services just used to walk into my house and think I'm just going to tell them everything and it's not like that. Anna, age 17 (Rees et al, 2010)

For many of the young people interviewed for the Safeguarding Young People study, ‘a consistent long-term relationship with a professional throughout the referral and safeguarding process was the most important factor in disclosure and protection’ (Rees et al, 2010). Conversely, the lack of consistency of social work contact and the large caseloads held by individual social workers present barriers to young people disclosing abuse and neglect during the referral process.

Young people’s comments about their own collusion with parents in covering up maltreatment highlight the importance of ensuring that young people see a professional alone on a regular basis – a one-off occasion is unlikely to elicit an accurate picture of what’s happening. Managing confidentiality between young people and parents is a particular issue, and communication between professionals about families and an accurate history of contact and incidents within families must be maintained (Rees et al, 2010).

From a young person’s perspective, social care is not about the child protection plan or the case conference but is all about their relationships with social workers: ‘... children and young people experienced the child protection system as ‘unfamiliar and mysterious. They had no idea what was likely to happen and why, and there appeared to be little effort to inform or reassure them’ (C4EO, 2010). They do not understand the differences between professionals’ roles (duty team or long-term social workers, for instance) or the safeguarding process overall. Many were confused about what had happened to them and why, and did not feel that their views had been listened to.

Resources and further reading

> It Takes a Lot to Build Trust

This report commissioned for the Children’s Commissioner (Cossar et al, 2013) includes a conceptual framework to help practitioners understand the complexity of recognition, telling and help from the perspective of the child or young person. Importantly, the framework is non-linear so that a young person’s progress is not solely from the top level (recognition) towards the bottom (receiving help). Individual young people experiencing problems of abuse and neglect can follow different pathways. ‘Crucially recognition often occurs as a result of conversations with others. Thus clear recognition does not always happen before telling or receiving help, but can sometimes be a result of help received.’ www.childrenscommissioner.gov.uk/content/publications

5. Promising methods of working with young people: Social Pedagogy and Multisystemic Therapy

Developing relationship-based practice with young people: social pedagogy

One of the most promising approaches in working with young people is social pedagogy. It has been defined as 'education in the broadest sense of the term' and involves a holistic and multi-dimensional approach to care and education practice. Social pedagogy draws on theories from education, sociology, psychology and philosophy to inform a practice 'founded on humanistic values and an image of children as active agents and competent, resourceful human beings' (<http://social-pedagogy.co.uk/concepts.htm>).

Social pedagogues are encouraged to include opportunities for 'risk-taking with pedagogic intentions' as an important element in children and young people's healthy development. The argument is that learning from mistakes through engaging with risks is a necessary process for children and young people and that to do so is 'actually a way of safeguarding' (in that it develops in them resilience factors that will safeguard them against dangerous activities – smoking, substance misuse, etc) (Eichsteller and Holthoff – see below). Pedagogy theory includes the concept of the 'rich child' as a competent, resourceful and active agent with the potential to become 'risk competent' if given the opportunities and trust.

The concept and practice of social pedagogy are well outlined in a [briefing paper](#) by Pat Petrie et al (2005). The paper reports on research by the Thomas Coram Research Unit (TCRU) that identified better quality of life and outcomes for children in residential care in Denmark and Germany, where social pedagogy is the basis of a wide range of work with children and young people. However, introducing the approach into children's residential care in the UK has proved far from straightforward (see discussion below).

Resources and further reading

- > [Centre for Understanding Social Pedagogy \(CUSP\)](#) is based at the Institution of Education in London and is led by Professor Pat Petrie. CUSP has grown out of a programme of research and development conducted by CUSP members at the Thomas Coram Research Unit. www.ioe.ac.uk/research/40899.html
 - > Read Eichsteller and Holthoff's paper 'Risk Competence: Towards a pedagogic conceptualisation of risk' (www.thempra.org.uk/downloads/risk.pdf) and the [briefing paper](#) by Petrie et al (www.ncb.org.uk/media/770405/cwct_handout_2_pedagogy_paper.pdf).
 - > [ThemPra](#) is a social enterprise formed in 2008 to provide training courses and promote social pedagogy across the UK. www.thempra.org.uk
 - > [The Social Pedagogy Development Network](#) is a grassroots movement for developing and shaping a UK tradition of social pedagogy. It is led by ThemPra in partnership with Thomas Coram Research Unit, the National Centre for Excellence in Residential Child Care, and Jacaranda Recruitment. <http://social-pedagogy.co.uk/network.htm>
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Social pedagogy in children's homes: pilot evaluation

The social pedagogy pilot evaluation conducted between 2009 and 2011 compared 18 children's homes in England that had recruited social pedagogues (almost all from Germany) with 12 homes that had not (Berridge et al, 2011). Pedagogues were generally well received by young people, staff and managers and most were thought to have contributed to improvements in practice. Few homes had adopted the social pedagogy approach in full, however.

Pedagogues were found to have helped improve behaviour management as well as the engagement of young people, and communication within the team. However, children in homes with pedagogues did no better across a range of outcomes than children in comparison homes.

One challenge was that many pedagogues were expected to undertake the same duties as other residential workers rather than given a role linked to their specialist training. The hierarchical organisation of staff in residential homes was another challenge; in European residential care, the norm is democratic decision-making within relatively flat hierarchies (Cameron et al, 2011; Bowyer and Wilkinson, 2013). Successful sites were characterised by:

‘... a ‘guiding coalition’ of individuals sharing a commitment to engaging with social pedagogic ideas and methods, led by the manager, endorsed by the employer and stimulated by the social pedagogues and, in some cases, practitioners. Managers who were wedded to a narrower interpretation of procedures, minimum standards and associated guidance for practice were less able to support the introduction of social pedagogues, both as practitioners and as the source of new ideas.’ (Cameron et al, 2011)

Factors contributing to successful working with social pedagogy include:

- > knowledge of social pedagogy among all levels of management and a willingness to learn and be challenged
- > wide support from the employer organisation and a willingness to invest resources in training, networking, thinking and reflection
- > not being wedded to existing approaches, and a commitment to debate and reflect and to live with uncertainty as a positive context for the work. (Cameron et al, 2011)

Resources and further reading

- > Read the TCRU’s [final report of the development and implementation of the pilot programme](#) and the [evaluation report for the Department for Education](#) by David Berridge and colleagues.

Social Pedagogy: Emerging practice

- > **Head, Heart, Hands:** social pedagogy in foster care
Head, Heart, Hands is a four-year programme led by the Fostering Network to introduce social pedagogy into foster care across six demonstration sites in England and Scotland – a mix of local authority and independent fostering agencies. The programme requires agencies to make systemic and cultural changes to support a social pedagogic approach. This includes a drive for change from the top of the organisation, an intensive learning and development programme, hands-on support from qualified social pedagogues and a social pedagogic approach to foster carer recruitment. The aim is to improve outcomes for young people and learn how to introduce social pedagogy successfully into foster care in the UK. www.fostering.net/head-heart-hands
- > **Social pedagogy in residential care**
A number of local authorities are developing social pedagogic approaches. Among them is Essex County Council, which has trained staff in residential care in how to work in a social pedagogic way and appointed a development officer to help support the development of social pedagogy in residential services. Staffordshire employs two social pedagogues from the continent, has rolled out training across its children’s homes staffing teams and is introducing social pedagogy training across the wider children’s workforce, including foster carers. The London Borough of Hackney has recruited social pedagogues who are located in their Virtual School for looked after children. A short summary of these initiatives can be found in the [evidence scope](#) prepared for ADCS by Bowyer and Wilkinson (2013). www.adcs.org.uk/download/news/RiP_evidence_scope-models_of_adolescent_care.pdf
- > **The Implementation of Social Pedagogy from the Perspectives of Practitioners: A collection of reflections**
Intrinsic to training in social pedagogy is a requirement for participant practitioners to keep a reflective diary. Extracts from the diaries of residential care professionals in Essex have been published by ThemPra to demonstrate ‘how social pedagogy underpins best practice’ and affirms practitioners’ confidence and their understanding of a situation.

Multisystemic Therapy (MST)

MST has been described by the Brandon Centre, one of the key centres for its implementation in the UK, as ‘more an amalgam of best practices than a brand new method’. MST is a licensed treatment programme, developed in the US over the last 30 years, which works with families where young people are at risk of care or custody and families have not engaged with other services. There is flexibility within the programme to use various evidence-based approaches to address anti-social behaviour, crime and family conflict.

MST draws on theories of social ecology and uses techniques such as cognitive behavioural therapy and family therapy. Therapists are drawn from a range of disciplines, including psychology and social work, and provide intensive support

at home, in schools and in the community. The emphasis is on supporting families to make changes. The underlying premise is that young people's difficulties are multi-causal, so effective interventions must address the multiple sources of influence found in each young person's 'social ecology': family, school, peer groups and neighbourhood.

The NICE guidance on Anti-social Personality Disorder (ASPD) published in 2009 endorses MST as the most effective approach with adolescents aged 12-17 with severe conduct problems and a history of offending who are at risk of being placed in care. ASPD is associated with experiencing high conflict family life in which parenting is harsh and inconsistent and care is chaotic and disrupted. Risk factors include truancy, negative peer associations and substance misuse.

MST: The model

MST draws on theories of social ecology and uses strategies from cognitive behavioural therapy, family therapy and behaviour therapy to intervene directly in family, peer and school relationships and processes that are influencing problem behaviours. A range of evidence-based programmes can be tailored to meet a young person's needs.

The approach is designed to be delivered as a short-term intensive intervention over three to six months by a dedicated professional with a caseload of four to six. This typically amounts to around 60 hours or more of contact time. There will be at least three visits a week at the start of the programme, decreasing towards the end on the intervention. The focus with the family is on problem-solving, with a strengths-based focus on using the resources of peer groups, schools and the wider community.

In contrast to services for adolescents that focus on professionals working directly with young people, MST shifts the emphasis to supporting parents and families to make changes with the support of the therapist. This is seen as critical to keeping parents involved, rather than allowing them to step back from their own role in the young person's negative behaviours.

In order to minimise barriers to family engagement, MST is designed to be delivered 24 hours a day, seven days a week in the family home, school or a community setting rather than in a service centre or clinic. The argument is that treatment is more sustainable if it occurs where the problems are occurring. This contrasts with service approaches that bring young people together in school exclusion units, custody or residential care.

Resources and further reading

> What is MST?

See the MST-UK website for a fuller explanation of MST and its origins, [nine guiding principles](#) and adaptations currently being used in the UK. <http://mstuk.org/>

Outcomes and cost

In the US, a number of randomised controlled trials have shown MST to be effective in decreasing out-of-home placements, anti-social behaviour, offending and substance misuse and improving family relationships and school attendance (Ashmore and Fox, 2011). However, there has been some debate over these findings.

While such an intensive intervention is not cheap to deliver, cost effectiveness research on MST suggests that in the US £5 (in projected future costs on crime, health services and so on) is saved for every £1 invested in the programme (Bowyer and Wilkinson, 2013). The average per unit intervention cost of MST is significantly lower than the average per unit yearly cost for mainstream foster care or residential care (Department for Education, 2011). Adopting MST can also lead to significant savings against the high cost of placement in custody – even deferring young people from custody may have significant long-term benefits (Ashmore and Fox, 2011).

Resources and further reading

> Read Zoe Ashmore and Simone Fox's 2011 [paper on implementing MST in the English pilots](#).

Key organisational elements identified by those involved with MST

- > It's important to set the team up as laid out in the MST model.
- > Adherence to the MST model keeps practitioners focused and avoids their being dragged into a family's agenda, which is a risk when working so intensively on the family's own ground.
- > Practitioners have weekly group supervision and weekly group consultation with supervisors.
- > Flexible working strategies are vital to support the 24/7 nature of the programme.
- > IT support for remote working is essential.
- > Moving to a highly family-centred working model and delivering support around the needs of the families (rather than the service) is a challenge, but is seen to pay high returns in terms of the high levels of engagement achieved with families.

MST in practice: The Brandon Centre – MST for Problem Sexual Behaviour

MST-PSB is a clinical adaptation of MST specifically designed to treat young people with problem sexual behaviour, based on strong research evidence from the US. In January 2010 The Brandon Centre in North London launched its MST-PSB programme, which targets young people aged 10 to 17 who are displaying problem sexual behaviour and are at risk of being taken into care or custody. MST-PSB is designed to work with young people living with their parents or who have been in long-term foster care for at least 18 months. Therapists work with families in their homes and other community settings to ensure ecological validity and encourage long-term sustainable changes. Typically, therapists meet families three to four times a week for between five and seven months and are on-call 24 hours a day, seven days a week. MST-PSB relies heavily on family therapy as a mechanism for change and also draws on models of parent training, CBT and social skills building. The Brandon Centre programme is currently undergoing a randomised controlled trial in partnership with University College London.

www.brandon-centre.org.uk/

Practice example: Adolescent Multi-Agency Support Service (AMASS) Islington

The AMASS project in Islington aims to support families to enable young people to remain at home or in foster placement, and to improve outcomes for young people. The intervention is based on the ICON model, which is CAMHS based and has links to MST. Like MST, the project focuses on parents or carers rather than the young person, setting goals and tracking achievements in a tightly managed staged intervention process. Direct work also takes place with young people. An evaluation report by the Child and Family Welfare Unit at the University of Bedfordshire (Brodie et al, 2009) found that 26 per cent of the AMASS children and young people entered care, compared to an estimated 86 per cent who would otherwise have done so. The evaluation includes cost benefit estimates that show an overall cost benefit to the care system.

6. Additional resources for specific risk-taking behaviours

In addition to those highlighted elsewhere in the briefing, this section lists a range of resources to support work with specific risk-taking behaviours.

Substance misuse

- Frontier Economics (2011) *Specialist Drug and Alcohol Services for Young People: A cost benefit analysis.* (DFE-RR087) London: Department for Education

This study draws on the National Treatment Agency's data on 24,000 young people who received drug and alcohol treatment in the UK in 2008-09. It contains information on young people's characteristics and a range of outcomes including crime, health, housing and education. The report attempts a cost benefit analysis of specialist drug and alcohol treatment measured as a reduction in the economic and social costs of drug and alcohol misuse. This looks at the immediate costs of crime, NHS treatment and drug and alcohol-related deaths, as well as long-term costs if substance misuse continues into adulthood. The study concludes that the immediate and long-term benefits of specialist treatment are likely to significantly outweigh the costs – an estimated benefit of £4.66-£8.38 for every £1 spent on young people's drug and alcohol treatment.

- McArdle P (2008) 'Use and Misuse of Drugs and Alcohol in Adolescence' *British Medical Journal* 337 (7660)

This review examines the scale of substance use disorders among young people and how healthcare practitioners can intervene. Summary points include:

- > Substance misuse or dependence is a form of chronic, relapsing and debilitating illness.
- > Survey findings from a range of countries suggest that parental knowledge of their child's whereabouts protects against substance use (although this may be the result of a confiding parent-child relationship).
- > Without always consciously doing so, healthcare staff can exert substantial psychological 'healing' and stabilisation for troubled young people. Training in communication skills can strengthen this capacity.
- > Healthcare organisations should actively engage young people through alliances with youth services, outreach and continuity of care.

www.ncbi.nlm.nih.gov/pmc/articles/PMC2443553/

- Ashley M, Macgowan M and Wagner E (2005) 'Effective Family-based Interventions for Adolescents with Substance Use Problems: A systematic review' *Research on Social Work Practice* 15 (2)

This review looked at five family-based interventions: Brief Strategic Family Therapy (BSFT), Family Behaviour Therapy, Functional Family Therapy, Multidimensional Family Therapy (MDFT) and Multisystemic Therapy (MST). The review found that MDFT and BSFT showed the strongest evidence of effect, while the others 'represented promising treatments'. MDFT showed clinically significant changes in substance use and large effect sizes at post-treatment and follow up. The review warns that, in order to be effective, these interventions must be implemented using the correct training and protocols.

www.sagepub.com/vaughnstudy/articles/mha/Austin.pdf

Violence against girls in young people's relationships

- The 'This is Abuse' campaign is aimed at preventing 13 to 18-year-old boys and girls from becoming victims and perpetrators of abusive relationships. It encourages young people to re-think their views of controlling behaviour, violence, abuse, sexual abuse and what consent means within their relationships, and directs them to places for help and advice. Resources include a [discussion guide](#) (December 2013) that can be used by a wide range of organisations that work with young people.

- [Partner Exploitation and Violence in Teenage Intimate Relationships](#)

The British Crime Survey shows that teenage girls are more at risk of domestic violence than any other age group, with almost 13 per cent of all young women between the ages of 16 and 19 likely to be victims. This research report (2009) from the University of Bristol and NSPCC is the first British study to provide a detailed picture of the incidence and impact of teenage partner violence. www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_report_wdf70129.pdf

- [‘Standing on My Own Two Feet’: Disadvantaged teenagers, intimate partner violence and coercive control](#)

This second research report (2011) from the University of Bristol and the NSPCC looks at intimate partner violence in the relationships of disadvantaged young people. www.nspcc.org.uk/Inform/research/findings/standing_own_two_feet_PDF_wdf84557.pdf

- [Deeds or Words?](#)

This report from the End Violence Against Women Coalition analyses central government action to prevent violence against women and girls. While it commends some initiatives, such as the Home Office ‘This is Abuse’ campaign to tackle teen violence, it finds that action overall is ‘minimal, poorly resourced and not supported by all parts of central government’. www.endviolenceagainstwomen.org.uk/data/files/Deeds_or_Words_Report.pdf

Gangs and youth violence

- [Catch 22 \(2013\) Violence Prevention, Health Promotion: A public health approach to tackling youth violence](#)

This report examines the extent to which local health and well-being boards are tackling gang and youth violence as a public health issue in those areas identified by the government’s 2011 report as being in particular need of support to tackle gang violence. It recommends a series of steps for health and well-being boards and local authorities to take. www.catch-22.org.uk

- [Ending Gang and Youth Violence: Review 2012-13](#)

This government report takes a qualitative approach to looking at what has been achieved in local areas by the Ending Gang and Youth Violence programme. www.gov.uk/government/publications/ending-gang-and-youth-violence-review-2012-to-2013

- [Addressing Youth Violence and Gangs: Practical advice for schools and colleges](#)

This advice for schools affected by gang and youth violence includes advice on strategies and working alongside local partners. www.gov.uk/government/uploads/system/uploads/attachment_data/file/226293/Advice_to_Schools_and_Colleges_on_Gangs.pdf

Truancy and disengagement from education

- [Cooke E \(2010\) *On the Path to Success: Promoting engagement in learning at Key Stage 3*. Dartington: Research in Practice](#)

This multidisciplinary Handbook is designed for a range of practitioners who work with young people at risk of disengagement from learning at Key Stage 3. It explores approaches to tackling this problem – both to prevent disengagement in the first place and to promote re-engagement. It explores practice guidance and case studies to set out a range of evidence-informed responses to support young people.

- [Ofsted \(2010\) *Children Missing from Education*](#)

This report contains findings from a survey to evaluate the effectiveness of actions by local authorities in relation to children and young people missing from education. The report’s key findings contain useful messages about best policy and information-sharing. In the best practice observed, ‘preventing children from becoming “missing” was a high-level strategic responsibility, often led by the education welfare service’. The nine local authorities in which there were academies were ‘struggling to establish consistent communication’ on this issue with academies. www.ofsted.gov.uk/resources/children-missing-education

- Sutphen R, Ford J and Flaherty C (2010) 'Truancy Interventions: A review of the research literature' *Research on Social Work Practice* 20 (2)

This systematic review of evaluative studies of truancy interventions found only 16 studies evaluating US interventions from 1990-2007. Promising interventions reported included focused support group work, providing student incentives for attendance and working with the families of at-risk students.

Self-harm and suicide

- Royal College of Psychiatrists (2010) *Self-harm, Suicide and Risk: Helping people who self-harm*

This report focuses on the role of mental health and other health professionals in supporting people at risk of suicide or self-harm. It does not focus on young people exclusively and is one of a series of RCP reports from a programme of work on the broad issue of risk. The report examines the public health policy issues, considers practice by health professionals and multi-agency colleagues, and looks at interventions that have been found to be effective with people who self-harm. www.rcpsych.ac.uk/files/pdfversion/cr158.pdf

- Hawton K, Townsend E, Arensman A, Gunnell D, Hazell P, House A and van Heeringen K (1999) '*Psychosocial and Pharmacological Treatments for Deliberate Self-harm*' *Cochrane Database of Systematic Reviews*

This Cochrane Collaboration systematic review evaluates the effectiveness of treatments for self-harm in terms of prevention of further suicidal behaviours.

Runaways

- Railway Children (2012) *Reach: A new model of intervention for children before, during and after they run away*

This Railway Children report includes an independent evaluation of the charity's Reach model, which was set up in response to earlier research that asked young people who had run away what type of support they needed. The model incorporates seven interlinked services to support children before, during and after episodes of running away – preventive education, detached street work, a local helpline, a refuge offering up to 14 consecutive nights' accommodation, missing person return interviews and one-to-one casework, as well as family support. Evaluation suggests the project significantly reduced the number of young people at continued risk and generated savings of £1.85 for every pound spent. To be effective, however, support must be delivered as part of a community response in partnership with social services, schools, mental health and family support services. A mixed funding model that includes financial support from the police, private corporations and charitable funds can increase stability and help ensure partnership engagement. This report focuses on the impact of the Reach model in South Yorkshire, where it was delivered in partnership with the charity *SAFE@LAST*. www.safeatlast.org.uk



Photo: Alice Carfrae

• Ofsted (2013) *Missing Children* This report considers the effectiveness of arrangements to safeguard children, including looked after children, at risk of running away or going missing. It is based on the findings of Ofsted inspections in a sample of ten local authority areas. While inspectors saw evidence of ‘some tenacious partnership working’ and found that information was generally shared effectively when children went missing, they also found gaps in practice. It was not always clear that safe and well checks had been undertaken, as statutory guidance requires, and it was ‘rarely evident’ that independent in-depth return interviews had taken place to explore why a child had run away and to identify support needs. Strategic approaches to addressing the needs of missing children were not well developed. Common features of cases where the frequency of missing incidents had reduced were:

- > effective multi-agency working following a sound assessment of need that took full account of historical information
- > timely and persistent family support
- > the quality of the child’s relationships with professionals, including worker continuity
- > good matches with well-supported carers
- > listening to and taking account of the views of children.

• Ecotec (2010) *A Report on the Young Runaways Situation in London*. Government Office for London
This report, which includes a literature review, uses stakeholder interviews to provide an up-to-date picture of the situation for young runaways in London. The study found a lack of awareness of existing protocols among frontline staff (although protocols were generally understood by senior and middle managers). Protocols were clearer for children in care and those subject to a Child Protection Plan. The report finds third sector provision offered a ‘more comprehensive approach’ for runaways than local authority provision. The report includes a set of practice examples and a suggested approach to establishing a cost benefit assessment of interventions for young runaways.

Service recommendations include ensuring strong strategic leadership to drive progress, multi-agency coordination involving LSCBs and direct service provision at a sub-regional level to achieve economies of scale and a consistent service. The report identifies the return interview as critical in identifying long-term needs and risks and referring young people to appropriate support. It also identifies safe, direct-access, emergency accommodation as a critical part of a successful response to young runaways. A recurrent opinion from all stakeholders was the value and need for refuge provision.

• Rees G, Franks M, Medforth R and Wade J (2009) *Commissioning, Delivery and Perceptions of Emergency Accommodation for Young Runaways*. (DCSF-RR181) London: DCSF

This study was commissioned to explore possible solutions to the refuge and emergency accommodation needs of young runaways. It explores a range of models and practice examples but makes clear that no one model is universally applicable. The most viable option is a combination of existing local authority emergency accommodation provision together with the development of fixed or flexible refuge provision. The possibility of shared cluster approaches across local authority areas should be explored. The report includes a discussion of the potential cost savings of effective crisis response services. Its findings are also discussed by Bowyer in an article – ‘*Emergency Accommodation for Young Runaways*’ – in *Community Care* (4 February, 2010).

• Moore S (2010) *Performance Pointer: Children missing from home or care*. Dartington: Research in Practice
Running away is linked to serious immediate risks including offending, substance misuse and sexual exploitation, as well as to poor outcomes in adulthood. This briefing is aimed at staff involved in performance monitoring and service delivery. It brings together research, promising practice and performance data and examines how the combination of good local data and key research messages can help improve local service provision around children who go missing from home or care. www.rip.org.uk/publications/performance-pointers

Sexual exploitation

- Office of the Children's Commissioner (2013) *If Only Someone Had Listened: Inquiry into Child Sexual Exploitation in Gangs and Groups*

The final report of the Children's Commissioner's two-year inquiry into sexual exploitation in gangs and groups identified 'serious gaps in the knowledge, practice and services required' to tackle the problem. Despite statutory guidance having been in force since 2009, agencies in many local areas had only recently started to come together to tackle the problem. The inquiry report sets out a new 'See Me, Hear Me Framework' for protecting children and young people, informed by seven principles of effective practice. Published alongside the final inquiry report are two further publications:

- > 'It's wrong ... but you get used to it.' A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England
- > 'Sex without consent, I suppose that is rape.' How young people in England understand sexual consent

www.childrenscommissioner.gov.uk/content/publications

- Barnardo's (2011) *Puppet on a String: The urgent need to cut children free from sexual exploitation*

This report draws on Barnardo's long-standing work in this field and includes practice and policy recommendations to improve statutory response and the provision of services. www.barnardos.org.uk/ctf_puppetonastring_report_final.pdf

- **ENGAGE! Tackling child sexual exploitation in Blackburn and Darwen**

This briefing describes the multiagency ENGAGE project set up to tackle child sexual exploitation in Blackburn and Darwen. Working as an integrated and co-located multi-agency partnership, the team has helped reduce the number of children reported as missing from home, reduce the number of repeat incidents of going missing, increase prosecutions for child sexual exploitation and increase awareness of prevention strategies across the area. In 2009 the project won an Association of Public Service Excellence (APSE) award for public partnership working and a Home Office Problem Oriented Partnership Award.

- **The International Centre for Researching Child Sexual Exploitation, Violence and Trafficking, University of Bedfordshire**

The International Centre is committed to increasing understanding of and improving responses to child sexual exploitation, violence and trafficking in local, national and international contexts. A key objective is to ensure that scholarship is accessible to practitioners to influence the development of policy and practice. The Centre has produced a **Data Monitoring Tool** for agencies working to tackle child sexual exploitation and a **Self-Assessment Tool** to assess progress in protecting children. Its report **What's Going On to Safeguard Children and Young People from Sexual Exploitation?** looks at how local partnerships respond to exploitation and sets out a series of recommendations for LSCBs. www.beds.ac.uk/research/iasr/centres/intcent

- **NWG Network**

The NWG is a charity and UK network of over 1,000 practitioners working on the issue of child sexual exploitation (CSE) and trafficking within the UK, including both voluntary and statutory services. Its principal objective is to offer support and advice to those working with children and young people affected by sexual exploitation. The NWG Network holds regular forums, events and surgeries, including forums for practitioners and specialist seminars.

www.nationalworkinggroup.org/

- Stacey L (2009) *Whose Child Now? Fifteen years of working to prevent the sexual exploitation of children in the UK*. Ilford: Barnardo's

Fifteen years after Barnardo's established its first sexual exploitation project in Bradford, this report looks at the work of more than 20 such projects working to protect children and young people from sexual exploitation. It includes case histories and profiles of good practice.

NICE guidance

Relevant public health guidance from the National Institute for Health and Clinical Excellence (NICE) includes:

PH3 Prevention of sexually transmitted infections and under-18 conceptions <http://guidance.nice.org.uk/PH3>

PH4 Interventions to reduce substance misuse among vulnerable young people <http://guidance.nice.org.uk/PH4>

PH7 School-based interventions on alcohol <http://guidance.nice.org.uk/PH7>

PH14 Preventing the uptake of smoking by children and young people <http://guidance.nice.org.uk/PH14>

PH23 School-based interventions to prevent smoking
<http://guidance.nice.org.uk/PH23>

PH24 Alcohol use disorders – preventing harmful drinking <http://guidance.nice.org.uk/PH24>

PH28 Looked after children and young people <http://guidance.nice.org.uk/PH28>

Forthcoming

[Domestic Violence and abuse – identification and prevention](#) (expected February 2014)



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