The Children's Society

Safeguarding Young People:

Responding to young
people aged 11 to 17
who are maltreated

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Responding to young people aged 11 to 17 who are maltreated

Gwyther Rees, Sarah Gorin, Alison Jobe, Mike Stein,
Ros Medforth and Haridhan Goswami

The Children's Society is a leading children's charity committed to making childhood better for all children in the UK. We take action to prevent, rescue and support children facing violence, neglect, poverty and discrimination in their daily lives. We give children the hope and confidence they need to face the future with optimism. We never turn away.

Acknowledgements

Further information

An electronic copy of this report and further information about the research study are available at:

> www.childrenssociety.org.uk/research/safeguarding

If you have any queries about this report or about the research project in general, please e-mail: research@childsoc.org.uk.

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Introduction

The protection of children and young people from abuse and neglect is currently a topic of considerable debate in professional circles, in the media and amongst the general public. The death of Baby Peter which hit the headlines in November 2008 was the latest in a series of disturbing cases[1] over the last few decades which have caused considerable public concern about the most effective way of safeguarding children at risk of harm.

These cases have generally involved death or serious injury to a child under the age of 11. Yet recently there has also been some recognition of the risks faced by young people in the 11- to 17-year old age group. For example studies of Serious Case Reviews – which take place in cases of death of, or serious injury to, a child or young person – have shown that over a fifth of such cases related to young people aged 11 and over (Brandon et al, 2009). There are over 9,000 young people aged 11 to 17 subject to a child protection plan in England. Research in other countries has highlighted the importance of acknowledging the different maltreatment experiences and needs of young people, as compared with younger children. Yet, in the UK, the issue has received very little attention.

By virtue of their generally different capacities and lifestyles, it seems reasonable to suggest that the risks faced by these older young people are likely to be quite different to those faced by very young children and that therefore ensuring the safety of these young people requires specific attention. However, child protection research has paid relatively little attention to this issue – often tending to treat all children and young people between the ages of 0 and 17 as a homogeneous group. An international review undertaken a decade ago (Rees & Stein, 1999) found very little research on child protection issues with a specific focus on older young people. By the

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[1] Earlier cases include Maria Colwell in 1973; Jasmine Beckford in 1984; Leanne White in 1992; Victoria Climbié in 2000

mid 2000s, when the funding proposal for the current project was prepared, there was little change in this picture.

The study described in this report was intended to fill this research gap. The *Safeguarding Young People* research study was a three-and-a-half year project undertaken in partnership by The Children's Society, NSPCC and the Social Policy Research Unit at the University of York with funding from the Big Lottery Research Grants Programme.

In this introductory chapter we briefly describe the aims of the research study; the policy context within which it has taken place, the research methods, and also provide an overview of the structure of the remainder of the report.

Purpose and aims

The purpose of the research is:

> To explore access to, and initial responses of, services for young people with potential maltreatment issues

in order to:

- inform future policy

- inform practitioners in statutory and voluntary agencies

- inform future training of practitioners working with young people

The aim of the research is to promote improved protective responses for this target group.

The national policy context: safeguarding young people

The purpose of this section is twofold: first, to summarise recent policy developments in safeguarding children; second, given the underlying rationale of the study – that the needs of maltreated teenagers have received very little attention, as compared to younger children - to identify the focus given to 'age and development' within the safeguarding policy context.

It is important to note that the material in this section describes the policy context during the period when this research project was undertaken (early 2007 to mid 2010). It covers policy developments up to March 2010. At the time of writing (July 2010) the new Government has commissioned an independent review relating to child protection.

Recent policy developments in safeguarding

The policy framework for children and young people living in England is based on the belief that 'all children deserve the opportunity to achieve their full potential' (DCSF 2010: 29). The vision is of a continuum of policy and practice responses, from universal services, including access to information and advice, to highly specialist services for the most vulnerable children, including maltreated teenagers.

The Victoria Climbié Inquiry Report and the Government's Green Paper, *Every Child Matters*, published together in 2003, provided the catalyst for change, both in the organisation and delivery of children's services and the location of 'child protection' within a wider safeguarding agenda. The Climbié Report identified many issues that had been raised by earlier inquiries and research studies including: poor inter-agency working and the failure to follow agreed protocols; a failure to 'share information', so nobody had an overall picture of the child and family; a failure to connect 'family support' with child protection and insufficient awareness of child protection issues.

In *Every Child Matters*, the Government's aim for all children and young people, whatever their background or circumstances, was to have the support they need to improve outcomes in five key areas:

- being healthy

- staying safe

- enjoying and achieving

- making a positive contribution

- achieving economic well-being

Every Child Matters also set out four key themes: increasing the focus on supporting parents and carers; early intervention and effective protection; strengthening accountability and integration of services at all levels, and; workforce reform. These two documents laid the foundations for the new safeguarding agenda – connecting what was regarded as 'child protection' with 'staying safe' and the other *Every Child Matters* universal outcomes.

Every Child Matters resulted in a major consultation exercise and review of children's services. This led to the publication of *Every Child Matters: the Next Steps* and the Children Act 2004, the latter strengthening the legal framework to protect and safeguard children from harm. This included: setting out the *Every Child Matters* outcomes in statute; a requirement that local authorities combine their children's social care and education functions under a new Director of Children's Services; the replacement of Area Child Protection Committees by Local Safeguarding Children Boards with membership drawn from all the agencies that are involved in improving outcomes for children and young people; the creation of Children's Trusts under the duty to co-operate,

and the duty on all agencies to make arrangements to safeguard and promote the welfare of children. The 2004 Act also made provision for the establishment of a Children's Commissioner for England, and authorised the setting up of a national index containing basic data on all children.

In April 2006 the Government published its statutory guidance *Working Together to Safeguard Children* (HM Government, 2006). This built upon the foundations and principles of its 1999 'working together' guidance but was updated to take into account further development including: the 2003 Laming Report into the death of Victoria Climbié; Joint Inspectors Reports; changes introduced by the *Every Child Matters: Change for Children Programme* and; the introduction of the Children Act 2004.

In December 2007, the Department for Children, Schools and Families published *The Children's Plan: Building Brighter Futures,* setting out goals for improving the well-being and health, safety, education and careers, of children and young people, by 2020. Also linked to the *Children's Plan* was the issuing of statutory guidance on Children's Trusts – entrusted with responsibility of delivering the 'high ambitions' of the Children's Plan, in placing the family *'at the centre of excellent integrated services'.*

The Children's Plan included a commitment to a *Staying Safe: Action Plan.* Following a consultation document this was published in 2008, covering the full span of the *Every Child Matters* 'staying safe' outcome, with proposals organised to cover *'*universal' (all children and young people), 'targeted' (vulnerable groups of children and young people) and 'responsive' (children and young people who have been harmed) safety issues.

In November 2008, in response to the death of Baby Peter, Lord Laming was asked by the Secretary of State for Children, Schools and Families to '*provide an urgent report of the progress being made across the country to implement effective arrangements for safeguarding children'* (HM Government 2010: 30). In March 2009 he published *The Protection of Children in England: A Progress Report.* His report concluded that '*robust legislative, structural and policy foundations are in place*' but made 58 recommendations '*to ensure that services are as effective as possible at working together to achieve positive outcomes for children*' (HM Government, 2010: 30; Laming 2009).

Working Together to Safeguard Children 2010

The Government accepted all of Lord Laming's recommendations and in May 2009, published *The Protection of Children in England: Action Plan* detailing their response. In March 2010 the Government published *Working Together to Safeguard Children* which revised and updated their 2006 guidance and addressed 23 of Lord Laming's recommendations (HM Government, 2010b)

Its statutory guidance for all agencies and professionals, describes 'safeguarding and promoting the welfare of children' as:

- Protecting children from maltreatment

- Preventing impairment of children's health or development

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and

- Undertaking that role so as to enable these children to have optimum life chances and to enter adulthood successfully

HM Government, 2010b:34

Working Together also details how 'child protection' relates to 'safeguarding':

Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

HM Government, 2010b: 35

The developments detailed above have led to the current framework for organisations which work with children and young. This consists of three connected levels: universal outcomes for all children; safeguarding children, including prevention and promotion; and child protection, focussing on the children most 'at risk' of harm. The latter group include maltreated children and young people. They may '*be abused in the family or in an institution or a community setting, by those known to them or, more rarely, by a stranger for example via the internet. They might be abused by an adult or adults, or another child or children*' (HM Governement, 2010b: 38). The categories of maltreatment included in this report are physical abuse; emotional abuse; sexual abuse and neglect.

Local authorities have the responsibility for '*safeguarding and promoting the welfare of children, working in partnership with other public organisations, the voluntary sector, children and young people, parents and cares and the wider community*' (HM Government 2010b: 9). As well as children's services, '*other functions of local authorities that make an important contribution to safeguarding are housing, sport, culture and leisure services, and youth service*' (HM Government 2010b: 9). The range of organisations that work directly with, and whose work affects children and young people, identified in *Working Together* includes: health services and organisations, criminal justice organisations, schools and further education institutions, early years services, the Family Court Advisory and Support Service (Cafcass), the armed services, the voluntary and private sectors, and faith communities.

Children and young people who generate professional concern are regarded as having 'additional needs' – who require targeted or specialist support to progress towards the five universal outcomes. The Common Assessment Framework is used to identify these additional needs and the involvement of agencies. If there are concerns about children's welfare then the processes outlined in *Working Together* are followed: assessment (by completing the

Assessment Framework on children in need and their families); planning; intervention; and reviewing.

The main responses to individual children and young people when there are concerns about their welfare, outlined in *Working Together* include: referral to a statutory organisation; undertaking an initial assessment; taking urgent action, if necessary to protect the child from harm; holding a strategy discussion, or where appropriate convening a child protection conference; undertaking a core assessment as part of the section 47 enquiries to decide whether a child is at continuing risk of significant harm and, if so, putting a child protection plan in place; implementing the plan; and reviewing it at intervals.

In light of the Laming recommendations, the importance of being 'child centred' is emphasised. The child's '*welfare should be kept sharply in focus in all work with the child and family. The significance of seeing and observing the child cannot be overstated*' (HM Government 2010b:133).

Age and development in safeguarding policy

The needs and experiences of maltreated teenagers has received very little attention – even though there are substantial numbers of young people aged 11 and above who are the subject of a child protection plan. This study has explored the extent to which this may be shaped by the attitudes and practice of those who work with children and young people. A consideration of the priority afforded to 'age and development' in official policy documentation, is a useful starting point.

The Common Assessment Framework

The Common Assessment Framework (CAF) is used '*to enable early and effective assessment of children and young people who need additional services or support from more than one agency*' (HM Government 2010b: 44). The Children's Trust Board have the responsibility for having '*clear arrangements in place for implementing the CAF locally…ensuring that the whole children and young people's work force are aware of it and how it is used, and that there are enough people in the local area with the necessary skills, training and support to undertake a CAF*' (HM Government 2010b: 45)

Its three main domains are: development of the baby, child or young person; parents and carers; and, family and environments. There is clear evidence of attention to 'age and development' within the elements of the CAF including health, emotional and social development, behavioural development, family and social relationships, self-care skills and independence, participation in learning, education and employment, and progress and achievement in learning.

The Framework for the Assessment of Children in Need and the Families

The Assessment Framework is used for the assessment of all children in need, including where there are concerns that a child or young person may be suffering significant harm. 'A child's developmental needs' is one of the three domains of the Assessment Framework and 'evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context' is seen as central to judgements about 'the child's welfare and safety'.

All the dimensions of 'the children's developmental needs' highlight the significance of age and development: for example by reference to 'and for older children, appropriate advice and information on issues that have an impact on health' (health); 'covers all areas of a child's cognitive development which begins from birth (education)'; 'as the child grows older' (emotional and behavioural development); 'age may contribute to this' (identity); 'age appropriate friendships' (family and social relationships); 'appropriateness of dress for age' (social presentation), and; 'independent living skills as older children' (self care skills).

The Core Assessment Records

Some of the potential differences to be considered when identifying maltreatment according to the age of the child or young person are illustrated in the Core Assessment Records produced to support the implementation of the Assessment Framework.

The records are set out in the following age bands: 0 to 2 years old (including background information on pre-birth influences); 3 to 4 years old; 5 to 9 years old; 10 to 14 years old; 15 years and over. Each record includes the seven dimensions of the child's developmental needs identified in the Assessment Framework. Within each of these dimensions a number of statements relating to parenting capacity are identified under each dimension of parenting capacity in the Assessment Framework. There are differences in how parents nurture and provide care for children in the 5- to 9-year-old and the 10- to 14-year-old age bands, with an emphasis on direct care for the younger age group and on facilitative parenting for the older age group.

There are additional relevant differences between bringing up children and young people in the 10- to 14-year-old and the 15 years and over age bands, for example: parental support for young people in further education and employment; recognition of parental acceptance of a young person's sexual orientation and in providing information on the risks to health of unprotected sex; and a greater recognition of young people's independence, which for some young people may include living in their own accommodation and looking after their own children. These distinctive elements of appropriate parenting for adolescents provide important information for practitioners to

use when considering the ways that maltreatment may be identified in this age group.

To provide one example of the approach taken here, the following is a comparison of the expected parental behaviours to ensure safety of young people in relation to education:

Child's developmental need: Education; Parental capacity: Ensuring safety

5- to 9-year-olds	10- to 14-year-olds	15 years and over
Where appropriate, the child is always accompanied to school	Parent tries to ensure the journey to and from school is safe	Parent tries to ensure the journey to and from school/work is safe
Responsible, known adults take and fetch the child from school	Where necessary, parents have taken action over bullying	Where necessary, parents have taken action over bullying
Where necessary, parents have taken action over bullying		

Working Together 2010

In *Working Together* the importance of 'child development' is stressed: '*Each stage from infancy through middle years to adolescence, lays the foundation for more complex development…planned action should also be timely and appropriate for the child's age and stage of development*' (HM Government 2010b:134).

In Chapter 9 of *Working Together – Lessons from research*, 'the children's age' is recognised as important in considering the impact of neglect. This makes reference to *Neglected Adolescents: a review of the research* (Stein et al 2009). In the same chapter research evidence on the consequences of social exclusion, domestic violence and the mental illness of a parent or carer are explored in relation to '*four stages of childhood: the unborn child; babies and infants (under 5 years), middle childhood (5 to10 years) and adolescence (11 to16 plus years)*.'

As indicated above, *Working Together* also details the wide range of organisations involved in safeguarding children and young people, including those who work specifically with teenagers, and the use of the Common Assessment Framework in identifying and responding to young people's 'additional needs'.

Youth Policy

Local authorities are expected to provide 'integrated youth support services', bringing together both universal and targeted services based on what young people need. The former includes helping all children and young people achieve the five *Every Child Matters* outcomes through agencies working in partnership - as set out in the *Children's Plan* (DCSF 2007b) and *Aiming high for young people: a ten year strategy for positive activities* (HM Treasury, 2007a)*.*

The latter, Targeted Youth Support, '*aims to ensure that the needs of vulnerable teenagers are identified early and met by agencies working together effectively.*' (DCSF, 2007a: 4).

Targeted Youth Support, A Guide (DCSF, 2007a), draws upon the experience of 14 pathfinder areas. It identifies seven key elements:

- Strengthening the influence of vulnerable young people, and their families and communities, and their ability to bring about positive change

- Identifying vulnerable young people early, in the context of their everyday lives

- Building a clear picture of individual needs, shared by young people and the agencies working with them, using the Common Assessment Framework

- Enabling vulnerable young people to receive early support in universal settings. Helping all agencies to draw in extra help on behalf of young people, through links with other agencies and organisations

- Ensuring vulnerable young people receive a personalised package of support, information, advice and guidance, and learning and development opportunities, with support for their parents or carers as appropriate. This should be co-ordinated by a trusted lead professional and delivered by agencies working well together

- Providing support for vulnerable young people across transitions, for example, moving on from school or from the support of one service to another as needs change

- Making services more accessible, attractive and relevant for vulnerable young people

Although a central aim of targeted youth support is early intervention, there is also recognition of 'entrenched problems', and the need to *'dovetail with the specialist or statutory provision they may already be receiving'* (DCSF, 2007a: 5)*.* Effective targeted support is seen as addressing the risk factors that may result in poor outcomes (as identified in *Every Child Matters*), and in building

young people's resilience – responses also highlighted in the Treasury *Policy Review of Children and Young People* (HM Treasury, 2007b).

Services which are seen as 'essential' to the delivery of targeted youth support are: schools and extended services; youth work providers; health, child and adolescent mental health services; connexions; housing and supporting people; voluntary and community organisations; children's services; police; youth justice; post 16 education providers; and parenting support. As detailed above, Targeted Youth Support uses the Common Assessment Framework to identify young people needs and services.

Aiming high for young people – three years on (HM Government 2010a) reviews the commitments aimed 'at reaching out to engage and support the most vulnerable and disadvantaged teenagers' (HM Government 2010a: 31). It refers to the development of 'targeted youth support services' in every local authority including 'arrangements in place that meet needs earlier and better' (HM Government 2010a: 33). Also in relation to engaging the most vulnerable young people, the report highlights Government investment in *myplace* centres, Positive Activities for Young People Programme (PAYP), the Positive Futures programme, and the Do it 4 Real residential activity programme.

Finally, other Government programmes aimed at specific groups of very vulnerable young people include: Young Runaways Action Plan; the Youth Task Force Action Plan; the Youth Crime Action Plan; the Youth Alcohol Action Plan; the Tackling Knives Action Programme and the Teenage Pregnancy strategy.

Summary

As detailed above, this study has been carried out against a background of major changes in law, policy and practice in relation to safeguarding children, including maltreated teenagers. There is clear evidence in official safeguarding and youth policy documentation (and related processes) that 'age and development' should be addressed in assessment and the provision of services. How far this is reflected in the attitudes and practice of those who work with maltreated teenagers is explored in the substantive chapters of the report.

Research methods

The research consisted of four linked components:

- A literature review
- A policy study

- A survey of professionals

- A study of practice

In this section we provide a brief overview of the each of these components. More detailed information on methodology is provided in an appendix.

Literature review

This component involved a search and review of international research literature, published in peer-reviewed academic journals on the prevalence and incidence of maltreatment of young people, contexts and outcomes of maltreatment, and assessments and initial service responses. The purpose of the review was to update a similar previous review published in 1999 (Rees & Stein, 1999). The key findings from the review are presented in Chapter 2.

Policy study

This component included an analysis of policy and guidance literature; and telephone interviews and consultation with key informants in local and national statutory and voluntary sector agencies.

The analysis of policy and guidance literature has been presented earlier in this chapter.

Eleven professionals (six from local authorities and five national stakeholders) contributed views to the research through telephone interviews and e-mail consultation. A further 17 professionals from government, voluntary agencies and the academic sector participated in a seminar held in January 2009 to discuss emerging findings from the project.

Professional survey

This component involved a vignettes-based survey of professionals in children's social care services and potential referring agencies (statutory and voluntary sectors) in a representative sample of 12 areas of England.

The main purpose of this survey was to examine how professional perceptions and decisions about hypothetical scenarios of potential maltreatment varied according to the age of the child or young person in the scenario. To this end, respondents were presented with ten scenarios representing different types of potential maltreatment. The age of the child or young person in the scenario was varied randomly between 8 and 17 years of age. This method has been used in a number of previous similar studies in other countries (see Chapter 2 for a brief review). Further explanation of this method is provided within the text of Chapters 4 and 6. In addition, respondents were asked some more general questions regarding their views

about the workings of the safeguarding system in relation to young people aged 11 to 17.

A total of 161 professionals across the 12 areas participated in the survey. This included 119 professionals from referring agencies (Police, teachers, voluntary sector workers and youth justice workers[2]) and 42 professionals within children's social care services.

The survey yielded both quantitative and qualitative data. The findings from this survey are presented in Chapters 4 and 5.

Practice study

This component involved an analysis of child protection referral data and interviews with young people and professionals in four areas of England. These four areas were selected from within the 12 areas covered by the professional survey to include one area of each of the following four types – shire county, unitary authority, metropolitan area outside London, area within Greater London.

The quantitative part of this study involved gathering age-specific data on referrals to children's social care and the processing of these referrals over a 12 month period in each of the four areas. The purpose of this was to explore age-related patterns in service responses. The findings from this part of the study are presented in Chapter 5.

The qualitative part of the study involved in-depth interviews with young people who had experience of safeguarding processes, professionals within children's social care services who worked on child protection issues, and professionals within other agencies who had experience of making referrals to children's social care services of young people aged 11 to 17 on the basis of child protection concerns.

The final interview sample consisted of 24 young people, 22 children's social care professionals and 34 professionals from referring agencies (Police, teachers, voluntary sector workers, Connexions staff and youth justice workers).

The findings from this component of the study are presented in Chapters 4, 5 and 6.

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[2] The intention was also to include health professionals (GPs and Child and Adolescent Mental Health Services staff) in the survey and practice study. However unfortunately it did not prove to be possible to conduct the research with these professional groups within the same time scales. Details of that aspect of the work will be published at a later date.

General information

Ethics and research governance

The research project received approval from the Research Group of the Association of Directors of Children's Services; an ethics committee at the University of York; through research governance frameworks of participating local authorities where required; and from a health ethics research committee.

Challenges

There were three particular challenges experienced during the conduct of this research project which had an impact on the progress of the study and the final samples achieved.

First, some of the ethics and research governance approaches described above were quiet arduous and time-consuming, involving a number of stages and processes. This meant that progress with gaining approval for the research was slower than anticipated.

Second, the main data collection phase of this research project was undertaken during a particularly pressurised period for agencies working in the child protection field. The Baby Peter case was publicised at a time when approaches were being made to local authorities and other agencies to participate in the project and this inevitably had an impact on the capacity of agencies and individual professionals to participate in the research. This affected the sample sizes of professionals achieved for both the survey and the practice study.

Third, the final phases of the project were undertaken at the time of the 2010 General Election, and this affected participation rates of national stakeholders in the policy study.

Structure of the report

The structure of the remainder of the report is as follows:

Chapter 2 summarises the results of the literature review focusing on previous published research which specifically addressed issues of maltreatment amongst older young people.

Chapter 3 explores maltreatment from young people's perspective – focusing on qualitative interviews with young people. It explores young people's experiences of referring agencies and children's social care staff.

Chapter 4 explores the perspectives of some of the key referring agencies – the police, schools, youth justice teams and the voluntary sector. It discusses how risk is assessed and decisions to refer are made by these professionals and their experiences of making referrals to children's social care.

Chapter 5 summarises statistics on young people involved in the child protection system in England, including a detailed analysis of statistics provided for this study by four of the participating local authorities.

Chapter 6 explores responses to cases of potential maltreatment of young people by social work staff in local authority children's social care services – including risk assessment, decision-making about referrals and initial responses.

Chapter 7 draws together the material presented in Chapters 2 to 6. It summarises the key findings of the study, discusses the implications and concludes with a set of key messages about future policy, practice and research in relation to the maltreatment of older young people.

Language

A number of terms and abbreviations are used regularly in the report which may require some clarification.

Age groups

First of all, as the research focuses on young people aged 11 to 17 it is often necessary to compare this group with younger children. In the interests of brevity we have adopted the following convention throughout the report, unless additional specific reference is made to age groups:

- The terms 'young person' and 'young people' always refer to the 11 to 17 age group unless otherwise qualified.

- Similarly the terms 'child' and 'children' always refer to the 0 to 10 age group.

- Where we refer to the entire age group from 0 to 17 we use the terms 'child or young person' and 'children and young people'.

Maltreatment

We have used the term 'maltreatment' throughout the report as an umbrella term to describe all forms of abuse and neglect.

Abbreviations

We have also used a number of abbreviations in the report, as follows

CAF	Common Assessment Framework
DCSF	Department for Children, Schools and Families – now the Department for Education
CIN	Child in Need
CPP	Child Protection Plan
TAC	Team Around the Child
YOT	Youth Offending Team
CAMHS	Child and Adolescent Mental Health Services

2

Literature review

This chapter summarises a review of literature in academic journals which makes specific reference to the maltreatment of young people. An initial literature search and review was undertaken at the beginning of the project in 2007 to inform the detailed development of the research methodology. This was then updated in early 2010 to integrate additional literature published in the intervening period. Some additional relevant material was also identified in books and reports on maltreatment. The methodology of the review is described in detail in the appendix.

The chapter focuses on published evidence on the following key topics:

- Definitional issues

- Prevalence of maltreatment of young people

- The background context to the maltreatment of young people

- The consequences of maltreatment of young people

- Attitudes and perceptions of what constitutes maltreatment of young people

- How child protection / safeguarding services initially respond to referred cases of maltreated young people

The aim of this chapter is to set the current research project within a wider context of research on this particular topic. It should be noted that conducting a review of literature on this topic was a major challenge. There was a relatively small amount of literature identified which focused specifically on issues of maltreatment of young people. However it is evident that there is a much larger range of literature which makes some reference to age-specific issues. The literature search identified over 3,500 potentially relevant references. It was a major task to work through the abstracts of these references to reduce the number to a manageable amount. As a result, whilst every effort has been made to be as comprehensive as possible, we clearly

can not claim that the material presented in this chapter represents a complete picture of all relevant research related to young people aged 11 to 17 who are maltreated.

We have focused primarily on literature published since 1997 (a previous review – Rees & Stein, 1999) had covered literature up to that time. However, in some cases we have included earlier literature where it is particularly relevant or where there is a lack in more recent work on particular topics.

Definitional issues

Clearly issues of definition are critical to any discussion of a social issue such as the maltreatment of young people. Clarity of definition is important both for professional practice and also for research studies. In this section we focus on issues of age-sensitive definitions of maltreatment.

In considering this issue it quickly becomes clear that age is a critical dimension of definitions of maltreatment, as illustrated by the following example:

> *.. a caregiver must be able to adapt to the changing needs of a child. Failure to do so could constitute an act of maltreatment, depending on the development level of the child. For example, whereas close monitoring and physical proximity are expected with a new-born, a similar parenting style with an adolescent would be inappropriate and, taken to extremes, emotionally abusive.*
>
> *Cicchetti & Toth, 1995*

We found relatively little research-based literature which considers definitions from an age-specific viewpoint. However the issue is discussed in some detail in a few texts.

A potentially key issue in thinking about age-related definitions of neglect is the nature of the developmental issues and tasks which, on average, a young person will be faced with at different ages. This issue is relevant in that it helps to clarify the nature of the support which adolescents might need from parents and carers and the ways in which this might differ from the support needed by younger children.

A useful overview is provided by Scannapieco & Connell-Carrick (2005) who note that the transitions during adolescence involve changes which are physical, cognitive, social and psychodynamic. They observe that one of the '*primary tasks of adolescence is the discovery of self'*. This sometimes entails difficult adjustments where, along with physical changes, common manifestations of the transition include delinquency, depression and suicide.

Scannapieco and Connell-Carrick go on to investigate the consequences of maltreatment in line with stages of development. For example in relation to neglect they summarise as follows:

- *Cognitive-behavioural* : Poor school performance; low overall intelligence levels, low achievement scores and difficulty with problem solving; academic failure; lack coping and problem solving skills

- *Socio-emotional:* Heavy alcohol and drug use during adolescence; more likely to have attempted suicide; appear apathetic and indifferent to identity; serious social and personal difficulties

- *Physical:* The effects of neglect may continue from childhood; experiencing neglect and physical abuse and neglect together increases the risk of parenthood in both sexes in adolescence

A similar approach has been taken in relation to emotional abuse by Garbarino (1989). For example in relation to maltreatment through isolating a child or young person, Garbarino suggests that, for an infant this could involve '*.. denying the child the experience of enduring patterns of active interaction with parents or parent substitutes'* whereas for an adolescent it could involve the parents trying '*to prevent the child from participating in organised and informal activities outside the home'* (cited in Rees & Stein, 1999).

In relation to maltreatment research, age-related issues of definition are not commonplace. In many studies, the questions used to assess maltreatment are applied uniformly across the age group being studied – in some cases even when this relates to all children and young people under the age of 18.

There are however some examples of a more sophisticated approach to definition and measurement.

In the UK, in a retrospective survey of young adults, Cawson et al (2000) took an age-sensitive approach to defining supervisory neglect. For example, in this study a 'serious absence of supervision' was defined as being allowed to stay at home overnight without adult supervision at the age of 10 to 11; and being allowed out overnight without parents knowing their whereabouts at the age of 14 to 15. This is a good example of the way in which operational definitions of specific aspects of maltreatment may need to be varied according to the age of the young person concerned.

This would appear to be an issue that needs further attention in the maltreatment literature. It is apparent from the above discussion that, in particular in relation to neglect and emotional abuse, there are age-distinctive issues within current accepted boundaries of maltreatment definitions. There may also be issues to consider in relation to physical and sexual abuse.

A general point on the issue of definitions relates to the distinction between different forms of maltreatment. As we will discuss in the next section, prevalence studies typically find a high degree of overlap between occurrence

of different maltreatment types, with emotional abuse being very common in conjunction with other aspects. McGee et al (1995) found that multi-type maltreatment was significantly under-estimated in professional case notes in relation to cases of maltreatment. Trickett et al (2009), also through a study of case records in the US, highlight the lack of attention to emotional abuse linked to the substantial overlaps with other forms of maltreatment. They found that '*emotional abuse, while frequent, was seldom the focus of the child protection services investigation'.*

A second major area with regard to definitions, which is relatively under-explored in the literature, is the extent to which current boundaries may exclude some issues which tend to be most prevalent for young people. For example, research on young runaways in the UK (Rees & Lee, 2005) and elsewhere has drawn attention to the issue of young people under the age of 16 being forced to leave home by parents. A recent review of the literature on adolescent neglect undertaken by the same research team responsible for this study (Stein et al, 2009) raises the question of whether young people being forced to leave home should be defined as 'neglect' even though it is an act of commission rather than an act of omission. Given the risks faced by young people it would certainly appear to be a legitimate area of concern in relation to overall definitions of what constitutes maltreatment of young people.

Bearing these limitations of current research definitions in mind we now move on to consider evidence of the prevalence of maltreatment of young people.

Prevalence of maltreatment of young people

We will review official statistics on young people subject to child protection plans in England in the next chapter. Here we focus on self-report studies, either contemporaneous, or retrospective, of experiences of maltreatment.

Clearly this is a difficult topic to research from an ethical point of view and we are not aware of any contemporaneous self-report studies on maltreatment of young people which have been undertaken in the UK.

However, Cawson et al (2000) undertook a retrospective study of a random sample of 2,869 young people aged 18 to 24 which does provide some age-specific information. The research found, for example, that 5 percent of children experienced serious absence of supervision (see definition presented earlier) during childhood.

This research also shows that young children may not necessarily be those at most risk of experiencing abuse. Two patterns of abusive relationships were identified – continual abuse since early childhood, and onset of abuse during adolescence. For example, over half (56%) of the young people who had

experienced violent treatment by parents/carers said that this started at the age of nine or over.

A number of self-report studies have been conducted in other countries with young people (e.g Newcomb et al, 2009; Priebe & Svedin, 2008; Wong et al, 2009). Some of these studies have gathered information on lifetime prevalence of maltreatment, whilst some others have focused more specifically on maltreatment during adolescence. We do not provide a detailed summary of these findings here as there is considerable variation in the size of prevalence estimates depending on the definitions and measures used and the cultural context. This raises questions about the applicability of these findings to the UK. However an important recurring theme of these self-report studies is that the prevalence of various forms of maltreatment may be much greater than recognised from known cases within the country concerned. Some earlier research estimating that 50% to 80% of maltreatment is not reported is cited in Fallon et al (2010). There are important issues to consider here also about the extent to which experiences of maltreatment may be more or less likely to be reported and recognised for children and young people of different ages.

An important development in terms of the potential for self-report studies is an initiative by the International Society for Prevention of Child Abuse and Neglect (ISPCAN) to develop standard measures of maltreatment. This initiative includes questionnaires for parents, for young adults (retrospective reporting) and for young people (suitable for use from age 12 upwards). The latter questionnaire has been piloted with convenience samples of young people in four countries (Zolotor et al, 2009). The data can not be seen as representative but it is worth noting that it found a very high rate of self-reported prevalence of various forms of maltreatment amongst young people age 12 to 18 and also evidence of increases in prevalence with age for some maltreatment types. This research instrument includes a specific focus on the age-related timing of maltreatment and could therefore be a very useful means of exploring prevalence of adolescent maltreatment in the future.

The background context to the maltreatment of young people

A great deal is known about the background factors likely to be associated with child maltreatment in general. It is clear that there is a complex network of factors which make experiencing maltreatment either more or less likely. 'Ecological system' approaches, derived from work by Bronfenbrenner, which take into account a wide range of individual, family and community factors are often seen as a helpful way of understanding the context to child maltreatment (See, for example, Asmussen (2010) for a summary of key risk and protective factors, based on the extensive research on this topic). In England, the

Framework for the Assessment of Children in Need adopts an ecological approach focusing on the interaction between parenting capacity (basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability); family and environmental factors (family history and functioning, wider family, housing, employment, income, family's social integration and community resources); and children's developmental needs.

However, our literature review identified relatively little evidence specifically on the background context to maltreatment of young people. Cameron and Karabanow (2003) summarise evidence accumulated up to that point, mostly in the US, identified from literature on adolescent maltreatment and also on a wider range of problems. The factors identified are broadly similar to those identified for child maltreatment in general, including:

- parental substance abuse and maltreatment history

- family problems (including conflict between the young person and parents, family norms, inadequate supervision, harsh parenting and poor attachment)

- family structure

- lack of social integration

- lack of economic resources.

In addition, Cameron and Karabanow identify some known correlates of adolescent maltreatment which include substance abuse, problems at school, anti-social behaviour and peer-related problems. In terms of timing and directions of causality it is not clear whether these issues precede maltreatment, co-occur or are a result of experiences of maltreatment.

We have found very little literature specifically on maltreatment of young people published since that time. A study by Sunday et al (2008) noted poor parenting by both parents as background factors to adolescent physical abuse, especially for females. This study relating to physical abuse, and also Newcomb et al (2009) in relation to sexual abuse, draw attention to the possibility that perpetration of abuse by female adults, including mothers, may be higher than previously thought. Mersky et al (2009) look separately at a range of risk factors for child (6 to 11 years of age) and adolescent (12 to 17 years of age) maltreatment in a sample of 1,539 minority children from low income families in Chicago. They found some differences across the two age groups, with adolescent maltreatment being less closely associated with early childhood factors. They note that *we know of no studies that evaluate whether the same set of predictors are associated with maltreatment for children in different developmental stages'* (Mersky et al, 2009: 76).

This lack of research attention to age-related contextual factors of maltreatment is potentially problematic for two reasons.

First, even within the factors identified for child maltreatment in general, the relative importance of different factors may vary with the age of the child or young person. Children are more likely to have experienced changes in family structure as they grow older and this may mean that this factor has greater prominence in cases of adolescent maltreatment. Research on running away in the UK (Safe on the Streets Research Team, 1999) has highlighted the way in which family dynamics in reconstituted families may have a particular impact on young people as they grow older, sometimes leading to young people being forced to leave home. Factors such as parental substance abuse and mental ill-health may also have different impacts on young people as they grow older, with young people taking on a role as a young carer as their own capacities develop.

Second, it is possible that there are distinctive background factors associated with increased likelihood of adolescent maltreatment which are not present for maltreatment of younger children. For example, the influence of local environmental factors may be particularly significant as young people get older and their social networks expand.

All in all, our review suggests a significant gap in the literature on child and adolescent maltreatment in relation to age-specific dimensions to the background contextual factors associated with maltreatment.

The consequences of maltreatment of young people

As with context, there has been a great deal of work published on the general consequences of maltreatment during childhood and adolescence. As would be expected, studies have found evidence of a wide range of negative outcomes of maltreatment in childhood, youth and adulthood.

Again, less attention seems to have been paid to variations in outcomes according to the age when maltreatment is experienced. However, a small number of studies have been published and there is additional relevant information available from the literature on parenting styles and on other issues faced by adolescents.

Dealing with the latter first, a 'neglectful' style of parenting has been found to be associated with a wide range of negative outcomes for young people. These include:

- poor mental health and well-being (e.g. Vazsnoyi et al, 2003)

- risky health behaviours such as drug and alcohol misuse (e.g. Claes et al, 2005; Cleveland et al, 2005)

- poor academic achievement (e.g. Paulson et al, 1998; Aunola at al, 2000)

- anti-social behaviour and offending (e.g. Reitz et al, 2006)

However, the above associations can not necessarily be taken to indicate causal links between neglectful parenting and negative outcomes. There is some evidence of reciprocal links here – for example, young people's involvement in offending may put a strain on their relationships with parents and cause parents to disengage. A number of studies have found evidence of such two-way links (e.g. Reitz et al, 2006; Kerr and Stattin, 2003; Buist et al, 2004; Huh et al, 2006).

A second source of evidence of consequences of maltreatment during adolescence has been research on other problems and issues faced by adolescents. A substantial amount of research has been done in the UK and overseas on the background factors leading young people to run away from home. Experiences of maltreatment have been found to be a key factor (Safe on the Streets Research Team, 1999; Rees and Lee, 2005; Peled & Cohavi, 2009; Thrane et al, 2006).

In addition to the above, over recent years several studies in the US have sought specifically to explore the impact of maltreatment at different ages on well-being and outcomes.

A longitudinal study – the Rochester Youth Development Study – has so far followed a community-based sample of young people from the ages of 14 to 31. The first findings on age-specific outcomes of maltreatment were published in Thornberry et al (2001). These showed that

> *Overall, our results 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*

This has been followed by several other articles from the study exploring the same issue. Smith et al (2005) found that experiences of adolescent maltreatment increased the chance of offending and drug use in early adulthood. Further, Thornberry et al (2010) distinguished the causal effects of childhood-only maltreatment which were primarily seen through internalising problems in early adulthood, from the effects of maltreatment experienced during adolescence which *'had a stronger and more pervasive effect on later adjustment'.* These wider effects include criminal behaviour, substance use and health-risking behaviours.

A helpful summary of theoretical perspectives on the impact of age of maltreatment on outcome is provided in Kaplow & Widom (2007). They distinguish two perspectives. The first postulates the effects of early maltreatment are amplified through their negative impact on achievement of developmental milestones thus leading to a greater impact than for maltreatment experienced later in childhood. The second perspective suggests that younger children may be '*buffered against many of the*

phenomena that would produce distress in older children'. Kaplow & Widom's study is not directly relevant to the current report as it only focused on maltreatment experienced between birth and 11 years of age. However it is notable that the age effects were similar to those found in the Rochester Youth Development study above in that earlier onset of maltreatment was predictive of greater internalising problems in adulthood while later onset was predictive of more behaviour problems in adulthood. On the other hand, in another study focusing on younger children (aged 5 to 11) Manly et al (2001) found higher negative outcomes for children who had been maltreated at a very early age than for children maltreated later in childhood.

Thornberry et al (2010) call for more attention to understanding the ways in which adolescent maltreatment can lead to negative outcomes, and also provides some hypothetical lines for future research:

> *Given the breadth of its effect on early adult functioning, it is imperative both to identify the mechanisms by which adolescent maltreatment generates those consequences and to understand why adolescent maltreatment differs so substantially from childhood-limited maltreatment in this regard. Adolescents face more adjustment demands from the intense emotional experiences of puberty and complex peer and romantic relationships, and they have greater cognitive sophistication that leads to new appraisals of maltreatment that are likely to increase negative emotions such as shame and anger. 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: 363*

Recently several other studies have also identified consequences of maltreatment during adolescence either in isolation or in comparison with experiences at a younger age.

Sternberg et al (2005) studied issues of the timing of maltreatment in relation to current attachment to mothers in a sample of adolescents some of whom had recently been abused. They found that abuse experienced five to six years ago did not have an association with current attachments but that recent abuse did.

Tyler et al (2008) report on a longitudinal study of a sample of 360 young people aged 11 to 14 who had recently been the subject of an investigation for potential maltreatment. The study explored some of the pathways between three factors – experience of maltreatment, parenting and disadvantage – and later outcomes. Key findings were that running away and school engagement were key intervening variables in the linkages between these factors and later outcomes – delinquency, victimisation and well-being.

Stewart et al (2008), in a study of a sample of over 5,000 children in contact with child protection services in Australia, explored different maltreatment trajectories. In line with some of the evidence discussed above they found

that *'children whose maltreatment trajectory started or extended into adolescence were more likely to offend as juveniles than children whose maltreatment occurred prior to, but not during, adolescence'.*

Newcomb et al (2009) looked at the incidence of sexual abuse in a community sample of 223 Latino and European American adolescents in California. In terms of outcomes they found a significant link between experience of abuse and psychological distress.

Southerland et al (2009) researched outcomes during young adulthood (18 to 21 years) of 620 young people in the US who had been involved with child welfare services between the ages of 12 and 15. They compare data gathered for this sample with findings for the general population in the same age group. These comparisons show that the sample were at significantly higher risk of mental health problems.

Finally, in a study of young people in high schools in China, Wong et al (2009) found that young people who said that they had been maltreated had higher rates of physical and psychological problems. Severity of maltreatment was also associated with these rates.

In addition to this evidence from international research studies, recent analysis of Serious Case Reviews in the UK has raised concerns about the consequences of maltreatment for adolescents. Serious Case Reviews are undertaken where there has been an incident involving either death or serious harm to a child or young person. Brandon et al (2009) analysed 189 such cases during 2005 to 2007 and reported that 22% of these cases involved a young person aged 11 to 17 years at the time of the incident. Around half of these young people were aged 16 to 17.

In summary, there has recently been an increasing amount of evidence on the outcomes of maltreatment during adolescence. Generally this evidence confirms the wide-ranging negative consequences of experiencing maltreatment for young people. These consequences can extend into adulthood. Moreover, the small amount of research that has explored the relative outcomes for children and young people maltreated at different ages suggests that there may be distinctive outcomes according to age of maltreatment. It would appear from the evidence so far that earlier experiences of maltreatment are likely primarily to lead to internalising problems at a later stage, whereas later experiences of maltreatment may lead to a wider range of negative outcomes including behaviour towards others.

Attitudes and perceptions of maltreatment

Vignettes-based studies

The current research project includes a questionnaire survey of professionals using hypothetical vignettes which represent cases of potential maltreatment. The age (and other characteristics) of young people in the vignettes is randomly varied from one respondent to another in order to explore the impact of age on respondents' assessment of the scenario.

This is a fairly common research method to explore human judgements (Wallander, 2009) and has been used in a number of studies of social work decision-making (Taylor, 2006). Internationally a number of similar studies have been undertaken on the topic of maltreatment with samples of various professional groups as well as with members of the general public. We identified over 100 studies of this kind on child maltreatment through our literature search. Within this list we were able to identify a number of studies which specifically explored the effect of victim age on responses, although most related to sexual abuse only.

Zellman (1992) found that age was a significant factor in professional responses to three out of four vignettes where the age of the child was varied – with scenarios involving older children being less likely to be judged as serious and, for a scenario involving neglect, also less likely to be reported.

Several studies published in the 1990s which focused specifically on sexual abuse also reported some age-related patterns in responses. Collings and Payne (1991) found significant differences in attributions of responsibility in scenarios of father-daughter incest with children being more likely to be attributed causal and, in some cases, moral responsibility at age 15 than at age 7. Maynard and Wiederman (1997) found that, in a survey of 400 undergraduate students in the US, '*Scenarios depicting a 15-year-old were rated as less abusive, and less responsibility was attributed to the adult, relative to vignettes involving a 7-year-old*'. Back and Lips (1998) similarly found that greater responsibility was attributed to a 13-year-old than a six-year-old in a vignettes-based study of 145 undergraduate students. They also draw attention to earlier literature which found similar results. On the basis of this literature they suggest that factors explaining the findings included respondents' views of adolescents' increased understanding, capacity for self-determination and ability to defend themselves.

More recently in the UK, Rogers and Davies (2007) explored attributions of blame and credibility in relation to a hypothetical sexual abuse case with a sample of 337 undergraduate students and members of the general public. The study found some significant effects of victim age (either 10 or 15) in interaction with other factors. They also note that some previous studies had not found age-related differences – for example citing research by McCauley

and Parker which had found '*no differences in credibility or perceptions of victim honesty when the victim was portrayed as either a 6-year-old or a 13-year-old girl'.* Rogers and Davies suggest that some of the variability in findings may due to different measurement approaches to issues such as credibility.

O'Toole et al (1999) and Webster et al (2005) both report findings from a study of decision-making by teachers in the US regarding scenarios of potential physical, sexual and emotional abuse. O'Toole et al did not find a significant link between the age of the child and either recognition or likelihood of reporting the case to child protection services. However Webster et al found that the age of the child was one of a number of factors which was significantly associated with likelihood of under-reporting (relative to recognition) in that as the age of the child in the scenario increased (between the ages of 5 and 15) under-reporting became more likely.

In summary the limited number of studies we identified through the literature search that have considered the age of the child as a factor in respondents' assessments of hypothetical scenarios of maltreatment have often found some evidence of age-related effects – with older young people being seen as more likely to be blamed, less likely to be assessed at risk and less likely to be reported by potential referrers. However there has been a shortage of UK research using this methodology.

Comparison of professionals' and young people's assessments

In addition to the above studies about assessments of hypothetical scenarios, the literature search identified two studies which sought to compare the assessments of professionals with those of young people in cases of maltreatment.

McGee et al (1995), in the US, compared the assessments of the existence and severity of 160 maltreatment cases between maltreated young people, the social work professional involved in the case and a researcher. There were two key findings from this study of relevance to this report. First, there was a variation in agreement between professionals and young people about whether maltreatment had occurred. Levels of agreement where highest in cases of sexual abuse and lowest in cases of neglect. There was also considerable disagreement about the severity of maltreatment for all maltreatment types. Second, the authors linked the ratings of cases given by each respondent group to known outcomes in terms of later indicators of internalising and externalising issues. Young people's ratings of the severity of maltreatment significantly predicted variation in self-reported internalising and externalising outcomes and caretaker-reported internalising outcomes. In contrast social worker professionals' ratings were more weakly correlated with

known outcomes and did not add predictive value once young people's ratings were taken into account.

More recently, Everson et al (2008) undertook a similar study with a sample of 350 early adolescents who were defined as 'at risk' rather than necessarily as having experienced maltreatment. This study compared young people's own assessments of whether maltreatment had occurred with those drawn from child protection records in relation to each case. Outcomes measures were gathered from young people themselves and from their parents. This study again found evidence of lack of concordance between the assessments of young people and professionals on whether maltreatment had occurred – with young people being more likely to consider that it had occurred than professionals. Rates of disagreement were highest for psychological abuse and lowest for sexual abuse. This study again found that young people's own assessments of maltreatment were more strongly associated with their psychological adjustment – although here also the correlations were stronger for young people's own definitions of outcomes than for those of parents' or carer's.

These two studies raise important issues both about the validity of young people's and professionals' definitions and assessments of what constitutes maltreatment and of the predictive validity of these assessments. They draw attention to the potential value of taking young people's views into account in defining and acting upon potential cases of maltreatment.

Initial responses

The final issue which we explored through the literature search and review process is research into initial practice responses by professionals in cases of possible maltreatment. Again, here, our focus is on studies which have explored the impact which the age of the young person may have on professional responses. Unfortunately our search did not identify a great deal of material on this particular issue.

Two studies in the US in the 1990s explored age-related effects on professional decision-making. Wells et al (1995) in a study of child protection services found a significant difference in the likelihood of deciding to investigate referrals based on age group. For cases involving children under the age of two, 74% were investigated. The corresponding rates for the two- to 12-year-old age group and the teenage age group were 67% and 58% respectively. On the other hand a similar study by Karski (1999) did not find that age was a significant factor overall in predicting whether professionals would decide to investigate a referred case, although it did have some part to play in risk assessments of physical abuse.

The only relevant research we have identified in the UK on this issue is Cleaver and Walker's (2004) study of assessment processes in a sample of 24 local authorities in England. The study found that the volume of referrals, and the proportion of child protection referrals, decreased with age whilst '*issues around parental control generally featured older children*' (Cleaver & Walker, 2004: 85). Age of the young person was also one of two factors (along with reason for referral) which were associated with the likelihood of cases progressing from referral to initial assessment, with this likelihood being lower for referrals relating to young people aged 15 years and over.

Summary

This chapter has summarised previous research relevant to the maltreatment of young people. Our literature search and review sought to identify research studies which either specifically focused on young people, as opposed to the broader age range of children and young people, and/or explored age-related differences. The material in this chapter is an update of a similar review conducted by two of the authors of this report in the late 1990s. In comparison with that earlier review, there is now a lot more research evidence on some aspects of the maltreatment of young people. However it remains a relatively under-researched area and there appear still to be major gaps in knowledge:

- In relation to definitions of maltreatment, our review has highlighted literature which has drawn attention to the need to take a developmental approach to definitions. There are positive signs of recent UK practice guidance on maltreatment recognising the value of this approach. There are still issues to be considered regarding the boundaries of maltreatment and whether current definitions are inclusive of the range of issues faced by young people.

- There is limited evidence on self-reported maltreatment in the UK. Self-report studies from other countries suggest that there may be substantial levels of under-reporting of maltreatment of young people in this age group.

- Our literature search suggests that there is still a major gap in research knowledge regarding the background context to the maltreatment of young people. Whilst much is known about the context of child maltreatment in general, very little attention appears to have been paid to age-specific issues. Yet, the importance of various background factors may well vary with the age and development of young people. This is an area where more research is required.

- In contrast, there have been important developments over the last decade in the evidence base regarding the potential consequences of

maltreatment of young people. The cumulative results of a number of studies have begun to build up a coherent picture on this issue. First it is clear that maltreatment can have substantial negative consequences for this older age group as for younger children. Second, the results of several studies challenge the assumption that the impact of maltreatment declines with the age at which it is experienced. Certainly it seems that maltreatment experienced at an older age is more likely to be associated with a wider range of negative outcomes. However, none of the evidence reviewed on this topic relates to the UK.

- Our review of evidence on age-related dimensions of assessing cases of potential maltreatment suggests two key things. First, it appears that the age of the child or young person to which the case relates can be a significant factor in affecting the assessment of professionals and members of the general public about the case. Second, two US studies have found substantial disagreement between young people's and professionals' assessments of the existence and severity of maltreatment.

- Finally, the review sought to identify evidence of the impact of age on professional decision-making in relation to actual cases. We found relatively little material here, but two of the three studies identified in the US and the UK found some evidence of differential responses to cases involving children and young people of different ages.

3

Young people's perspectives

This chapter is the first of three which explore the child protection system from different perspectives. Here we focus on the experiences and perspectives of young people. The material in this chapter is based on the 24 interviews with young people conducted as part of the practice study. To protect young people's confidentiality and anonymity, the names used in this chapter are not those of the young people themselves.

Profile of interviewees

Twenty-four young people (aged 11 to 18), who had been in contact with children's social care services due to safeguarding concerns, were interviewed for the practice study. These interviews took place from December 2008 to March 2010. Young people were asked about their experiences of accessing help and services, the referral process (if they could remember it) and their opinions of the help and assistance they had received from children's social care services and other professional groups. The interviews were semi-structured and were conducted face to face.

Fourteen of the young people interviewed were male and ten were female. The age range was from 11 to 18 years old at the time of interview, with the mean age being 15 years old. Most of the young people were of White British ethnicity, with six young people from different ethnic groups.

Twenty of the young people were referred to children's social care services within the four local authorities participating in the practice study. The remaining four young people were referred to children's social care services in other local authorities.

Young people interviewed for the practice study had either had social care intervention from an early age (n=6), or had first come to the attention of children's social care services in between the ages of 11 and 17 (n=18). Previous research has highlighted that abuse of young people tends to fall

into two categories – either continual abuse since early childhood or onset of abuse during adolescence (Cawson et al, 2000).

For those young people who had social care intervention from an early age (n=6), difficulties and consequently social care interventions often escalated in between the ages of 11 and 17. This was due to a number of factors including escalating difficulties in family relationships; violence, risk taking behaviour or acting out behaviour by the young person; and/or new disclosures by the young person concerning maltreatment which was taking place. Young people who had been in contact with social workers for most of their lives often did not remember the background to the initial referral, but could recall circumstances later on in their lives.

In our sample it was more common to first come to the attention of children's social care services when aged 11 and 17 (n=18). Some young people had a history of undisclosed abuse within, or from outside the family. This abuse was first disclosed by the young person when the young person was aged 11 to 17. Others were referred in relation to new incidents of abuse which occurred when the young person was aged 11 to 17. In these latter cases, new safeguarding risks often arose as young people become more independent from family members and/or encountered new people and situations.

The outcomes of the referral to children's social care services for the twenty-four young people interviewed vary. Some have been taken into local authority care as a result of their referral (n=16). Others have had social care intervention in their lives for short periods of time. The outcome for each young person has depended upon the nature of the referral, their family situation and circumstances and the safeguarding measures considered appropriate in each case.

Reasons for referral of young people

The young people interviewed for the practice study had been referred and were in contact with children's social care services for various reasons. These included concerns about maltreatment, witnessing domestic violence and parental illness (and subsequent incapacity to care). Reasons for referral of young people also included a wider range of issues that disproportionately affect 11- to 17-year-olds, such as homelessness, being thrown out of home, mental health problems, alcohol/drug misuse, behavioural problems, risk-taking behaviour, violence and conflict with parents. These problems were often interconnected and occurred alongside maltreatment. Professionals that we interviewed noted that these issues made young people's experiences distinct and more complex to deal with than those of younger children. Many social work professionals also observed that these issues tended to be more prevalent among 14- to 17-year-olds.

Those young people who had been in contact with social workers for most of their lives often did not remember the background to the initial referral, but could recall circumstances later on in their lives.

Behavioural problems and risk taking behaviour

A number of young people recalled that their parents had contacted children's social care services due to believing them to be 'out of control' and feeling unable to look after them. In these cases some young people believed that their own behaviour at home and/or in school had contributed in some way towards their referral.

> *Interviewer: Do you know why [your teacher] contacted social services?*
>
> *Carly: I'm not too sure why, but I'm pretty certain it was because I was like off the rails at school. I was like quite suicidal and just really defiant and stuff and I had a lot of troubles at home… I don't know, I was just like really bad at home and mum was finding it really hard to cope with me, and then she wanted to put me in care, but social services got involved instead.*
>
> *Carly, age 16*

Similarly, many of the social workers interviewed for the study described situations in which parents would contact children's social care services due to feeling unable to cope with their child's behaviour. Professionals also described conflict between parents and young people as being a reason for referrals of 11- to 17-year-olds:

> *Interviewer: What do you tend to make most referrals about for the 11- to 17-year-old age group?*
>
> *Police officer: I think it depends really where the information is coming from, what referrals I would make. But certainly if we were to look at as I say a lot of the challenging teenage behaviours that result in the police being called for disputes between parents and young people, quite a lot of work around that … like you say, the thing is 11 to 17 … if it was an 11 year old, then I may make a referral, whereas if you've got a 17 year old who's living independently, at 16 a young person can legally get married, can't they?*

In some cases, the young person's behaviour can be assumed to be linked to abuse they were experiencing at this time. For example, Carly (quoted above) recalls being referred to children's social care services due to her own aggressive behaviour at home and in school. Her teachers had raised issues regarding her behaviour at school with her parents. At the same time, her parents were struggling to cope with her behaviour at home and wanted to place her in local authority care. The family were referred to children's social care services for help and assigned a family social worker. Two years later, Carly disclosed that she had been sexually abused by a non family member over a number of years. Carly acknowledged in our interview with her that the

abuse has made her angry and that this has contributed towards her aggressive and self harming behaviour.

Mental health issues

Some young people, like Carly above, described having mental health difficulties. This included self harming and risk taking behaviour, which were also highlighted by social work professionals, as well as other professional groups as problems typically faced by the older age group. Mental health problems often occurred alongside behavioural issues and were frequently understood by young people to be linked to, or a result of, the abuse they had suffered:

> *Interviewer: Say you were a social worker now and you came across a young person in your situation what kind of help do you think that they would need? How would you go about helping them?*
>
> *Emma: Again, it would depend on the circumstance because obviously there are always different problems, but the pain you get from it is equal, but people go around in different ways. Like I isolated myself from everyone, where me sister's[3]… starting to get like more depressed over it... Everyone reacts differently and like if you self harm that's your way but if you isolate yourself then that's again another way.*
>
> *Emma, age 14*

Alcohol/drug misuse

Some young people discussed their own alcohol and drug use and linked this to social care involvement.

> *Interviewer: Did you know that social services were concerned about you?*
>
> *Sam: Yeah.*
>
> *Interviewer: Do you know what they were concerned about?*
>
> *Sam: Not when I was younger[4], but when I was about 11, 12, I was out all night smoking weed, out with my mates, getting in trouble. And I wasn't going home … and I think they had concern there.*
>
> *Sam, age 17*

Homelessness

In some cases, the young person's behaviour and/or family conflict led to a situation in which the young person was thrown out of the family home and/or consistently ran away from the family home and became homeless.

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[3] Emma and her sister were both sexually abused by the same person.

[4] Sam had social work involvement throughout his life, but it was at age 12 that he was first taken into care.

*Before I went [into care] I was living with my mum. I lived with her for …
because what happened was… I was living with my aunt there was a
massive kick off and I hit something and put it through … it was a door or
a cupboard I cannot remember … and then I got kicked out of [my]
aunt's and I went to live with my mum for six days. Then I got kicked out
of my mum's, because my mum and dad just didn't want me back. And
then … I was missing for like a week and a bit….Just like every night
though the police would look for us. And every like couple of nights then
they would find us, take us back to my mum's and I would just run off
again.*

David, age 16

In other accounts, where the young person described running away this was
linked to abuse taking place in the home. This link between abuse and
running away supports findings of previous research (Rees, 1993; Stein, Rees
& Frost, 1994; Barter, 1996; Macaskill; 2006).

Violence and conflict with family members

In a number of interviews, young people described having been violent
towards others, including parents and siblings. Where young people spoke
about being violent towards their parents or carers this was often in self
defence or as a reaction to violence against them.

*Another reason social services got involved is because I beat up my
mum. She'd like come to attack me and to block her from attacking me I
kind of like started kicking her in the stomach*

Carly, age 16

*Since I was about 9 or something my dad's been hitting us… [one day
my Dad] follows and he grabs me by my hair. And he threw me down
some little steps… and he grabbed me and threw me down a couple of
steps and picked me up and sort of chucked me about … and that was
the top of the stairs. My mum came up and that and attacked me and
stuff … I ended up swinging for my mum, nutting my dad … and then I
walked off and went to school......I mean he stood and shouted in my
face. I've got a really really really bad temper problem, like I black out
and I cannot help myself. He slapped us in the face and that was it, I
kicked off and I nutted him and popped his nose and his lips.*

Peter, age 15

Sometimes, young people's behaviour may lead to a situation where a young
person is thrown out of the family home or where parents want their child to
be taken into local authority care. In some cases, the young person's
behaviour appeared to be unlinked to maltreatment. In other cases, young
people's behaviour was linked to abuse, whether this was 'acting out'
behaviour, running away from abusive situations at home or as a direct and
more immediate response to violence being perpetrated against the young
person.

It is apparent from young people's accounts that as they grow older they are more able to defend themselves and violence 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. In an interview with a police officer a similar scenario was discussed (see Chapter 4). These kinds of situations highlight the importance of ensuring that young people see a professional alone on a regular basis and that communication between professionals about families and an accurate history of contact and incidents within families are maintained.

Perpetrators of abuse

In the young people's accounts, perpetrators of abuse had a range of relationships to young people. Some young people described perpetrators as family members who lived in the family home with the young person. Other young people were maltreated by people outside of the family home including friends' parents and neighbours. A number of social work professionals interviewed indicated that young people's growing independence sometimes may put them at risk of abuse outside of the family. Conversely, this independence was also acknowledged to contribute towards resilience when escaping abuse taking place within the family home.

Unaccompanied Asylum Seeking Children

Five of the young people who took part in the interviews were unaccompanied asylum seeking children (UASC). These young people were referred to children's social care services upon their arrival to the UK as they were unaccompanied and under the age of 18. The UASC interviewed had experienced maltreatment in their countries of origin or en route to the UK. The UASC's accounts included descriptions of physical violence, homelessness, imprisonment and being forced to work as a child soldier in their countries of origin. It is worth noting that their experiences within the referral process will be different to the other young people in the study as they were referred directly to specialist teams who work with UASC rather than through the standard referral process.

Young people's experiences of seeking help

Young people were asked about their experiences prior to referral and if they had tried to seek help from anyone or told anyone what was happening. As has been found in previous research, some young people had attempted to seek help from others, while other young people had not sought any help at all and had been referred to children's social care services by someone else.

Research by Ungar et al (2009) in Canada found that less than a quarter of young people in their study of almost 1,100 young people who had abuse experiences made a disclosure. Of those young people in our study who sought help from others, some were unsuccessful or felt that they had not been helped in the way that they had wanted to be, while others had more positive experiences and felt that their disclosures had led to the help they wanted.

Difficulties with seeking help

Many young people discussed how difficult it was to seek help. The barriers that they identified to seeking help, support findings of previous research with young people (Butler and Williamson, 1994; Featherstone and Evans, 2004; Gorin, 2004; Scottish Executive, 2002; Rees et al, 2009). Young people were often concerned that they would not be believed by those they told or simply did not know who to tell.

Some young people were worried that if they told anyone what was happening in the family home they would be placed in local authority care. This often led to young people holding back information from professionals to prevent this from happening.

> *Interviewer: And was there anything that anyone could have done to make things any easier?*
>
> *Anna: Probably, but it's a difficult situation because sometimes there's only certain things you want to tell social services, because if you tell them too much about a situation that's going on. I mean cos when I went … I didn't even want to go into foster care – I basically had no choice because I had no family I could stay with… so I had to go into foster care at the end of the day. And I knew that if I told them everything that was going on at home, they would have shoved me in foster care ages ago – and I didn't want that.*
>
> *Anna, age 17*

In Anna's account this fear of becoming looked after, resulted in her colluding with an abusive parent to disguise abuse from her social worker:

Cos me and my mum used to cover it up. I used to have bruises, the lot, and we just used to make up stories and just … so at the same time it's what the child wants to tell you and it's what the parent wants to tell you. Because 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.

<div align="right">

Anna, age 17

</div>

Other young people actively sought a placement outside of their parental home.

A number of young people were concerned about and unsure what would happen if they did tell someone about their maltreatment and of the consequences for themselves and/or their families. Young people were often reluctant to expose family members and were concerned about the effect of exposure on the abuser and the rest of the family. For instance, Emma was sexually abused by her step-brother and feared the consequences of telling anyone what was happening. She was afraid of the consequences for her step-brother and the reaction of her parents.

> ***Interviewer*** *: You also tried to talk to your mum and dad. Did you feel they didn't understand what you trying to tell them?*
> ***Emma****: It was too difficult to say cos I knew how they were gonna react. It's my dad's son… And also cos I loved my brother, I did, anyway, I just didn't want to tell.*

<div align="right">

Emma, age 14

</div>

Fear of the consequences of telling about abuse has been identified in previous research as a major barrier to disclosure and our research supports findings that adults and children lack understanding of the role of children's social care services, fear loss of control over intervention in their lives and that intervention will result in immediate removal of the child from their family (Baginsky, 2001; Ungar et al, 2009; Scottish Executive, 2002; Gorin, 2004; Featherstone and Evans, 2004).

Another concern expressed by young people was that they had feared the reaction of their abuser or feared that telling someone might escalate the problem and/or escalate the abuse against them (Mullender et al, 2002).

Some young people described being prevented by an abusive parent from seeking outside help. This ranged from being physically prevented from ringing for help – in one instance to ChildLine and in another while attempting to contact a social worker – or being stopped by a parent from attending

school and prevented from coming into contact with people that the young person might be able to speak to.

It is apparent from the young people interviewed for this study that disclosing abuse is difficult for young people and that young people disclose with many concerns about the consequences of their disclosure (see also Ungar et al. 2009). Our interviews with professionals and social workers found that most believed it to be easier for young people to disclose than for children. However, the interviews with young people suggest that whilst some young people may have better communication skills and more access to professionals than younger children, a different set of barriers exist because young people are more aware of the impact of disclosure.

Supporting the findings of other research, when young people did disclose to others they usually had an established relationship of trust with that person (a teacher or a youth worker) (see Gorin, 2004; Featherstone and Evans, 2004). The young people interviewed for this study indicated that the most important elements for disclosure of abuse were confidence in themselves, feeling safe to speak out and trust in others.

> *Interviewer: So what do you think might help young people speak out?*
> *Emma: 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. 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*

Seeking help from peers

Many of the young people interviewed said they had spoken to their peers about the abuse they were experiencing rather than speaking to or seeking help from a professional. Young people often spoke to peers about abuse before approaching a family member or professional and this disclosure was sometimes a long time before approaching anyone else for help. Additionally where professionals were approached it was often on the advice of, or with the support of, the peers they had initially disclosed to:

> *Interviewer: Do you know who first made contact with social services about you?*
>
> **Nicola:** *My deputy head teacher…cos my friend took me to go and visit her and tell her about my mum and that and … then she got in touch with them.*
>
> *Interviewer: Was it quite difficult to go and speak to the deputy head about what's happening?*
>
> **Nicola**: *No, because I had no choice, my friend took me.*
>
> *Interviewer: Right okay. And have you told your friends a lot about what happens at home?*
>
> **Nicola**: *Yeah.*
>
> *Interviewer: Are they quite good about knowing what to do?*
>
> **Nicola**: *Yeah I talk to my friends and then they tell us what to do.*
>
> *Nicola, age 15*

Support from peers was frequently the support that young people valued most highly.

The importance of friends to young people who have been abused has been highlighted in much of the previous research (see Butler and Williamson, 1994; Featherstone and Evans, 2004; Gorin, 2004; Mullender et al, 2002) and this finding continues to highlight the need to target more information at young people about forms of abuse and where to seek help.

 Interestingly our study also found that a few young people experienced difficulties with disclosing to peers. In these instances the peers they had disclosed abuse to, had spoken to adults or professionals without the young person's consent. There were also some incidents where peers had used the young people's disclosures of abuse as a way of bullying that young person.

Seeking help from family members

As with previous research a number of young people sought help from family members and a parent was often the first adult a young person would disclose abuse to. Where a parent was the perpetrator of abuse, other adults from the extended family were often disclosed to. Usually this was a grandparent or an aunt or uncle. In a number of these cases young people were either not believed by family members or were discouraged from seeking help outside of the family. A number of young people said that they had disclosed abuse to family members but that family members had not referred this on to children's social care services. Often, young people subsequently felt dissuaded from seeking help outside of the family as they felt they would not be believed.

> *Interviewer: Was there anyone else that you tried to talk to?*
>
> **Fatima**: *My auntie – she didn't like my dad, either. She was on my side.*
>
> *Interviewer: And did anybody make any referrals to Social Services or do anything?*

Fatima: No.

Interviewer: So what did you say to your auntie?

Fatima: That my dad hits me and stuff like that. But she just said that – well, she couldn't do anything because, like, family and stuff. So she just told me to stay out of his way.

<div align="right">

Fatima, age 15
</div>

Other young people were referred to children's social care services after disclosing abuse to a family member. This was usually, though not always, when the perpetrator of abuse was independent of the family.

Seeking help from professionals

When young people described approaching professionals directly for help, this was usually a school teacher, although there was one young person who approached the police and the five UASC interviewed for the study were referred to children's social care services by the police. Similar to other studies about young people's disclosure, in many young people's accounts, help from professionals was often sought after having first sought help from peers, or in some cases family members (Featherstone and Evans, 2004; Gorin, 2004). Research by Wade (2002) found that none of the young people interviewed expressed their need for support in terms of help from professionals as they did not trust them to be discrete.

In our study some young people were unclear which professionals they could have approached for help and felt that professionals who might be able to help were not visible to them when they were looking for someone to disclose to. Lisa and her friend went to their local police station to disclose sexual abuse as they weren't sure who they could approach in their school:

Interviewer: Would you have rather spoken to someone other than the police?

Lisa: I think so. I think I would have rather spoken to someone who knew more about it because we got referred to someone who didn't knew anything about it – who wasn't in that department and knew nothing about child protection.

Interviewer: So who for you would have been the ideal person for you to approach?

Lisa: Probably a child protection officer or a social worker.

Interviewer: Is there no-one like that in your school?

Lisa: We've got Connexions but I don't know what they do really – we haven't really got enough information about them and then there's obviously [school counsellor's name] who is that counsellor person who isn't a counsellor. …There is a liaison officer who walks around but there's no child protection officer I don't think.

Interviewer: You didn't think of speaking to the liaison officer?

> *Lisa: Not really cos I didn't really know her then. I didn't know who she was until we really spoke about it after.*
>
> <div align="right">*Lisa, age 15*</div>

Other young people were also unclear regarding the roles of the professionals they had encountered before and during the referral process.

Approaching teachers for help

Young people had varied experiences with the education professionals they approached. Some young people were very positive about the relationship they had with school teachers and the help they had received, while others felt unsupported by their school teachers and felt that their disclosures had not been taken seriously enough.

Where young people had approached teachers this was usually a teacher known to them with whom they described having an established and valued relationship

> **Interviewer**: *So why did you go and see the deputy head at that point?*
>
> **Nicola**: *Because she's always sorted out my problems. She always has.*
>
> <div align="right">*Nicola, age 15*</div>

A number of young people discussed the benefits of having teachers who were approachable and who young people could trust with disclosures:

> **Interviewer**: *Is there any way that you think that people such as teachers could become more approachable for young people to speak to about these issues?*
>
> **Lisa**: *I don't know – just sort of it's all about trust isn't it – some people you get on with and some people you don't like – some people you can trust and some people you can't so I don't know really just keep trying to be approachable and then people would probably go to you. Teachers, I think, just need to be a bit more aware of what is going on because you get some teachers are like – well they are very understanding – and then others they aren't at all and they don't care. And it's sort of like, I don't know, they need to be more aware of, well more looking out for signs because obviously if someone's like upset and I don't know – they might not feel able to talk about it but if they were approachable enough they might – young people might be able to come to teachers and then they should know where to refer it – things like that.*
>
> <div align="right">*Lisa, age 15*</div>

A few of the young people approached school teachers for help and nothing appeared to have been done regarding their disclosure. This left these young people feeling unsupported.

> *Laura: I think … like sometimes like they listen but they're not really listening…And it was kind of like I wanted them to do something about it. But nobody ever did.*
>
> *Interviewer: So you don't think they helped you at that point?*
>
> *Laura: Not really…it would have been nice to have a little bit more help and support from them. I told my form teacher everything that was going on at home with my stepdad's violence and stuff. And she was like well I'll talk it out with your head of year and everything and we can see what can be done … and then nothing was ever done from there.*
>
> *Laura, age 15*

Young people's experiences with the police

One young person approached the police for help directly. As explored above, Lisa and her friend went directly to the police station to disclose sexual abuse. In her account Lisa describes approaching the police as a daunting experience:

> *Interviewer: What kind of things do you think we should be saying to them about how they can better help young people?*
>
> *Lisa: I don't know – I suppose they need to be sort of not as dismissive with young people. I suppose – when we first went into the station I got the feeling we were looked down on… The people at the reception weren't – they were very – I don't know- I suppose I got the feeling because we were young – young, youths and that, that they thought we were in trouble but it wasn't like that and it felt like they dismissed us a little bit and that when we were in the waiting room, but the woman we spoke to was really nice. I suppose they should be more welcoming and have more people on hand at police stations and things like that specifically for young people cos when I first went and I spoke to someone who I don't think had anything to do with child protection or anything like that. Spoke to someone completely different who then referred it over. So maybe if there was more people, people who were aimed at talking to younger people then people would feel more able to sort of speak out and come forward with things like that.*
>
> *Lisa, age 15*

Lisa had various experiences with different police officers but highlighted difficulties with the child protection officer who interviewed her:

> *Lisa: I didn't think the child protection officer [from the police] was very good…I didn't feel very comfortable with her. She weren't very approachable for me to sort of talk to.*
>
> *Interviewer: What do you think might have made you feel more comfortable?*
>
> *Lisa: [It was] probably just her manner. I know obviously she has to get the interview done but she could have been a bit more, I suppose, patient with me because it's obviously like a really like, I don't know, it was a not nice experience and obviously like I'm gonna need time to think about it and sort of go back and she's sort of, it felt like she was rushing me quite a lot to sort of get it done.*
>
> <div align="right">Lisa, age 15</div>

Lisa's comments are similar to many other young people interviewed for this study. Young people appreciated having space to express themselves and time to develop relationships of trust with a professional. Young people frequently linked this to their ability to disclose to a professional. An evaluation of the NSPCC Family Alcohol Service (Templeton et al, 2003) had very similar findings with regard to disclosure. Baginsky (2001) says that it is impossible to generalise about the conditions that lead to disclosure of sexual abuse, but also identified the following factors that make disclosure more likely: a child's educational awareness; anger; perpetrator proximity; peer influence; a safe environment or a precipitating event.

UASC often encounter the police on arrival in the UK and are referred to Children's Social Services by them. Of the five UASC interviewed for this study most described their encounters with the police as fleeting as they were referred immediately onto children's social care services. Four of the UASC did not speak English when they first encountered the UK police and spoke to the police via interpreters. Most of the UASC described their encounter with the police positively. However, one UASC described his encounter with the police and immigration services as follows:

Interviewer: What did you think about the police, can you remember?

Khalid: I mean they was not like helpful. Like when we come to this country … I speak several language, I can speak seven, eight languages … and they were really swearing to us, and they were very bad at that time, but they didn't know that I can understand them. But I didn't say nothing to them because I was very scared that time because we don't know what will happen to us.

Interviewer: Did you also meet anyone from Immigration around that time?

Khalid: Yeah somebody turned up.

Interviewer: And how did you find them?

Khalid: Yeah uh … that was not a good experience with them either, they just took us the finger prints and other stuff … like nothing has been explained to us that what will happen. But like we don't know at that time that what they should ask, but now I know that they should explain.

Khalid, age 18

Encountering professionals during the referral process

Young people also sometimes encountered the police during the referral or subsequent safeguarding process. Emma met the police during the prosecution of her abuser. She describes feeling powerless when she was interviewed by the police.

Interviewer: How do you feel that the police handled the situation?

Emma: They could have helped differently... I was eleven, no-one would have listened to me. I just kind of felt like the cat and the ant – I was kind of like the ant in there. I had no power over what happened whatsoever.

Emma, age 14

Some young people found it difficult to trust the police when they came to investigate allegations of abuse in the family home:

Interviewer: So what do you think could have been done differently?

Fatima: Because they like…whenever I told them about my dad and stuff, yeah, they told my mum and my mum told my dad. They were just…I don't understand why they would say stuff to me like… Then I used to just not tell them. I stopped telling them.

Interviewer: You don't trust them?

Fatima: No.

Interviewer: Was what they did what you think you needed at the time?

Fatima: No, 'cos when the police come to my house it just makes it worse.

Fatima, age 15

Three young people who had experienced sexual abuse described some difficulties accessing counselling to help them come to terms with their

experiences. In two cases, this was because they had not been signposted onto a service by children's social care services. These findings are similar to previous research that has found that young people's needs for support post sexual abuse are often not addressed (see also Allnock et al, 2009). In two cases young people expressed frustration at not being able to access counselling due to an upcoming prosecution of their abuser at which they would have to give evidence. The following quote highlights the significant impact this can have on young people and echoes the findings of another research project that interviewed young people who had been sexually abused (Hooper et al, 2007):

> **Carly:** *I'm not allowed counselling until the court case has been in case if his solicitor wants to ask me questions, which is stupid because they could go and put words into my mouth.*
>
> **Interviewer:** *And how do you feel about not being able to have a counsellor at this point?*
>
> **Carly:** *It's stupid. I think it's ridiculous.*
>
> **Interviewer:** *Would you like to have had a counsellor at this point?*
>
> **Carly:** *Uh.....I would have done when at first it all came out, because I was very depressed. I was suicidal. I just felt as if the world had turned against me and I weren't getting no support or nothing so I just didn't want to be alive anymore. I didn't care what happened to me.*
>
> *Carly, age 16*

Young people's experiences of contact with children's social care

Experiences of children's social care services varied between young people's accounts and within them. As discussed above, some young people did not recall the first time they were referred to children's social care services. Other young people who were referred for the first time in between the ages of 11 to 17 were unsure who had referred them. Many young people were unable to remember the referral process as distinct from other subsequent interactions they had with children's social care services. The data presented in the following sections reflects this and is presented as young people's experiences with children's social care services as a whole rather than limited to their experiences of the referral process.

Young people's relationships with social work professionals

Young people often judged the service they received from children's social care services by their contact with social work professionals. For most young people this contact represented the work of children's social care services. All young people interviewed placed more emphasis on their relationships with social work professionals than on child protection plans they were subject to

or child protection conferences they had attended. For young people, the relationship with social work practitioners was central to disclosure and protection. Young people's experiences often differed at different points in the referral / protection process usually as a direct result of interaction with the individual social work professionals they had encountered.

Findings about children's social workers echo previous research. Young people valued contact with professionals where they felt their views were taken into account; they were listened to and kept informed about what was happening (see Butler and Williamson, 1994; Osbourne, 2001; Gorin, 2004; Willow; 2009). Young people valued having a consistent relationship with a professional they felt they could trust. Young people spoke positively about their social workers when they had regular meetings with them and when social work professionals had time to work with young people and build relationships.

> *Interviewer: And what about the second social worker?*
> *Laura: She's really … I've still got her now, she's really, really nice…Like she's really easy to talk to and really chatty. She's a lot more helpful than the first one, like I've had regular meetings with her, and we've done like mind maps of family and like putting people who are closer in the inner circles and stuff like that.*
>
> *Laura, age 15*

The first social worker Laura was referred to was a duty social worker and therefore would not be able to develop the same relationship with her as a long term social worker. However interestingly professionals also discussed this and highlighted that young people do not understand the roles or differences between professionals, therefore their expectations and perceptions of social workers they encounter reflect this.

The UASC interviewed for the study were referred directly to a specialist unaccompanied minors team and valued the support they received from their key workers, with whom they were able to build a consistent relationship.

They have done a lot of things and they will regularly keep in contact with me every day … and then they come to see me every day. I don't know about this country or anything … I didn't know about mental health services or the other stuff that she refer me to the places. Before my life was very worse … and then every day she was taking me, and keep in contact with the GP and the psychiatrist. They did help me a lot. Even with the Home Office decision, they write a report about me – that was really quite helpful.

Khalid, age 18

They help me do everything … everything, everything. When I come to [social services office] when I have an appointment… I just go reception 'I want to speak to my social worker' - he will call her, [and she is] coming down…I like social services, they're really nice.

Ajani, age 17

In other cases young people had not established such positive relationships with their social workers. A number of young people were unhappy about having an inconsistent relationship with social work professionals. Many expressed frustration at being assigned a new social worker, especially when they had built up a good relationship with their previous social worker. Previous research has highlighted the same issue – Hooper et al (2007) found that one family had eight social workers in three years and the result was that the young girl, who had experienced sexual abuse was not willing to go through building a relationship with another worker again.

Similarly other young people in this study did not like telling a new social worker their stories, as they found it difficult to speak about / relive difficult experiences.

Kerry: *Sometimes my social worker … cos it's changed now … and it's a new one … she doesn't really know me that well so she just tries and pretends that she knows everything. And then she always gets things wrong, and then she makes like … she ends up getting things mixed up, and then makes up different things.*
Interviewer: *Right. That must be quite frustrating.*
Kerry*:   Aye because my other social worker was nice.*

Kerry, age 15

Interviewer: How do you feel about having all those different social workers? Is it all right?

Chris: *I feel that I'm repeating myself over and over and over and over again. I'm telling the same stories, like what's happened … cos they've always asked … and you've got tell them about every … every time you've got a new social worker. It's only three times but it's like I don't like going back and talking about all of it.*

<div align="right">

Chris, age 15

</div>

Some young people described their frustration at having very little contact with social work professionals or infrequent meetings with their assigned social workers. Young people were often upset that they were unable to contact their social worker. This was sometimes because they were not given contact details for their social worker or because when they did contact their social worker they were consistently unavailable. See Chapter 4 in which professionals also discuss the problems for them in contacting social workers.

Interviewer: So were there any times when you felt any professionals weren't very helpful?

Emma: *That social worker weren't helpful*

Interviewer: Can you tell me a little more about that? How you felt about that at the time.

Emma*: She just…it emotionally struck me like running straight into a wall, it just knocked the wind out of me, cos it's every time something happened I was like [my Social Worker's] got to come, she just got to come, our families need her and she never showed up, never.*

Interviewer: Did you contact her at all?

Emma*: Tried to, phone was always off, or she was always putting it on busy or something, I don't know. All I know is that she wasn't doing her job right and I knew that, because if a social worker tells you she's going to be there at a certain time she's got to be there at a certain time because she's assigned for that family. She don't go there and never show, then she's obviously not doing her job right and I know that. I weren't that stupid, I knew she weren't gonna come.*

<div align="right">

Emma, age 14

</div>

> *Kerry*: *Sometimes when I ring [my social worker] she never ever rings us back. Like all last week I rang her, she never rang back… But then when I rang her last week she ignored us all last week so … I don't know. Maybe she might tell us today. I don't know if she's coming.*
>
> *Interviewer: Does she come at regular times?*
>
> *Kerry: No. She just comes usually when there's a meeting or whenever she wants to come.*
>
> *Interviewer: Right.*
>
> *Kerry: I don't see her regularly*
>
> <div align="right">*Kerry, age 15*</div>

As a result of this lack of contact some young people concluded that social workers weren't engaged in helping them:

> *Interviewer: Can you tell me about a time when you feel other people weren't very helpful? That can be anybody.*
>
> *Laura: My first social worker, I don't think she was good at all…Like she did some stuff, but I just don't think like … she just didn't seem like she cared that much. It was just like a job. It was just something she had to do. So I think it was just like … just something really that she had to do so she wasn't bothered or anything.*
>
> *Interviewer: Right. And would you have liked like her phone number to get in contact with her when you wanted to get in contact with her?*
>
> *Laura: Yeah.*
>
> <div align="right">*Laura, age 15*</div>

For many of the young people interviewed for this study a consistent, long term relationship with a professional throughout the referral and safeguarding process was the most important factor in disclosure and protection.

I think one of the main things is that when a social worker is designated, you should keep that social worker for as long as possible…I really think that they should try and keep that same social worker with that child for as long as possible, so then a relationship can get built up, the trust can get built up. And then at the end of the day the social worker will find out a lot more … if she's just walking in 'Oh yeah, how are you?'… I think if they expect children to tell them things and put trust in them, then you need to put the work in and be with them for a long period of time, and just make a relationship with them. Because if you're getting a different social worker every 3 months it's not going to do anything good for you, it's just annoying. So it's just like another suited and booted person walking into your house telling you this is right and this wrong – you don't want that really.

<div align="right">

Anna, age 17

</div>

Obstacles to building positive relationships

Lack of clarity

A number of young people described social work involvement as confusing and did not understand what had happened during the safeguarding process. Young people often were unsure about who professionals were and what their roles were.

> **Emma***: Its only when I went to the video interview[5] that I actually found out I had a social worker.*
>
> **Interviewer***: And how did that make you feel? Would you have liked to have known earlier?*
>
> **Emma***: Yeah I would have liked to have known earlier. To be honest having a social worker kind of confused me a bit, she was asking all these complicated questions and I was 11 at the time, thinking, what? What's that mean? (Laughs) Really confusing.*

<div align="right">

Emma, age 14

</div>

> *Because I didn't even know this person who I was … like they say 'You're moving in your foster carer's now' … I just don't know them, and I'm like well I feel really awkward, do you know what I mean?*

<div align="right">

Katy, age 16

</div>

Confusion about the roles of professionals has been highlighted in research with children who have run away from home (Scottish Executive, 2003) and Fuller et al (2000) found that agencies that could help children were much better known to those children that had been in residential care than those who had not.

Similarly, in this research young people's experiences with children's social care services often differed depending on whether they were in local authority

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[5] Emma was interviewed in relation to the prosecution of her abuser.

care or not. Those young people who were looked after (16 of the 24 young people interviewed) tended to have a much clearer picture of professional roles and a better understanding of the child protection process in comparison to young people who had social care involvement for a shorter period of time. Young people who were under local authority care also typically described having access to a range of professionals in addition to social work practitioners for turn to for help. This often contrasted with the experiences of young people who were not in Local Authority care, who often found it difficult to access support services (see Emma's and Lisa's stories below).

Being listened to and informed

Some young people felt that they had not been listened to, that their views had not been taken into account and they did not feel informed of what was happening to them. These experiences undermined young people's confidence.

The following example describes how Fatima was confused about what was happening to her after she was admitted to A&E after a physical attack by her father. The medical staff who treated her contacted children's social care services in relation to her injuries. This is her description of what followed:

> **Interviewer:** *When the doctors first made contact with social services did they tell you that they made contact?*
> **Fatima**: *No, the social worker just came to the emergency room…I was kind of confused… I didn't talk to them they just talked to my mum and dad and that was it.*
>
> <div align="right">*Fatima, age 15*</div>

Managing expectations

Young people also felt let down when they were given false expectations by professionals about what might happen.

> *well there was trouble at my ma's house, because I used to have a nasty temper, and they [children's social care services] suggested to us that I could go in temporary foster care to cool things down … and she told me to think on it. I started thinking and I decided that would be a good idea. But then she said it'd only be for about 3 or 4 months, and it ended up being a year and a half. And I wasn't impressed because she didn't tell me that it would be any longer… and she said I could go back to my mum at any time I like.*
>
> <div align="right">*Sam, age 17*</div>

Young people not being given a say/ autonomy

In young people's accounts there was often tension between the needs of young people and parents. One of the young people interviewed for the study was referred to children's social care services due to domestic violence between his parents at home. This young person believed that social work

practitioners had taken the side of one parent over another and had not taken into account his and his siblings opinions of the situation:

> *Interviewer*: *What kind of things would you like to us to say to social workers about young people's experiences- what kind of things should we be telling them?*
>
> **Tom**: *That they have got to listen because it's said that every child has the right to be heard and that's, because they're not listening they are just denying people's rights which is bad because they are supposed to be concerned about children…Well they took Mum away and then they barely even talked to us. They just said hello and then that was literally it.*
>
> *Interviewer: Do you feel that they listened to you?*
>
> **Tom**: *No, they didn't talk to us.*
>
> *Interviewer*: *They didn't come and see you at all or anything like that.*
>
> **Tom**: *No, no.*

Tom, age 12

Young people were also sometimes upset when they felt that their parent's views had been given preference over their own. For instance, Nicola had built up a positive relationship with her social worker and was assigned another one because her mother had complained about the social worker:

> **Nicola** *I rung her up the other day and she went 'I'm not your social worker no more' .. And she went 'I'll put you through to X I think his name is.*
>
> *Interviewer: Right. And how did you feel about that?*
>
> **Nicola**: *I was like 'Oh, for God's sakes'.*
>
> *Interviewer: So why have you got a different social worker do you know?*
>
> **Nicola**: *Cos my mam complained about the other one.*
>
> *Interviewer*: *Oh right, okay, and did you like the other one?*
>
> **Nicola:** *Yeah.*

Nicola, age 15

Confidentiality between young people and social work practitioners was another issue that was raised. Fatima was physically abused by her father and as a result was placed on a child protection plan by children's social care services. She recalls that she felt unable to confide in her social worker because the social worker would then inform her parents what she had said. She describes how this would create additional tension in the family and that on occasions the abuse would escalate as a result. This made Fatima reluctant to tell her social worker what was going on in the family home.

Interviewer: Did you understand what was happening or what people were doing?

Fatima: No, it all it felt like what ever I told them they would go and tell my mum….so I would just stop telling them

Interviewer: What did you expect to happen or what did you want to happen?

Fatima: I thought that they were going to help me and not tell my mum when I told them stuff…….

Interviewer: Do you feel that they listened to what you had to say?

Fatima: No, they listened to what my mum had to say.

Interviewer: Can you tell me about a time when you feel other people weren't very helpful?

Fatima: When my dad, yeah, he came to my new house, yeah. He hit my brother. I told [my social worker] not to say that I told… but then police came to my house and said, 'Your daughter said that this happened,' and my brother denied it…and it kicked off again. They [the police] went and it started again!

Fatima, age 15

Fatima's experience reflects concerns raised by social work practitioners regarding the lack of control given to young people over information sharing when child protection is used (see Chapter 6).

Social work responses

Some young people described situations where they felt that children's social care services had not acted to protect them soon enough. For instance, Peter disclosed to his head teacher that he was being physically abused at home by his parents and his head teacher referred this to children's social care services. Peter described in his interview how he would have liked to be taken out of the family home and placed in a safer environment. After his first disclosure he was returned to the family home where he describes the physical abuse escalating. He also stated that children's social care services were not monitoring his situation after his first disclosure and that he felt his only option was to escalate the risk to himself to receive a service. One year later, Peter was placed in local authority care.

> *Peter: It would have been nice to not have to go through all that. It would have been nice if they actually had have just done what they were meant to do instead of me ending up here a year later.*
>
> *Interviewer: Right. So what would you have wanted them to do like ideally?*
>
> *Peter: I says 'Can you just find us a placement, I don't want to go back' … and they made us go back to my mum's…*
>
> *The only thing they said to us was … they cannot find us a placement so they give us two choices – to either come with them back to my mum's or walk out the school gates and go missing…*
>
> *(later in interview)*
>
> *Interviewer: Did your social workers get you a place at [name of children's home] eventually then?*
>
> *Peter: Yeah…This was after me going missing for a week, living at my grandma's[6] being punched all over and that, no contact [from social services].*
>
> <div align="right">Peter, age 15</div>

Peter's experience perhaps highlights the difficulties with a lack of care placements for this age group.

David also felt that social care services were slow to respond to his case. In his description of when he contacted social care services for help he had to walk several miles to see his social worker and was left walking the streets for several hours at night.

> *Like when my mam threw us out I had to go to like the phone box and … ring social services and [I] said that I'm like walking the streets and got nowhere to stay but I mean like every time I rang them up they always tell us to ring them back or they would ring me back or stuff like that and it always took ages. Like you have to stand round the streets for hours and that waiting for them to ring us back and sort things out…They wanted us to stay in my dad's house, so they took us across there. But they didn't tell my dad cos he wasn't answering his phone. And my dad wasn't in when I got there when the taxi took us over, so I had to walk back [describes a distance covering several miles]. And like all the phone boxes like were broke and stuff, and every time I rang them they said they'd needed the number off the phone box, but like there was never a phone box so I'd have to like walk an hour or something just find a phone box.*
>
> <div align="right">David, age 16</div>

Another young person, Sam, felt that his allegation of abuse against his foster carer was not taken seriously by his social workers:

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[6] Between his initial disclosure and being placed in local authority care. Peter lived at his Grandma's for a short period of time to escape the abuse.

Everyone told me it was assault so I said to my social worker at the end of the day 'This happened'. And I showed my social worker the mark, no complaint got put in. I thought it was just wrong like how she gripped me … and they didn't do nothing about it.

Sam, age 17

Peter's, David's and Sam's cases highlight the difficulties experienced by young people when they are not seen as a safeguarding priority due to their age or in the case of David where they are not responded fast to enough by often under-resourced children's social care services.

Length of social work involvement

Some young people described a short period of social care intervention. This was often when the young person was not in immediate danger of further maltreatment. However, these young people felt that they were not offered enough support from children's social care services and were not signposted onto other services which could help them. Emma was sexually abused by an older step sibling and met her social worker in relation to the court proceedings she was involved in. She was disappointed that she did not receive more support:

Interviewer: Do you feel like you need any more help now?

Emma: From a social worker? Not now because our family managed but she could have stuck around a little while longer though.

Interviewer: Your social worker? Do you feel that she left your life too early?

Emma: Well yeah, she said like 'we'll see ya in this months time' and she never came, we never got a phone call, letter or no. She just disappeared.

Interviewer: How often did she come to see you then?

Emma: I think I saw her twice and that's it…She could have explained what social services was about and she was doing and what her job was to do with our particular family. So they could give more detail of why they have been assigned to that one particular family, sort of thing, because obviously I didn't know what was going on

Interviewer: What would you liked them to have done?

Emma: Could have told me what was going on first, could have like had a meeting with [my sister] and the parents like, explaining what happens and talked to me privately about it or somemic like that and see if I got it cos I didn't know anything that was going on.

Emma, age 14

Another young person, Lisa, described a similar experience to Emma. Lisa disclosed sexual abuse by a neighbour directly to the police (see above). She had social work involvement in relation to the prosecution of her abuser but no other help from children's social care services. She met her social worker on

one occasion. She also felt let down that she and her family had not been offered any additional help by children's social care services in relation to her disclosure. The family were not signposted to any other services and Lisa felt they had been left without the support they needed to deal with the aftermath of her disclosure (see also Allnock et al, 2009 and Hooper et al, 2007).

> *Interviewer: So did you have any meetings with the social worker and any family members or anything like that?*
>
> *Lisa: Apart from the house visit – I can't remember – I don't think so.*
>
> *Interviewer: So after the house visit you didn't see your social worker again?*
>
> *Lisa: No… I think they could have given me and my family more support like afterwards cos it was sort of like as soon as we find out it wasn't going to court or anything and then you're left stuck in that situation. It was like 'oh well' we was left with like the aftermath sort of thing but no support or anything. We were just sort of left to cope with it.*
>
> *Lisa, age 15*

Safeguarding processes

Many of the young people interviewed were unclear about the safeguarding processes they were subject to. Some young people were unclear about what having a child protection plan meant.

> *Interviewer: Do you know social services have a special plan called a child protection plan?*
>
> *Fatima: Yeah.*
>
> *Interviewer: And how did you feel about that?*
>
> *Fatima: I didn't understand, all I know is that I am on a child protection register.*
>
> *Interviewer: Ok. you didn't really understand what that meant? Did no one ever explain any of that to you?*
>
> *Fatima: No.*
>
> *Fatima, age 15*

This finding is similar to other research with families that found that parents were sometimes confused about the nature of concerns about their children, why they had child protection plans and the meaning of interventions (see Hooper et al, 2007).

Experience of child protection conferences and looked after children reviews

Some of the young people interviewed for the study had attended child protection conferences and/or looked after children reviews. Their experiences of these meetings varied. Some young people described these

meetings as un-engaging and over long and some young people felt that it was difficult to get their say.

> *Interviewer: What are [LAC reviews] they like for you?*
> *David: Boring. I hate being sat anywhere for the same … for an hour.*
> *Interviewer: Right okay. I won't keep you here long. (laughs)*
> *David: No no, I don't mind as long as it's not people talking about us …*
> *Interviewer: Do you get to speak in the meetings?*
> *David: Aye, just about.*
>
> *David, age 16*

Some young people felt that it was important that they had a relationship with all of the professionals who attended meetings as this made them feel more comfortable.

> *It's just like the chairperson that comes, I just don't know them and I'm like 'Well can you not keep the same chairperson to like handle the meetings, so like I actually know them?' Because it's not very good somebody coming into the meeting and you … and you're discussing your personal issues with everyone, bar one person that you don't know. I mean I know they're not going to say anything, but it's just I feel … well I don't really want them to know because I don't really know them.*
>
> *Katy, age 16*

Other young people felt that they got to have a say at their LAC reviews.

> *Chris: I've been to loads of LAC reviews.*
> *Interviewer: And how do you find those?*
> *Chris: I enjoy going to them, cos I get my say really.*
>
> *Chris, age 15*

Young people valued having an advocate at child protection conferences who was there to represent them.

Interviewer: so what were those meetings like for you?

Laura: Um, the first one was okay and then the second one wasn't so good. Cos I was back into like skiving off school, going out with friends drinking. …like my advocate and everything weren't there, so it wasn't as easy.

Interviewer: What, your advocate wasn't there?

Laura: No. Cos we'd agreed like … she said she couldn't make that day, and I'd said well that's fine. Cos I didn't really need her the first time, but the second time I could have done with having like the advocate there… So the meeting didn't last as long, cos I wouldn't talk.

<div align="right">Laura, age 15</div>

Summary

This chapter has presented the research findings on the perspectives of young people who have been in contact with children's social care services. A brief summary of key findings from the chapter is as follows:

Reasons for the referral of young people

- Abuse of young people is complicated by a range of issues that tend not to be present with younger children, e.g. substance misuse, homelessness, being thrown out of home, alcohol/drug misuse, risk-taking behaviour, violence and conflict with parents. This makes young people's case histories distinct and often more complex than those of younger children.

Young people's experiences of seeking help

- Young people found it difficult to disclose maltreatment. Disclosure was not necessarily easier for young people than for children as they faced different barriers, in particular being acutely aware of the impact a disclosure could have on themselves, family and the abuser themselves. When young people did disclose maltreatment they were likely to speak to a peer first.

- If young people did approach a professional this was likely to be a professional with whom they had an existing relationship, such as a teacher.

Experiences of young people during the referral process

- Lack of consistency of social workers and large social work caseloads are a barrier to young people disclosing abuse and neglect during the referral process. Young people were more likely to disclose abuse if they develop a relationship of trust over time with a professional. Young people may hide abuse as they are afraid of the consequences

of telling. Talking to young people on a one-off occasion may not elicit an accurate picture of what is happening to them.

- Young people were often unable to contact social workers when they needed them and this coupled with a lack of consistent support meant they could feel social workers were not engaged in helping them.

- Young people were ill informed about the safeguarding process. Many were confused about what had happened to them and why, and did not feel that their views had been listened to.

- Some young people felt that action to safeguard them had not happened quickly enough or that the actions of individual social care professionals had put them at further risk of harm.

- There was evidence of tensions between managing the needs of young people and of parents. Problems with confidentiality between young people and parents was a particular issue.

- Where young people had been subject to maltreatment but were no longer at risk of further significant harm there appeared to be a gap in providing support and/or the signposting of young people towards relevant support. This was particularly the case for young people who wished to access counselling support after sexual abuse.

4

Referrers' perspectives

This chapter explores the perspectives of potential referring professionals about dealing with issues of potential maltreatment of young people. We explore material from professionals in the police, schools, youth offending teams and the voluntary sector who contributed to the research through returning survey questionnaires and participating in interviews for the practice study.

We focus in this chapter on four key questions:

- How do professionals in potential referring agencies assess risk in relation to cases of possible maltreatment, and specifically how does the age of the young person affect perceptions of risk?

- Similarly, how do these professionals make decisions about whether to refer a case to children's social care services on the basis of child protection concerns, and how does the age of the young person affect these decisions?

- What is professionals' experience of making referrals of young people on the basis of child protection concerns to children's social care services?

- What alternative actions do professionals take when they do not make a referral to children's social care services?

We also consider referring professionals' responses to broader questions about the workings of the safeguarding system in relation to young people aged 11 to 17.

Profile of referring professionals

Survey

The survey included 119 professionals in referring agencies across 12 local authority areas – 47 working within the police, 40 in schools, 20 in the voluntary sector and 12 in youth offending teams.

Practice study

The practice study included a range of professionals who have referred young people to children's social care services. This included 12 voluntary sector workers; nine teachers; nine police officers, two professionals working within Youth Offending Teams (YOTs) and two Connexions workers. The majority of the interviewees worked within the four participating authorities, however four interviewees worked within other local authorities and another four worked with and across a broad range of local authorities.

Assessing risk

This first section focuses primarily on material from the survey of referring professionals. We begin by providing an overview of professionals' responses to the scenarios and some of the key factors taken into account in decision-making which professionals identified in their notes under each scenario. We then move on to discuss age-related dimensions of the risk assessment and look in more detail into the responses to different types of scenarios.

The survey consisted of a self-completion questionnaire which mainly focused on a set of 11 hypothetical scenarios of potential cases of maltreatment. Respondents were asked to give several ratings for each scenario. One scenario was identical for all respondents to provide a reference point for comparisons. For the remaining ten scenarios, key characteristics of each vignette (the age, gender, ethnicity and abilities of the child or young person and the severity of the scenario) were randomly varied. These ten scenarios covered the following categories of maltreatment:

- Neglect – four scenarios focusing on supervisory, educational, medical and emotional neglect

- Emotional abuse - four scenarios focusing on isolating, ridiculing, ignoring and confining

- Physical abuse – one scenario

- Sexual abuse – one scenario

Examples of some of these scenarios are presented later in the chapter and a sample of the full questionnaire is contained in the appendix.

The analysis here focuses on professionals' responses to two questions in relation to each variable scenario:

- To what extent do you think that this situation means that the young person is at risk of immediate harm?

- To what extent do you think that this situation means that the young person is at risk of longer-term negative outcomes?

Respondents were asked to respond to each question on an 11-point scale where 0 represented 'Minimal risk' and 10 represented 'Very high risk'.

Overall risk ratings

Overall, the mean risk ratings across the ten variable scenarios were around 5.2 for immediate risk and 6.9 for longer-term risk.

Our main focus in this report is on age-related aspects of these responses. We will begin to explore this issue later in this section. However it is worth noting first some of the general factors which professionals took into account in assessing the scenarios (identified in participants' notes to each scenario).

There was often a wish for more information before coming to a decision about the scenario. One key issue for respondents was whether there was a history of related issues within the family. The types of issues included previous child protection issues and domestic violence. A second broad area of concern was the current situation within the family. A number of respondents said that they would seek further information about siblings, and there were a range of other issues mentioned such as whether a young person might be acting as a young carer, parental mental health issues and so on. Generally these areas of concern reflect the range of factors that can be connected with maltreatment and many of the key dimensions identified in the Assessment Framework.

Many respondents identified the parents as a key source of further information. In contrast, relatively few respondents identified the child or young person as a key source of further information. This may be partly a result of the way some of the scenarios were phrased in the sense that there was an implication that the young person had spoken to the respondent. However, this is still a potentially important issue. Some professionals appeared perhaps to doubt the young person's account:

I would need to establish the facts by talking to parents first.

Teacher, Supervisory Neglect scenario

Variations by characteristics of young person in the scenario

We can look at how the characteristics of the young person in the scenario, which were randomly varied, affected responses. Table 1 summarises the result of a statistical analysis of these patterns.

- There was a small but significant association between age and assessment of long-term negative outcomes which were seen as being less likely as age increased.

- Where the young person in the scenario was cited as having mobility difficulties, ratings of immediate risk were significantly higher

- There were some apparent patterns according to the ethnicity of the child or young person – with scenarios involving African-Caribbean young people having the lowest ratings. These differences did not however reach statistical significance.

- There were no significant differences in responses according to the gender of the child or whether the child or young person was defined as having moderate or no learning difficulties.

So, in relation to the main topic of this research project, there was some statistical evidence of differential responses to scenarios based on the age of the child or young person.

It is also noteworthy that there were significant differences in risk assessments depending on whether the scenario related to a disabled child or young person. We provide some qualitative examples of how this factor may interact with age to affect professionals' perceptions of risk and decision-making later in the chapter.

Table 1: Young people's characteristics and responses (referring agencies)[7]

| Variable (base for comparison)	Immediate risk	Longer-term harm
Year group		*
8 to 12	5.3	**7.0**
13 to 17	5.1	**6.8**
Gender		
Female	5.2	6.9
Male	5.2	6.8
Disability	*	
No physical disabilities	**5.1**	6.8
Some mobility difficulties	**5.5**	7.2
Learning difficulty		
No	5.2	6.8
Moderate	5.2	7.0
Ethnicity		
Asian	5.3	6.7
African	5.4	7.2
African-Caribbean	4.8	6.5
White	5.2	6.9
Total for all variable scenarios	**5.2**	**6.9**

Age related assessments of risk

We now turn to the key focus of the survey of referring professionals regarding the extent to which the age of the young person affects professional assessment of the case.

Figure 1 shows the mean responses for young people of different ages. It can be seen that whilst there is a general downward trend, the overall effect is not that substantial. Regression analysis indicates that age explained less than 1% of the variation in perceptions of longer-term negative outcomes and likelihood of referral. Visual inspection of this graph suggests that there is a

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[7] Significant differences at a 95% confidence level using Pearson correlations for age and and non-parametric tests (Mann-Whitney and Kruskal-Wallis as appropriate) for other variables are indicated by an asterisk. Means for these differences are shown in bold. Means for age groups are for illustrative purposes, exact age was used for statistical testing.

particular downward trend in responses to scenarios if the young person is aged 17.

Figure 1: Perceptions of risk of longer-term outcomes for different ages
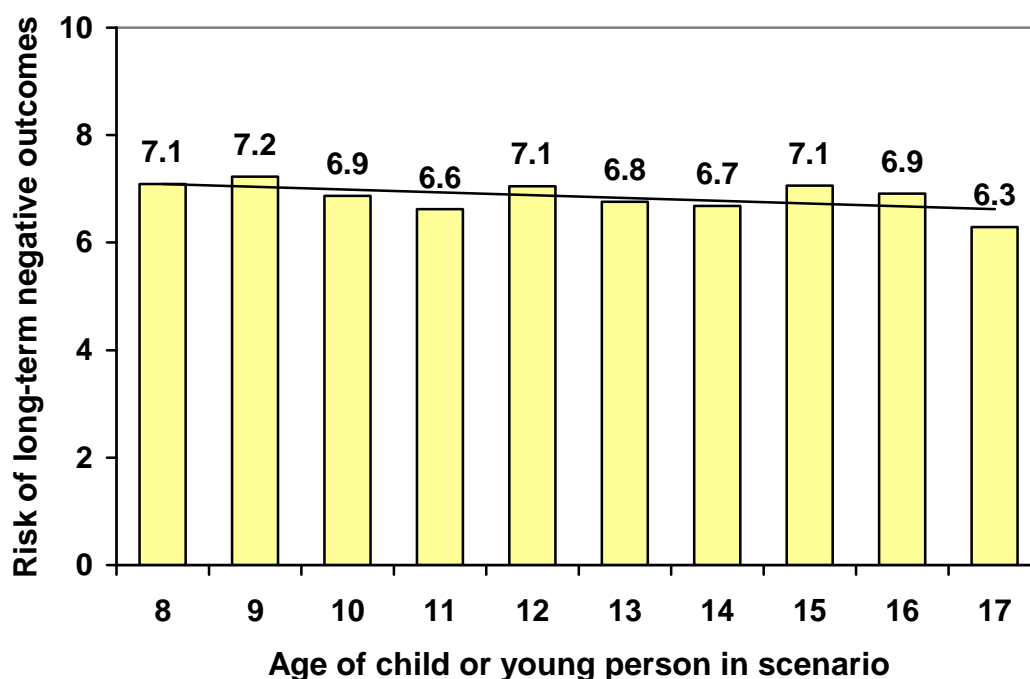
An analysis of professionals' notes on responses to the scenarios as a whole group, identified some general themes in professionals' additional notes about scenarios which relate either directly or indirectly to the age of the child or young person in the scenario. Three key themes emerged from this analysis:

First, young people were sometimes seen as contributing to or exacerbating the situation through their own behaviours

> *Definition of 'hits'. Concern over the hitting to the head. Concern that the parent is also at risk of harm from the child and that the child could also lash out with the angry feelings to other children at school.*
>
> *Teacher, Physical abuse I would be concerned about the reasons for his parents stopping him socialising and would attempt to raise this with the parents - discuss with child if this was a punishment (like being grounded) for naughty behaviour? Try to understand parents perspective behind the move.*
>
> *YOTs, Emotional isolating*

Second, young people tended to be perceived as more competent than children. This was seen as meaning that they were more able to seek support directly or that they were more able to avoid or extricate themselves from risky situations:

D's father probably feels D should sort it out himself, dad can't make friends for him!

Voluntary sector, Emotional neglect

:

The student is 16 and therefore old enough to access services himself. However mum still has a duty of care and he should not be left without appropriate medical support. Rather than make a referral I would try to work with mum. Again, there is not enough evidence about the environment and circumstances of the family to make a final decision.

Teacher, Medical neglect

For some professionals young people were also viewed as actively avoiding engagement with services that might help them.

Third, young people were seen as putting themselves at risk. There was an increased focus in professionals' comments on risks outside the home, often connected to young people's own activities and behaviours including involvement in crime and substance use:.

Depending on how the student spends the time that she is out of school she could be at greater or lesser risk. I feel that this is a case for school and Education Welfare Officer to deal with. This student is at risk of leaving school with no qualifications and thus affecting her life chances.

Teacher, Educational neglect

She is at great risk of physical and sexual abuse being away from home and parents not aware of where she is nor do they appear to make efforts to find out. Young people drink alcohol, which puts them at greater risk unable to keep themselves safe. At 11 years old she is open to suggestion from her peers.

Police, Supervisory neglect

These are three important themes which will be explored further later in the report.

Responses to specific scenarios

We have already seen in the previous section that, taking all the scenarios together, there was a small significant association between the age of the child or young person in the scenario and two of the response variables – perceived risk of long-term negative outcomes and the likelihood of referral. In this section we look in more detail at the way in which age was associated with responses for specific scenarios, making use of the quantitative and qualitative data gathered.

Figure 2: Relative risk ratings for each scenario
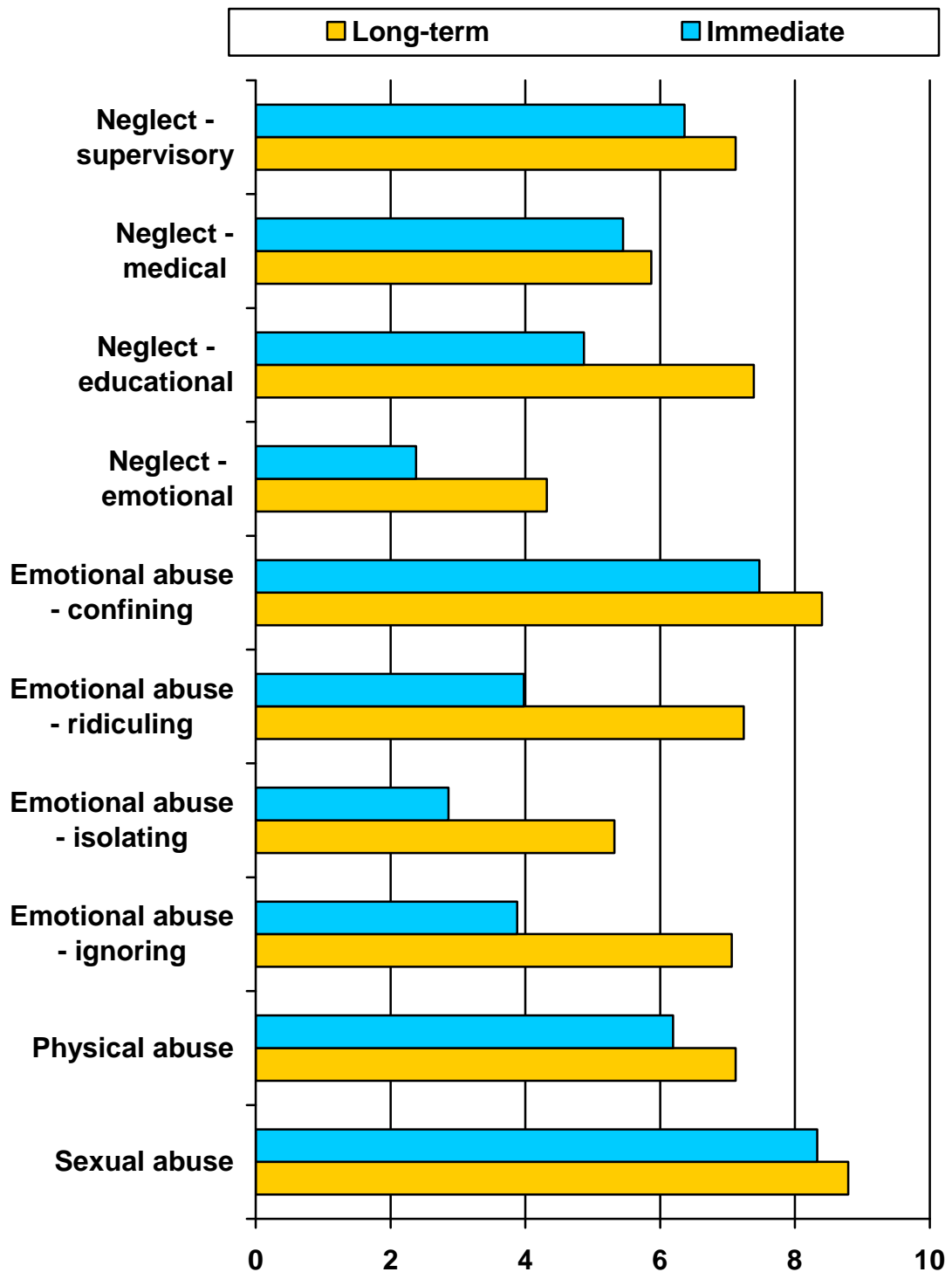
Relative risk ratings of different scenarios

Figure 2 shows the overall ratings for referring professionals for each scenario. The scenarios perceived to represent the highest risk related to sexual abuse and confining a young person. The lowest risk scenarios related to emotional neglect.

Note that these statistics are presented in this way to provide the background contexts for the following sections. They are not intended as a reliable means of comparing views on different forms of maltreatment as in each case only one scenario was considered. It could be, for example, that the emotional neglect scenario was a relatively low risk scenario for its category while the physical abuse scenario was a relatively high risk scenario for its category.

Age and responses to the different scenarios

We now move on to consider the influence of the age of the child or young person in the scenarios on professional responses for each type of scenario. Table 2 summarises the correlations between age and response variables for each scenario.

There were statistically significant correlations for only two of the ten scenarios:

- First, for Supervisory Neglect the immediate and longer-term risk ratings decreased substantially as the age of the young person increased.

- Second, for Emotional Abuse – Isolating, the perceived longer-term risk also declined with age.

For two other scenarios there were marginally significant correlations[8] which offer some tentative suggestions for future research, as follows:

- The perceived risks associated with the Educational Neglect scenario decreased as the age of the young person increased.

- The Physical Abuse scenario was perceived by professionals as likely to pose a higher (rather than lower) risk of immediate harm and longer-term negative outcomes as the age of the young person in the scenario increased.

For the other six scenarios the correlations were non-significant and generally very close to zero.

---

[8] We have conducted some post hoc power analysis which indicates that in these cases a considerably larger sample would have been required to obtain a statistically significant result

Table 2: Associations between age of child or young person and responses for each scenario[9]

	Immediate harm	Longer-term harm
Neglect – supervisory	**-.364****	**-.278****
Neglect – medical	ns	ns
Neglect – educational	-.155	-.128
Neglect – emotional	ns	ns
Emotional abuse – confining	ns	ns
Emotional abuse – ridiculing	ns	ns
Emotional abuse – isolating	ns	**-.196***
Emotional abuse – ignoring	ns	ns
Physical abuse	.094	.095
Sexual abuse	ns	ns

From our analysis of the open-ended responses to each scenario we were able to identify instances where professionals had, or appeared to have, taken into account age-related factors in making their assessments of risk. In the sections below we discuss these factors in relation to three of the four scenarios noted above – Supervisory Neglect, Emotional Abuse (isolating) and Physical Abuse. There were no age-related comments relating to Educational Neglect (despite the statistical pattern noted above).

Supervisory neglect

Supervisory neglect is perhaps the most straightforward scenario type to discuss in terms of age-related differences. The following is a sample randomly generated scenario. Severity was varied by changing the timing from nine o'clock to eleven o'clock.

---

[9] This table shows Pearson correlations. Signifiicant correlations are in bold. * and ** indicate significant differences at the 95% and 99% confidence level respectively; 'ns' signifies that there was no significant correlation.

G is a 13-year-old female of White ethnic origin. She lives with her family (mother, stepfather, and one younger brother). She has no learning difficulties and no physical disabilities. G tells you that she regularly spends time on the streets in her local neighbourhood and at the houses of people she knows, after nine o'clock at night. During these times her parents do not know her whereabouts.

Figure 3 shows the mean responses to this scenario for the two response variables by age band. Ages have been grouped into two-year bands due to the relatively small number of cases involved (just over 100 in total). It can be seen that the risks were seen as particularly high for the 8 to 9 age group and then declined with age – particularly for the 16 to 17 age group.

Figure 3: Age-related responses to the supervisory neglect scenario
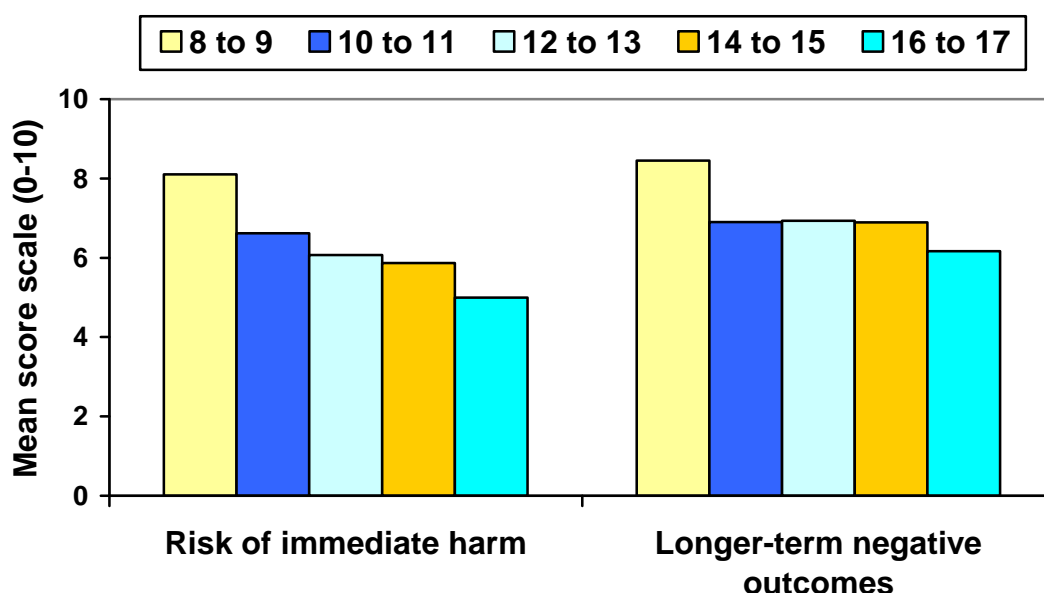
A number of professionals when commenting on this scenario specifically highlight the age (either by year or more generally) of the young person within the scenario in relation to their judgements on immediate and long term risks. In particular children aged eight to nine are seen to be very vulnerable to harm whether they are out on the streets after 11pm or after 9pm. Parental neglect is often identified as an issue in these cases.

> *Very young age to be out so late without parental supervision. Need to address boundaries etc with parents and ensure they have the capacity to parent appropriately. Other needs may also not be met (potential neglect)*
>
> *YOT worker (Female, 8)*

Some referrers also view 11-year-olds as still being extremely vulnerable to abuse by others while on the streets if they are out after 11pm. Young people

in this age group are seen to be at risk of physical and sexual abuse by strangers and also abduction whilst out on the streets. Parental neglect is still highlighted by referrers.

> *An eleven year old boy who is on the streets by himself is extremely vulnerable to all sorts of dangers including abduction or abuse by strangers. The parents may be being wilfully neglectful or they may need support in parenting.*
>
> *Teacher (Male, 11)*

For this scenario, learning and mobility difficulties are also identified as making a young person more vulnerable.

> *13 years old with learning and mobility difficulties. I would have concerns about his parents ability to parent and protect their child if he is out after 11pm at night having regard to his age and the fact that his learning and mobility difficulties make him vulnerable.*
>
> *YOT worker (Male, 13)*

However, in general, as the age of the child increases, the situation often becomes more complex for referrers, and the young people's own behaviours are factored in.   At age 14, 15 and 16, some referrers still perceive that a young person is still very vulnerable to risk, but this varies greatly amongst individuals. For some professionals, as young people get older, the emphasis appears to shift over more to the young people's behaviour, rather than the scenario being seen purely as relating to parental neglect or abuse in itself. The risks of getting into trouble, becoming involved in use of alcohol and drugs are highlighted (as opposed to risks of abuse and abduction, and exploitation).

> *There appears to be no boundaries or parental guidance for this child, therefore making him vulnerable. I believe he is more likely to become involved in crime and substance misuse. (However, given his age and Children services workload, I do not believe this would be actioned, sorry to say this) I would make a child in need referral as opposed to a Child Protection referral.*
>
> *Police (Male, 15)*

Emotional abuse – isolating

An example of the 'isolating' scenario is shown below. As with other scenarios there were two levels of severity. The example is the lower level. In the higher level of severity the young person was banned from seeing any friends outside school.

> *P lives with her family (stepmother and father and one brother). She is 13 years old and of white ethnic origin. Her development is average for her age, and she has no disabilities. P isn't allowed to see two of her closest friends. She says that her parents have stopped her seeing them and she doesn't know why. She says that they didn't do anything wrong and they haven't been in any trouble, and that she feels lonely when she doesn't see them.*

There were some age-related responses in relation to parents being seen as 'over-controlling' in scenarios where the young person was at the higher end of the age range, for example:

> *Would seek advice from Duty Social Worker before referring - am concerned at age of P - parents appear far too controlling. Shall probably refer anyway therefore.*
>
> <div align="right">Male, 16, high severity</div>

> *Age. Over protection?*
>
> <div align="right">Female, 17 , high severity</div>

There were also some comments about lack of perceived risk:

> *1. No risk of physical harm, however perhaps a risk of mental abuse. 2. 17 years old, I would think that she would not be at great risk. 3. Referred to police the SSD would be made aware.*
>
> <div align="right">Female, 17, high severity</div>

In general, irrespective of age there was a perception that this type of scenario would not meet the threshold for intervention by children's social care services. Many referrers said that they would like to talk to parents to find out their perspective and reasons for preventing the young person from seeing their friends. Some feel they may have good reasons for this action:

> *Staff would be asked to make sure he sat with someone he was happy with in all lessons. Social Care would not be interested in this case at all. Parents make decisions for all sorts of reasons. I might contact parents to get a clearer picture of the situation.*
>
> <div align="right">Male 12, low severity</div>

Physical abuse

A sample of the low severity version of the Physical Abuse scenario is as follows:

> *K is 11 years old and of Asian ethnic origin. Her development is average for her age, and she has no disabilities. She lives with her mother and father. K says that her father hits her when she does something bad. Her father never uses anything but his hand and he usually hits her somewhere on her body*

The higher severity scenario involved the father hitting K in relation to her losing her temper and hitting him.

As discussed above, although the association between the age of the young person and perceived risk was not statistically significant, there was some evidence of a positive correlation here – i.e. that as young people got older physical abuse was seen as being more harmful. The more detailed comments from professionals provide some insights into why this may be the case.

For younger children, some professionals saw the scenario as very high risk:

> *1. There is a risk of immediate physical harm that could easily amount to a criminal offence of assault. 2. Potential long term emotional effects. 3. A referral would be made.*
>
> *Male, 9, low severity*

And several professionals were concerned that the fact that the father hit the child on the body could be a deliberate attempt to hide the abuse:

> *By hitting on the body, dad may be trying to conceal injuries. Further investigation required*
>
> *Male 9, low severity*

On the other hand, some professionals discussed the concept of lawful chastisement:

> *This may be a case of lawful chastisement, it would not be known until the child is spoken to. It is likely that the child would be spoken to by a CAIU officer and a social worker. If it was a case of getting hit when he is naughty and the hit leaves no marks then this case would not progress further. However, if the hit leaves more than slight reddening, i.e. a bruise then the suspect would be spoken to and possibly interviewed by Police regarding over chastisement. Again the agencies would have to be satisfied that the child isn't at risk of harm. If they are not satisfied then consideration to remove the child must be given.*
>
> *Male 10, low severity*

And there was also discussion about normative parenting:

> *This is considered 'normal' in many communities in this city. What kind of hitting? a slap, a punch, a kick? How hard? To register disapproval non-verbally or to cause pain as a punishment or injure as intimidation? Is it escalating? Does the father see him as a competing male? Who might support him in challenging the behaviour? Who else is subject to it? Is this a case of domestic violence? We would enquire and monitor, but not act on this information.*
>
> *Male 13, low severity*

These kinds of considerations link with much wider debates in our society about the acceptability of hitting children and young people.

For older young people, these debates were less apparent and several of the professionals indicated that the age of the young person was a factor in their assessments of the scenario:

> *There is clearly violence between both child and parent within this home, regardless of who the aggressor is. Any violence between parent and child needs addressing, This child is 15 years and should be spoken to in a manner that she can understand, not physical violence, this goes beyond chastisement.*
>
> *Female 15, high severity*

The following quote also illustrates the concern about the repercussions of physical abuse for older children:

> *- No injuries seen at the point when she first disclosed. Presumably no injuries noted before this at school but check up on this.*
> *- Talk to Children's Services about family. Are they known?*
> *- How frequently has this happened? Any marks/injuries before*
> *- Why is she telling us now? Is she scared? Etc*
> *- Now 10 - could get worse as she gets older and more confrontational!*
>
> *Male 10, high severity*

Deciding whether to make a referral

We now move on to an exploration of how referring professionals made decisions about whether to make a referral of a young person to children's social care services on the basis of child protection or safeguarding concerns. First we look at the evidence from the survey of professionals and then move on to evidence gathered through the interviews with professionals in the practice study.

Overall decision-making about referral

The third question in relation to each hypothetical scenario in the survey of professionals asked:

- *Within your current professional role, what is the likelihood that you would make a referral of this young person to local authority Children's Services on the basis of child protection concerns?*

Respondents were asked to rate the likelihood on an 11-point scale where 0 indicated 'Definitely not' and 10 indicated 'Definitely'. Overall the mean likelihood of referral was around 6.7 – roughly the same as the mean perceived risk of longer-term negative outcomes.

There was a statistically significant difference in likelihood of referral across different professions. As shown in Figure 4, respondents in the police were

much more likely (mean of 8.3 out of 10) to make a referral to children's social care services than respondents in other agencies (mean of around 5.5 out of 10).

Figure 4: Variations in likelihood of referring by professional group (referring agencies)
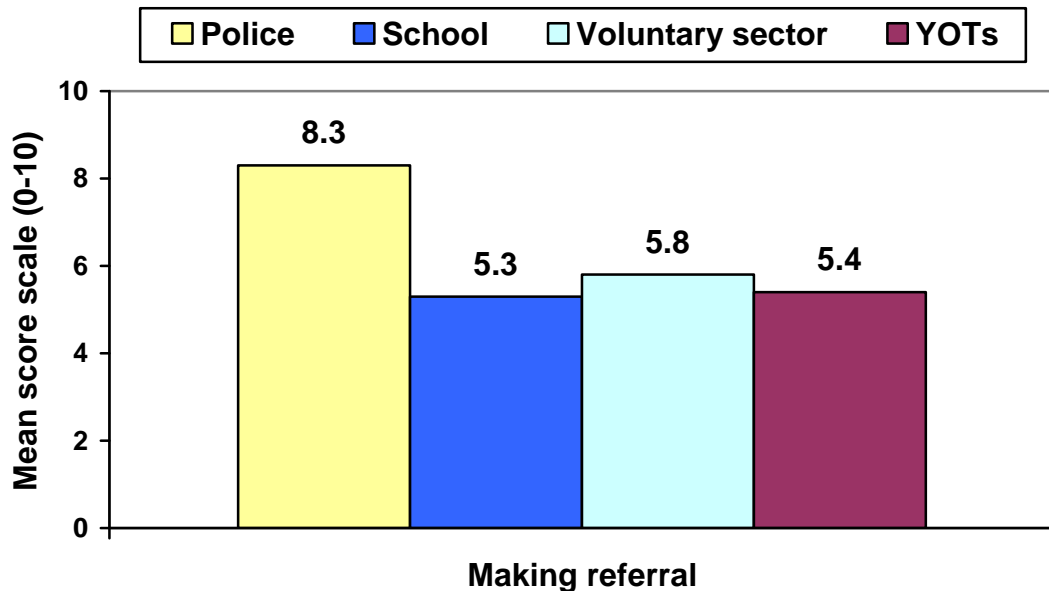
It is possible to explore the link between the two assessments of risk discussed earlier and the likelihood of making a referral amongst referring professionals. Overall, the two risk assessments are both statistically significant and appear to have a roughly equal influence on likelihood of referral. Together they explain well over a third (38%) of the variation in likelihood of referral (Table 3). This suggests that professionals' decisions about referral are substantially driven by their perceptions of risk.

Table 3: Regression of risk assessments onto likelihood of referral[10]

	Standardized Coefficients	t	Sig
	Beta		
(Constant)		4.552	.000
Risk of immediate harm	.332	9.541	.000
Risk of longer-term negative outcomes	.336	9.669	.000

N = 1007, Adjusted R^2 = 0.378

Given the particular focus on age-related issues of this research project, we were interested to explore how age might influence professional decision-making about referrals. We found a small correlation between age and likelihood of referral of modest statistical significance[11]. This suggests a slight tendency for the likelihood of referral to decrease as the age of the young person increases. However, a regression analysis indicates that age explained less than 1% of the variation in likelihood of referral across all scenarios.

Furthermore, additional analysis (Table 4) indicates that, for a given level of assessed risk, the age of the child or young person in the scenario did not have a significant impact on the likelihood of referral. Our analysis therefore suggests that the modest influence of age on likelihood of referral is indirect and is a result of age influencing the assessment of risk.

Table 4: Regression of risk assessments and age of child or young person on to likelihood of referral (referring agencies)

|	Standardized Coefficients	t	Sig
	Beta		
(Constant)		3.688	.000
Risk of immediate harm	.332	9.565	.000
Risk of longer-term negative outcomes	.333	9.577	.000
Age	-.035	-1.407	.160

N = 1007, Adjusted R^2 = 0.378

---

[10] There was a relative hgh correlation (around 0.7) between the two explanatory variables here. However, tests for multicollijnearity were within acceptable levels.

[11] Pearson's correlation coefficient = -.076, p = .014

Age-related issues in relation to specific scenarios

As would be expected there was considerable variation in likelihood of referral across the ten variable scenarios (Figure 5). Referrals were most likely in relation to the sexual abuse and emotional abuse (confining) scenarios and least likely in relation to other emotional abuse scenarios and emotional neglect. As noted for the findings on risk assessment these patterns can not be read as a reliable indicator of the relative likelihood of referral of different types of maltreatment overall, as the severity of different scenarios may not be comparable. However the patterns do correspond with issues raised in the research by professionals about the relatively low priority given to emotional abuse and neglect.

Figure 5: Relative likelihood of referral for each scenario
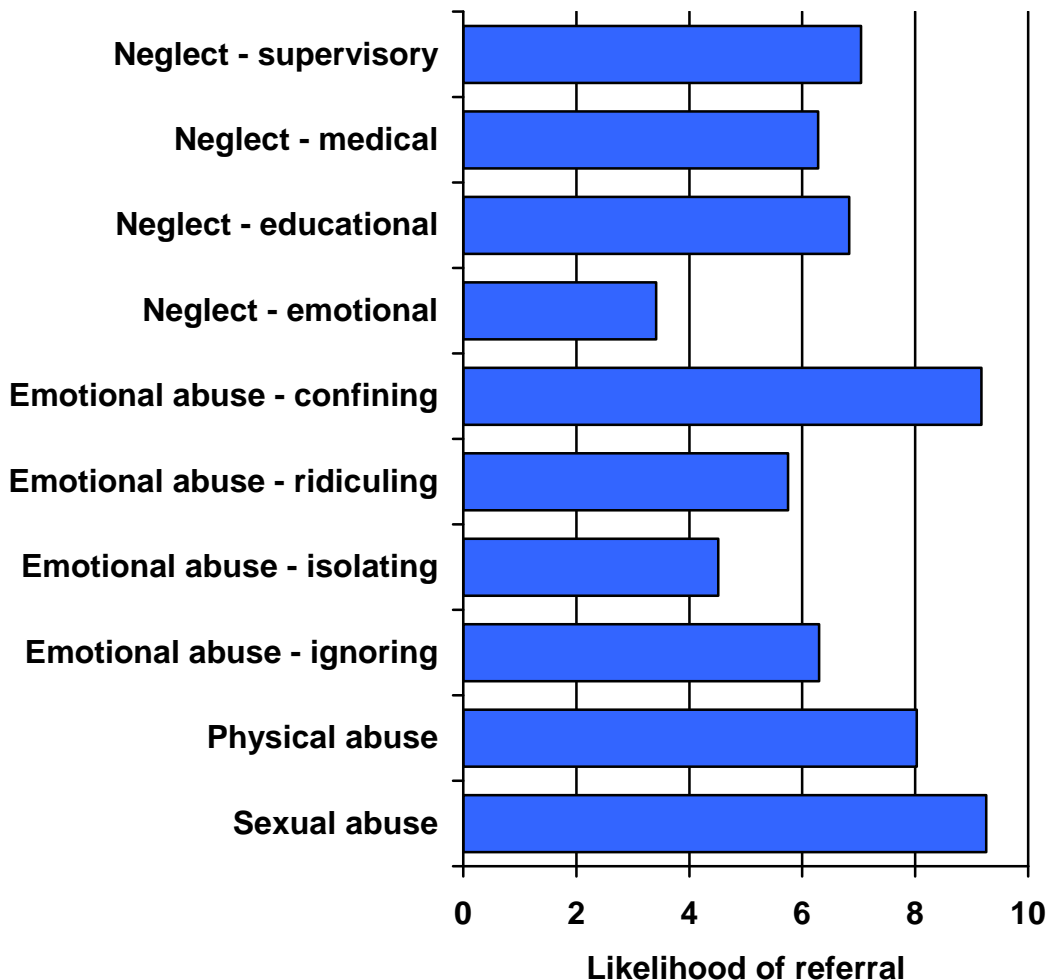
As with assessments of risk, the survey data also enables an exploration of age-related issues in relation to likelihood of referral for the different scenarios. Table 5 shows the correlation between the age of the young person in the scenario and the professional's assessment of the likelihood of

making a referral to children's social care services for each type of scenario. There were statistically significant associations between age and likelihood of referral for supervisory neglect and sexual abuse. In both cases the association was negative – meaning that as the age of the young person increased the likelihood of referral decreased. There were also smaller (non significant) negative correlations for emotional neglect, educational neglect and emotional abuse (isolating).

Table 5: Associations between age of child or young person and likelihood of referral for each scenario[12]

	Likelihood of referral
Neglect – supervisory	**-.374****
Neglect – medical	ns
Neglect – educational	-.118
Neglect – emotional	-.156
Emotional abuse – confining	ns
Emotional abuse – ridiculing	ns
Emotional abuse – isolating	-.093
Emotional abuse – ignoring	ns
Physical abuse	ns
Sexual abuse	**-.248****

We provide some more detail here of the kinds of age-related issues which professionals noted in relation to the two scenarios where statistically significant patterns were found – supervisory neglect and sexual abuse.

Supervisory neglect

First, in relation to the supervisory neglect scenario, some referrers, although highlighting high immediate and long term risks to the young person, felt that children's social care services would not be likely to action a child protection referral in this scenario, given the age of the child and their workload:

---

[12] This table shows Pearson correlations. Significant correlations are in bold. * and ** indicate significant differences at the 95% and 99% confidence level respectively

There appears to be no boundaries or parental guidance for this child, therefore making him vulnerable. I believe he is more likely to become involved in crime and substance misuse. (However, given his age and Children services workload, I do not believe this would be actioned, sorry to say this) I would make a child in need referral as opposed to a Child Protection referral

Male 15

Some referrers would consider alternative options rather than making a referral:

Because of his age I would not refer but would offer him opportunities to spend his spare time more productively

Male, 17

Sexual abuse

The sexual abuse scenario focused on the following basic scenario.

B is (8-17) years old and of White ethnic origin. He has no learning difficulties and no physical disabilities. He lives with his mother and father, and two younger brothers. B sees a lot of his extended family who live nearby, and is disturbed by the behaviour of his older cousin. His cousin is 16 and he says that when he comes to visit or when his family visits his he always tries to get him alone. When he succeeds, B says that he touches him and tries to kiss him. He hasn't told anyone about it because he is scared what will happen.

The above is the lower severity scenario involving a cousin. The higher severity version involved an uncle the same age as the young person's father.

As with other scenarios, in addition to age, other factors (gender, ethnicity, disability, learning difficulties) were also randomly varied.

Figure 6 shows the profile of age-related responses to the scenario. This visually confirms the analysis presented earlier that age did not have a significant impact on assessments of risk but did have some impact on likelihood of referral. It appears from the chart that this is particularly true for the 16 to 17 age group.

Figure 6: Age-related responses to the sexual abuse scenario
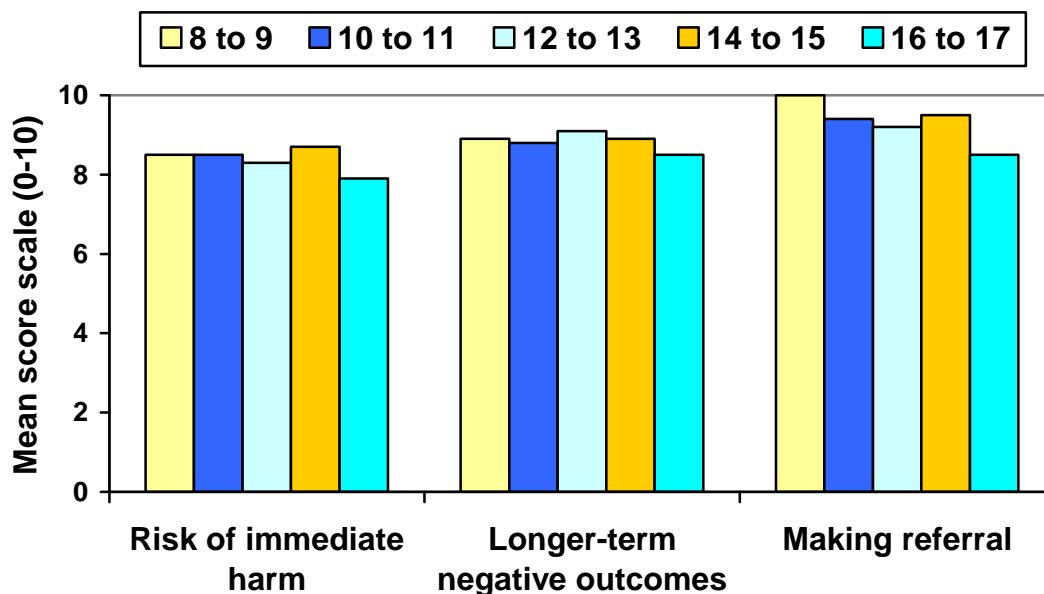
For children aged 8 to 9 the likelihood of professionals making a referral was very high and they usually deemed the child to be extremely vulnerable and at great risk. When the cousin is involved in the scenario, a referrer comments:

B is being groomed and sexually abused by her cousin

Female 9

Likewise, when the uncle is involved referrers comment on the urgency of the situation (though some believe that immediate risk is lower as cousin/uncle are not living with the young person). Referrers comment:

A worrying scenario, all too common. Although the girl does not reside with her uncle, she would be deemed as at risk due to regular contact with him. Also is likely to have long-term issues. I would refer this matter to CSd as a matter of urgency, with a view to strategy meeting / joint investigation.

Female, 9

From 10 to 15 years of age the situation appears to become slightly more complex for some referrers. The likelihood of referral for the majority of professionals tends to remain high to very high – regardless of the age of the young person. However, for example, one professional would be less likely to refer a 12-year-old male:

> *I would talk to B's family about this and we would mentor B about it not being his fault and also how to keep himself safe and reject approaches he doesn't like - good life skills.*
>
> *Male, 12*

For young people aged 16 and 17, a small number of professionals appear to be less likely to think they would make a referral (although advice may be provided and checks made on the cousin):

> *The safeguarding issue here appears to be one of advice to the young person in relation to the limited risks described in the scenario and further clarification of the alleged behaviour of the cousin. Cross-agency checks as to the identity of the cousin might be useful, to identify if there was any professional contact with the cousin which could be followed-up to address the issue from both sides or to raise any concerns known (egg at worst, is the cousin a known risk). Action would need to be taken by the worker, in consultation with the young person, with the offer of advice - but at 16 the young person appears to be competent to take his own decisions, but might need support in either clarifying boundaries with his cousin or exploring any issues of sexual identity which the situation has for him.*
>
> *Male 16*

As the young person is 16, this professional feels he is competent to make his own decisions. Other professionals require further clarification / contextual information or would need to seek advice from elsewhere. Some referrers felt that a CAF response is appropriate:

> *This depends on the relationship I have with the family. Can I speak to someone I know and let them know what has happened (depends really on how/how often its happened). Can the cousin be kept away from her? I would complete a CAF.*
>
> *Female 16*

On the other hand many other referrers viewed this case as requiring urgent referral even for 16- and 17-year-olds

> *If this was referred to me I would refer straight to Social Services. As the offender is a member of extended family they can be separated which would prevent further incidents. Due to this I have downgraded the risk posed to him. If however B does not tell anyone then I would upgrade his risk to 10 as in the outlined circumstances he is unable to stop it himself which could lead to an incident of rape. It would appear that we already have serious sexual offences committed on him which would need investigating.*
>
> *Male 16*

When the uncle as opposed to the cousin is making the unwanted advances, all the professionals regardless of the age of the young person would be very highly likely to make a referral:

The uncle appears to be taking advantage of B's vulnerability, he is trying to touch her and kiss her and this may lead to more unless he stopped. B should be video interviewed. Her family should safeguard her from her uncle, she should stay away from him. He may also be threatening her as B stated she is scared what will happen if she tells anyone. The uncle may also be doing this to other members of the family.

Female 17

Evidence from the practice study interviews with professionals

We now move on to a further exploration of some of the issues professionals discussed regarding decisions to make referrals, focusing primarily on material gathered through the practice study interviews.

Professionals in the practice study were asked about whether they had experienced any dilemmas in knowing when to make a referral. Their comments can be broken down into two broad categories – the first focusing on issues of definitions and thresholds and the second relating to perceived characteristics of the particular age group.

Definitions and thresholds

Government guidance about definitions of maltreatment were mostly seen as clear, but thresholds seemed to be predominantly driven locally, usually by availability of resources (see also the evidence on variability of responses across local areas in Chapter 5). Thresholds could be confusing as different agencies have different thresholds for working with young people. This could lead to complications with multi-agency working. A YOT worker who had worked within youth services for over twenty years said:

I've had a number of conversations with team managers myself whereby things that I thought were quite clearly a clinical case of child protection and safeguarding, when you work through the thresholds and what's there, then okay, there might not be an immediacy that I first thought there was. But it is picked up, do you know what I mean, so I think it comes through practice of working within the system.

YOT worker

He suggested there needed to be a shorter, more accessible form of guidance on thresholds and other professionals also felt there should be more open discussion about thresholds within local authorities.

Issues around defining and also prosecuting cases of neglect and emotional abuse were highlighted as most problematic in terms of identifying whether or not they would meet local authority thresholds. This supports previous research that suggests that despite increased awareness of the effects of neglect, referrals to services tend to be triggered by a particular event or

another concern, such as sexual, physical abuse or severe domestic violence rather than because of ongoing concerns about neglect (Daniel et al, 2009; Farmer and Lutman, 2010). Research with teachers has found that they struggled to know at what point poor parenting should be reported (Baginsky, 2007). Amongst the professionals we spoke to there was frustration about the inability of children's social care services to respond to these cases, often because they were not acute and there were concerns that opportunities for early intervention were missed:

> *You know it's always isn't it the kind of neglect … the long term neglect type cases that seem to go on for ages and you come in from another agency's perspective and you think 'Why?' you know 'What's going on here?' And yet the response you get is 'This family are working with us, they're cooperating with us, therefore we don't need to do anything else.*
>
> *YOT worker*

Several professionals felt that there was a tendency to treat referrals about neglect and emotional abuse in isolation, with the danger that patterns over time could be missed. Farmer and Lutman (2010) highlight that over time neglect may be minimised so that referrals do not always lead to sufficient action to protect children and young people. Their research showed that outcomes were much better for children than for young people and that after the age of six, action to safeguard children and plan for their future was reduced. Professionals in this study highlighted the need to improve information sharing about such cases.

Most professionals thought that the level of thresholds were influenced by age, but as a necessary part of determining risk and protective factors and that cases were dealt with on an individual basis. Many professionals talked about capacity and age not necessarily being linked and capacity needing to be individually assessed depending upon the circumstances of each child. As discussed earlier, they recognised that young people are more likely to be put at risk by people outside the home or by their own actions than younger children and therefore there are different risks of significant harm.

Many professionals also commented that thresholds were different once young people neared their 16th birthday:

> *Yes, and some of that is to do with the different thresholds that local authorities have around what they will pick up as an active case and what they won't, you know. I mean once you're hitting sort of like the 15 plus, technically they still fall … well not technically … they fall well within the legislation. …. Then a lot of local authorities … they'll (take) no further action…..They'll take the referral in, they'll make a visit, but then it's a straight no further action.*
>
> *Voluntary sector worker*

Lack of resources was undoubtedly seen as the main reason that children's social care services were unable to respond:

> *I sometimes think that they're too high….and that's because of capacity rather than anything else. I sometimes think that the level of need has to be, you know, quite dire before something positive can happen…I think in situations where, you know, perhaps we've been concerned that, you know, there's a situation of neglect maybe.*
>
> <div align="right">*Teacher*</div>

Working with young people and their families

Some professionals said that it was more difficult to make a difference for the older age group. This was highlighted in an analysis of serious case reviews in which young people were seen as hard to help, and agencies were described as appearing to have run out of helping strategies (Brandon et al, 2009). The ability of young people to articulate experiences meant some professionals feared that they were not seen as being vulnerable and that, at times, real concerns were passed off as part of 'normal' teenage behaviour. The two-way nature of violence in some households make decision making about risk more complex. The following quote highlights this dilemma and how, rightly or wrongly age can influence perceptions of situations:

> *If I've got an allegation that mum has slapped a child round the face, then I'm not condoning that at all, but if we're talking about a teenage person who's been slapped round the face for basically gobbing off at mum, I may take that a little less seriously than if the child is 2 or 3 years old. Because it's a completely different scenario in my opinion. I appreciate that the assault is exactly the same, but the circumstances are different and you know the response again you know in my opinion can be different.*
>
> <div align="right">*Police officer*</div>

This supports previous research with young runaways that has indicated that when issues of maltreatment are identified in relation to young people, projects working with them often find it difficult to elicit a protective response from statutory services (Rees, 2001; Rees et al, 2005).

Examples of particular dilemmas with referrals of young people were discussed by some professionals. These included: deciding whether to act if a young person does not want to be referred to children's social care services or does not want their parents to know about abuse; knowing whether to make a referral if a young woman is in a sexual relationship with an older man; and not knowing whether to make a referral if they are unsure what response a young person is likely to get. This issue raised concerns for many professionals either because they felt they may raise young people's expectations of a service being provided; because they may put the young person at further risk of harm by the perpetrator if no action is taken; and also because they may put the young person through unnecessary processes in which they will be expected to re-live painful experiences. A voluntary sector worker felt that working within the system and knowing what outcomes are likely (due to age) when making referrals can influence decisions about

whether or not to make a referral. This experience was echoed by a police officer:

> *I think if you had a domestic incident and you had a 16-year-old that was present, you're probably less likely to refer that than you were if it was a four-year-old…..rightly or wrongly. But I think because you tend to sort of think 'oh well last time I referred that to social services they didn't do anything, and they said the child would be able to protect themselves'. And you sort of go along those lines if you like…..what I would try to do is to speak to the social worker or speak to the duty team and say 'Before I send this over would you accept it?' and nine times out of ten they'll ring back and say 'No.'*
>
> *Police officer*

Risking existing relationships with young people and families if a referral was made and no action was taken was also a consideration for voluntary sector workers. One voluntary sector worker talked of the aftermath of disclosure being as traumatic for many young people as the abuse and stressed the desire of many young people to maintain confidentiality about abuse.

Experiences of making referrals

The above two sections have considered in detail the factors that referring professionals take into account when assessing risk and making referral decisions in relation to young people who may be experiencing maltreatment. We now move on to explore professionals' experiences of making referrals of young people to children's social care services on the basis of child protection concerns.

Many of the professionals we spoke to had worked for different agencies within their own profession and some had experience in the voluntary as well as the statutory sector. All of the professionals we interviewed dealt with safeguarding issues on a regular basis. Their experience in their current job, or a similar field spanned from 18 months to 31 years, with most having over five years of experience. All of them had significant experience in dealing with child protection concerns and therefore the process of making a referral to children's social care services was familiar to them.

Numbers of referrals

We asked professionals about their perceptions of how many referrals they make of older children. Most professionals who worked across the whole age range felt that they made more referrals of younger children (i.e. 0- to 10-year-olds) than older children (i.e. 11 years old and above), with the fewest referrals likely to be made for the over 14s. The exception to this was some teachers who said they made more referrals of older children (14 and above).

This may be because young people are more likely to disclose abuse directly to teachers than the other professionals we spoke to. One police officer said:

> *We don't tend to get so many for the older age groups, it seems to be for the younger ones we seem to get a lot more than the older ones. For the older group you don't tend to get as many because they will self refer more through the schools.*
>
> *Police officer*

The professionals who said they made more referrals of younger children put this down to the different capabilities of younger children, that is, they can be more vulnerable and less able to self refer. In common with the material already discussed from the survey, many professionals we interviewed felt that older young people were more willing to be referred than younger children, more likely to be able to remove themselves from situations and more likely to make allegations of abuse themselves:

> *You do tend to have more referrals about younger children … so the younger children, the more vulnerable I suppose … you know in inverted commas, the more vulnerable children, the ones who can't articulate themselves … who people see kind of roaming the streets without any parental supervision, that type of thing*
>
> *National voluntary sector worker*

> *I often think it's about the young person's resilience and their ability to cope in certain situations, their current level of development as a child or a young person themselves. I think the younger ones are often more vulnerable and some of the older kids have developed that resilience and are able to articulate their thoughts and feelings a bit better and so don't find themselves in that situation.*
>
> *YOT worker*

Whilst most professionals said they dealt with more cases of younger children, many also recognised that older children could be as vulnerable as younger ones.

Referral process

Professionals felt that on most occasions the referral process worked well and many remarked that they felt they had established good working relationships with children's social care services. An example of good practice was a teacher who remarked that she was able to ring to discuss cases at any time should she have a concern, and this support was highly valued:

Sometimes it's a clear referral and I ring up and say 'I need to make a referral', sometimes I'm not quite sure but we have a system where we can contact Social Services and talk about a child without it being a formal referral and they will then advise us and say, 'yes we feel this needs to be referred or this needs to be dealt with in a different way'.

Teacher

Similarly a YOT worker discussed feeling able to challenge decisions made by children's social care services openly should he feel it was necessary:

I think the system works well and we've developed a good relationship with the Initial Response team, that if initially they say 'no further action is required' then I'll quite comfortably and openly challenge that if I have something that I feel warrants that and then it's often picked up.

YOT worker

This particular professional felt that the positive relationship that had been built up was enabled by the youth offending team being within the same division of children's social care services. The benefits of being located together and working alongside social workers, hence building up a relationship and understanding of each other's work was also commented on by other professionals.

Experiences of making referrals were not always positive however and some professionals felt that practice was varied. This was particularly apparent (although not exclusively) amongst professionals who worked across different local authorities. One teacher whose pupils lived in three different local authority areas felt that there was a need for a unified approach across all children's social care services in terms of procedures and referral systems as the variation made her job more complicated.

Another difficulty with the referral process that was cited was that in some cases referrals were not made directly to a qualified social worker, but instead to a central call centre. Participants felt that this hampered their ability to discuss the case as they would have liked, and made it more difficult to convey the level of risk they felt was present in each individual case:

I've encountered situations where I've had very serious concerns about a child, I've referred it out to a call centre and the call handler has made the decision as to what he's going to do … and basically told me that this is not going to happen. You know this is not going to be seen as a priority … when actually that's not his or her decision to make. That decision needs to be made by a social worker, not by somebody who's not qualified. And that's incredibly frustrating.

National voluntary sector worker

Professionals' dislike of making referrals to call centres was also found in Baginsky's research (2007) which highlighted that it could lead to problems in developing consistent relationships with individual practitioners.

Other problems that were discussed related to poor communication. Many professionals were frustrated by lack of feedback once referrals had been made. Written acknowledgement of the referral was frequently not received and many professionals were left not knowing what action had been taken in respect of the referral. This could then mean they had to spend time chasing up referrals to find out about outcomes. Again this echoes the findings of Baginsky's research (2007).

Communication problems within the referral process also included difficulties with electronic referral systems (if at times e-mail referrals were not received); time delays that could be experienced in taking action on non-urgent referrals because of pressure of workloads in children's social care services; and inability to contact relevant social workers once referrals had been made. This was also an issue raised by young people. One teacher when asked about any problems experienced with the referral system said:

> *I think sort of getting hold of them on occasion, they're not the easiest people to sort of track down if you're trying to phone them and get to speak to somebody. Cos obviously…… they've got a case load and they're out and about and it's not always easy to track them down if we've got concerns.*

Teacher

A voluntary sector worker when asked what could be improved in terms of their relationship with social services said:

> *In terms of the relationship, not really, I mean, we have got a good relationship and we do work together on stuff and I think they've got quite a good understanding of what our role is and things like that, I mean, there's stuff like you ring a social worker and they're not there and you ring them the next day and they're not there and you ring them the day after and they're not there but that's not necessarily their fault, you know.*

Voluntary sector worker

Voluntary sector workers highlighted the importance of developing relationships with young people and parents over time but felt that resource pressure on social workers means that this can not be undertaken. As young people also said, this has an impact on their ability to feel able to disclose abuse or neglect initially and means that parents and young people can more easily cover up what is happening at home once a referral is made:

you know if you have a child protection situation going on and you've got people visiting, you've got parents that are … the majority of parents are extremely concerned about that and very frightened about it, and they'll tend to say what they think you want to hear, and you don't get a true picture. Whereas if you take that extra bit of time you get a better picture, you get more information, you get the quality of the information is better, and you also have the thing that over a longer period of time the family can't hide things.

<div align="right">

Voluntary sector worker

</div>

Many young people were said to have had inconsistent relationships with social workers and were not able to contact them (see Chapter 3):

I mean, I've got some (young people) who've had loads of social workers, different ones and that, and I don't think kids really understand the difference between the Initial Response Service and the long-term and stuff like that….and also, because it is centralised, if you don't live anywhere near that particular area then you're not going to be able to access your social worker particularly. It's never kind of, I suppose, promoted if you like that a young person could contact their social worker. Sometimes it can seem like they're quite distant, like the kids only see their social worker when there's a meeting or something, they don't like see them in the meantime kind of thing.

<div align="right">

Voluntary sector worker

</div>

After the referral

Professionals in the practice study were asked about the response of children's social care services to 11- to 17-year-olds once referrals had been made. Professionals were aware of the resource constraints but said that older children were often unlikely to receive a service and that service provision was poorest for the 16- to 18-year-old age range:

We do have a good relationship with people in social care and I don't want to sort of constantly seem to slag them off. But it does seem to be very difficult to get them to take any referrals for over 12s …whatever their situation. And that's not a policy that's written down anywhere, but every social worker you talk to will say that in practice that's what's happened – if they're over 12 – forget it you know.

<div align="right">

YOT worker

</div>

Several voluntary sector workers and other professionals stressed the importance of developing long term services for young people that have experienced abuse:

I believe it's the quality of the relationship with professionals that young people have and if it's a one that's based on mutual trust and respect and honesty, then I think the barriers are lowered somewhat. I don't think there's a single magic wand that we could wave to say 'oh well, if we'd done this, young people would feel more comfortable and confident in disclosing things and talking to professionals directly'. I do think it is all based upon the quality of that relationship.

YOT worker

It was felt that older children were more likely to be left at home than younger children and that situations often had to reach a major crisis for action to be taken for older children. One police officer talked of feeling confused about how children's social care services work with young people. He gave an example of a family in which domestic violence was taking place and assessments of younger children were undertaken and not of a teenage child who was also present.

Despite this, professionals also recognised the different range of challenges that social workers face with the older age group, for example young people aged 11 to 17 being more likely to be recalcitrant, display rebellious behaviours and be more difficult to engage in work. Many families and young people were described as needing sustained and ongoing support and it was recognised that often existing resources were simply not able to stretch to provision of such services. One voluntary sector worker said:

I think the dilemma is that for a lot of, even for the practitioners, in their heart of hearts they're thinking, no-one's going to do anything about this young person and they feel really, really kind of upset …. there don't seem to be enough services for young people or social services doesn't appear to take the older young people's issues seriously.

National voluntary sector worker

Lack of support for young people who have experienced abuse and neglect, and for parents who are struggling to cope with their children's emotional or behavioural problems, has been found in previous research (Hooper et al, 2007). Farmer and Lutman (2010) found that parents of older children received significantly less support than those with younger children, even though many were struggling with young people's serious emotional and behavioural problems. Older children were said to receive more types of support but insufficient support and that lack of specialist help for parents was linked to poorer outcomes for children.

Alternatives to making a referral

The professionals we spoke to also recognised that there may be 'grey areas' when dealing with concerns about young people, for example if cases do not reach the thresholds for intervention from children's social care services, if

parents and young people have conflicting accounts or if an older child does not want intervention. In these cases some professionals discussed the use of other approaches that may work better for the young person:

> *When it's not appropriate [child protection] is when the child herself particularly at the top of that age range, fifteen, sixteen, seventeen doesn't want it. When it's clear social services aren't going to do anything anyway because it doesn't meet their threshold and also I think the top end of the age range are you know fifteen, sixteen, seventeen they are beginning to be young people and I think sometimes a response that helps them to find their own way forward is better than the heavy handed social services bit.*
>
> *Teacher*

> *I think there are some issues where it is a clear child protection issue and child protection referral but as I said, there are some issues which are probably borderline child protection where other agencies could step in and actually solve the problem in a more appropriate way.*
>
> *Teacher*

In cases where professionals thought it unlikely that they would make a referral to Children's Services on the basis of child protection concerns a number of different alternative courses of action were identified through the information from the survey and the interviews.

These fell broadly under the following headings:

Monitoring the situation

This option was most commonly suggested by schools staff who are in a good position to monitor due to their ongoing engagement with young people.

> *I would call a meeting with parents, explain how this is affecting the child. I'd monitor the situation and make a referral if it didn't improve*
>
> *Teacher, Emotional Abuse – Ridiculing scenario*

Offering services

This option was often identified by voluntary sector professionals (as in the quote below) but also in some cases in schools – for example the provision of educational welfare support in cases of educational neglect. In general, interventions typically focused either on the parent(s) or jointly on the parent(s) and child:

The family need support. We usually work with parent and child together in this scenario. The child is experiencing profound emotional abuse with potential lifelong consequences.

<div align="right">*Voluntary Sector worker, Emotional Abuse scenario*</div>

Working together with or referring to other services

This option was common across all professional referring groups. For example:

I would address directly with parents and would consider enforcement action (i.e. Parenting Order etc) if parents did not apply more suitable boundaries on child. Would consider joint work/visit with local Safer Neighbourhood Police Team.

<div align="right">*YOT worker, Supervisory Neglect scenario*</div>

Combinations of responses

In some cases, all of the above actions were considered, as in the following example:

- *Contact family inform them that we have been informed*
- *Monitor for bruising*
- *Offer parenting course*
- *Counselling for student*
- *Collect other information from younger sibling school*
- *Speak to other professionals, set up CAF*

<div align="right">*Teacher, Physical Abuse scenario*</div>

The use of the Common Assessment Framework

There was also considerable mention of the potential use of the CAF in cases which were not perceived by referrers as meeting the thresholds for a child protection referral.

The CAF was also generally viewed as a positive tool by professionals outside children's social care services, if it was used appropriately to support young people and not as a means of meeting the needs of young people who should receive child protection services:

I think in some instances it can be a really good thing, because the young person will get a lot of services kind of pushed around them to support them and bolster them, which might mean that they don't ever then get up to child protection level. Or for some it's not enough so it's just prolonging that you know … kind of putting a little bit of an elastoplast on a very difficult situation.

Voluntary sector worker

I think if it's a case where the levels are not perhaps severe enough to trigger a Social Services referral, I think very often working with the parents and perhaps going down the CAF route is a better alternative because it brings in more agencies who can perhaps support a family before they get to the sort of referring threshold.

Teacher

Whilst most of the professionals we spoke to were positive about undertaking the CAF process, there was evidence of some resistance, particularly from those professionals who did not feel equipped to undertake assessments. There were also genuine concerns around the increase in the workload and the ability of professionals to take this on, on top of their existing responsibilities:

I do think they [CAF processes] work, I'm not sure that they're as fully embedded in people's practice as they should be and I think there's an inherent fear from some workers that it's going to increase work for them. My experience is that it decreases work because you can actually get people sat round a table who are responsible for doing specific pieces of work and they can be held to account for doing or not doing, as the case may be. So from my perspective, working in an integrated way is just what we do and that's what the CAF process brings people together to work in an integrated way and I find it an efficient and effective way of dealing with issues within a family or around a particular young person.

YOT worker

Teachers in particular felt that the burden of undertaking the CAF process was falling to them:

And unfortunately the CAF seems to be more and more becoming a burden for schools because social services don't have to do them, police don't have to do them, the Youth Offending Team don't have to do them. So there's not many people left to do them, and it seems to fall on schools an awful lot and we just don't have the time.

Teacher

Many professionals felt it was early days in terms of the implementation of the CAF and that it was not necessarily being used appropriately:

I know that when the CAF was set up it was supposed to be for the low ended rather than heavy ended situations so that it was meant to be a more preventative tool than a reactionary tool but I also know that it's used widely, certainly in [name of area], for more heavy ended cases because we have to use something to sort of move kids forward. So I think that, you know, there will be a number of cases that we have to work our way through until we get to the point where actually it's being used appropriately as a preventative tool.

<div align="right">

Teacher

</div>

In terms of the practical use of the CAF the main issue that arose amongst professionals outside of children's social care services was in relation to how long it takes to complete. Many professionals felt it was too time consuming, unwieldy and that it could be shortened or have specific parts for certain professionals to complete:

You have to allow like a couple of hours really to be doing and it's quite hefty, if you're going to do it properly, really get to the bottom of what's going on then you can't do it in ten minutes.

<div align="right">

Connexions worker

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Parts of it are very good. Because they're sort of school specific, I think sometimes when … some of the sections obviously we're not really in a position to add a great deal to them … I mean in terms of the referral section, you know the page 10 that I talked about – that's fine, that literally you know has got the sort of students' details and everything like that on it and then there's a referral box for us to put our commentary in and things to be signed off and so on. The rest of the form is a bit unwieldy, particularly if we're using it with parents you know. If it's not necessarily you know a CAF that's going to lead to a referral in terms of a safeguarding referral, it's unwieldy at times.

<div align="right">

Teacher

</div>

For teachers, the time taken to do the CAF and to be present at a CAF panel, (that may not be located nearby) can take out valuable time from teaching and some teachers, particularly those teaching young people for GCSEs found this difficult:

It's very difficult for teachers to become key workers because teachers have timetables and a really full day and can't readily just sort of abandon a class to become a key person. It's a lot of work that a teacher is doing for a social worker though then cos then the social worker has got all of it there in front of them and I'm not certain that in every school teachers who do the job that I do get sufficient time to allow them to do a CAF properly.

<div align="right">

Teacher

</div>

In some authorities the time it takes for a case to get to a CAF panel was a particular issue:

I don't think it's always, the right thing, I don't think it always works. In fact I think because there is such an awfully long waiting list to go to panel, that by that time, some of the issues that were first presented, have actually got worse.

Teacher

This teacher said what would help is:

A less laborious system of referring the family, or the individual; um, a quicker turnaround of the panel meetings, so that we at the moment have to wait for, maybe two and a half to three months before a panel can be conferred, and then, when we do have that, the lead professional, is obviously chosen while you're at the panel, but in a lot of cases, we found that it has come back to the school, so we do feel that because we have got a lot of agencies in school already, we might as well have just done it from here.

Teacher

Despite experiencing initial problems with the CAF, most professionals were positive about the opportunities it presented in terms of working with young people in a more flexible way. In one authority new initiatives such as shadowing and support groups were helping professionals:

As I say, I think there's a bit of an inherent fear, particularly the first few times they do a CAF, but what we have done in [our local authority], we've set up support groups where people can shadow each other and regularly come together to talk about their experiences of delivering CAFs and what the benefits have been, what the pitfalls have been and things like that. So I think things are getting better.

YOT Worker

The final key theme raised by referring professionals in relation to working with maltreated young people in this age group was the challenge involved in engaging with young people themselves.

Broader issues

In addition to the above issues, professionals participating in the survey were asked two broader questions about the workings of the safeguarding system in relation to young people aged 11 to 17. These were:

- *What do you feel are the main challenges (both within your organisation and more widely) in dealing with safeguarding issues in relation to young people aged 11 to 17?*

- *What do you feel are the most effective ways (both within your organisation and more widely) of meeting these challenges? Please refer to any particular aspects of good practice you are aware of.*

Here we briefly summarise some key themes identified in the responses to these questions for referring professionals, many of which echo themes from the practice study discussed above.

Resource and capacity issues

A very common challenge highlighted by staff in all professional groups was limited resources and capacity which was seen as resulting in a highly pressurised environment and as raising thresholds for intervention:

> *We are all dealing with high thresholds. I am sure Social Care would wish to be proactive and implement preventative work, however, this is not possible.*
>
> <div align="right">Teacher</div>

Resource issues were also felt to affect interventions in other key agencies such as the Police, Youth Offending Teams and the voluntary sector

> *It's a challenge having the time to find out more details, make reports and refer accurately.*
>
> <div align="right">Voluntary sector worker</div>

These issues were linked to a perception that the likelihood of intervention decreased as young people got older:

> *There also seems to be a bias towards younger children and the likelihood in this area that anything will be done about a 16 or 17 year old being neglected or emotionally abused is unlikely.*
>
> <div align="right">Teacher</div>

Professionals also highlighted that there are too few services for young people in this age group (especially over 16s) and families. A lack of preventative services and resources and also preventative work (Children In Need actions) for this age group was highlighted as a challenge with regards to safeguarding young people.

Inevitably one of the main suggestions in response to this challenge was greater investment in services. In addition, some professionals suggested that other agencies could adopt different strategies to reduce the pressure on Children's Social Care services:

> *I believe there should be close examination of the figures relating to referral to see what percentage have correctly identified areas of risk so that policy advice can be modified where necessary… It is vital that we protect those in need and we want social services to have the capacity to be involved where the needs are most without wasting their time in unnecessary referrals. There is a risk that bogging them down will prevent them from having staff, resources and time to deal with the vital issues such as those which hit the headlines all too often.*

Working together

A second strong theme in referring professionals' responses was the importance of joint working across agencies. Two particular issues were highlighted here.

First, effective information-sharing was identified as critical:

> *The main challenges are the prompt exchange of information between the agencies involved which does not always happen and can drag out an enquiry. The police and other agencies look at a job from very different angles as we all have a unique role to play and it is about working together so that all the agencies that are involved are happy and that most importantly the young person/s involved are safe and being well looked after. When multi agencies talk, listen and work together then we can safeguard children and young people effectively.*
>
> *Police*

Second, consistent thresholds across agencies were also identified as an challenge for multi-agency working:

> *varying thresholds for action and intervention between different areas and organizations.*
>
> *Voluntary sector worker*

The referring professionals suggested a number of strategies for meeting these challenges including information-sharing protocols; threshold agreements; cross-agency placements and secondments; identification of link professionals between agencies; and co-location of staff within multi-agency settings.

> *We are currently working on placing myself within the local duty social work team for one morning a week to foster better communication and understanding of our limitations, thresholds and to place the needs and welfare of the children at the centre of all our practice.*
>
> *Teacher*

> *Ideally there should be an enhanced co-located team of social services and police for child protection.*
>
> *Police*

Training, advice and guidance

A third key challenge highlighted by all groups of professionals was the lack of knowledge of child protection procedures and safeguarding understanding by professionals. There were felt to be particular issues here in relation to young people aged 11 to 17:

Lack of recognition of the serious safeguarding issues possible with older young people

YOT worker

(It's a challenge) identifying cases of emotional abuse and determining when it is right to intervene in those cases as teenagers often don't 'get on' with their parents.

Teacher

Suggested strategies to tackle this challenge included more training, including regular refresher courses; effective dissemination of policy and guidance documents; and designated lead professionals within agencies to provide support and advice to others.

Working with parents

Professionals identified some key challenges in relation to working with parents of young people aged 11 to 17.

Some professionals mentioned that parents' lack of cooperation was a challenge, as was their lack of control over young people and their interest in their lives.

Lack of parental control / taking responsibility for their children.

Police

Domestic violence was also viewed as a key safeguarding issue for this age group.

In addition, professionals felt that the stigma attached to being involved with 'social services' was an obstacle.

In order to work more effectively with parents two key suggestions were made. First, a non-judgemental approach and building up trust were seen to be effective. Second, providing parenting support was seen as important:

I would like more 'parenting a teenager' support for families. Dads in particular seem to mean well, want their boys to turn out well (they leave girls to mum!) but lack the skills to work with them so end up resorting to hitting them

Teacher

Engaging with young people

The final key theme raised by referring professionals in relation to working with maltreated young people in this age group was the challenges involved in engaging with young people themselves.

Again here professionals highlighted that older young people can be very reluctant to engage with services including the police and children's social care services as they become more independent. Young people were felt not

to trust agencies enough to disclose abuse or if they do disclose to them then do not want the abuse to be investigated, struggling with loyalty issues and fear regarding making allegations of abuse relating to parents/carers. The age of young people in relation to their street credibility (related to peer pressure) was also highlighted as a factor:

> *As young people approach the age of 16 upwards they become more independent and fight against the intervention of professional agencies. This often makes our task that much more problematic when trying to safeguard them. Often their 'street credibility' in front of their friends is the most important thing to them and therefore getting a sensitive disclosure from them can be difficult. Without these disclosures safeguarding them can be impossible.*
>
> *Police*

Professionals highlighted the challenges with regards to building up rapport and relationships with young people, and to engage them in services. There was a perception that some professionals lack the skills to engage and work with this age group:

> *The lack of skills in the Children's Services workforce in engaging with adolescents - it's a service which has almost exclusively concentrated on babies and small children for so long that it has lost its wider skills*
>
> *YOT professional*

In terms of meeting these challenges, professionals focused on issues of the style of working with this age group, including the provision of time, confidentiality and advice and support:

> *Children being given as many opportunities as possible where they can talk about safeguarding issues in confidence.*
>
> *Voluntary sector professional*

> *Just keep reassuring them (young people) they will be believed and that you will respect their point of view.*
>
> *Police*

Summary

This chapter has presented the research findings on the perspectives of professionals in the police, schools, youth offending teams and the voluntary sector in relation to practice with young people who may be experiencing maltreatment.

Here we provide a brief summary of key findings from the chapter

Assessing risk

- Professionals ratings of immediate and longer-term risk in relation to hypothetical scenarios representing potential cases of maltreatment varied by some of the characteristics of young people involved in the scenarios. Young people who are older are significantly less likely to be perceived to be at longer-term risk (although the strength of the association is not that large). Disabled young people were also significantly more likely to be perceived as being at immediate and longer-term risk.

- Looking at age profiles in more detail it appears that overall risk is perceived to be lower particularly for young people aged 16 and 17.

- More detailed analysis of age-related risk assessments for scenarios representing different types of maltreatment indicates significant age patterns for supervisory neglect and emotional abuse involving isolation – with these scenarios seen as representing less risk as young people get older. There was also tentative evidence of a link between age and risk in cases of physical abuse in that older young people may be viewed as being more at risk in these cases.

- Some of the factors identified by professionals in connection with assessing risk for young people in comparison with children related to young people's own contribution to situations, young people being seen as more competent and resilient, and young people being seen as 'putting themselves at risk'.

Deciding whether to make a referral

- In terms of decisions about whether to make a referral to children's social care services, overall there was a significant difference between agencies here with professionals in the Police being much more likely to make a referral in response to a given scenario than the other professional groups (teachers, youth justice workers and voluntary sector workers).

- Professionals' assessments of risk appeared to have a strong influence on likelihood of referral. Moreover, when these risk assessments were taken into account, the age of young people did not appear to be associated with likelihood of referral (when all types of maltreatment were considered together). This suggests that age primarily affects risk assessments rather than likelihood of referral.

- There was, however, evidence of age-related factors in relation to some types of maltreatment – in particular supervisory neglect and sexual abuse. In the latter case, due to a complex set of factors, there was a significantly lower likelihood of referral of older young people (particularly those age 16 and 17) even when the same risk factors were assessed.

- There was evidence from the interviews with referring professionals of confusion and concern about thresholds for making referrals to children's social care services in relation to older young people. Professionals mentioned having more difficulties knowing whether to refer and determining levels of thresholds in cases of emotional abuse and neglect.

- Thresholds were seen by professionals to become higher once young people are aged 15.

- There was also evidence of some key dilemmas for professionals in undertaking risk assessments and referral decisions for this age group – including the complexity of some cases where there was two-way violence, referring against young people's wishes, confusion about how to deal with sexual relationships between young people and older men and concerns about losing relationships with the young person and their family if a referral was made. Some professionals were also concerned about whether to make a referral if they did not know if a response would be received.

Experiences of making a referral
- Professionals' experiences of making referrals and of working relationships with children's social care services regarding potential referrals was generally very positive. There were, however, some concerns about the use of central call centres to deal with referrals, and also some difficulties for professionals who worked across different local authority areas and experienced variations in thresholds.

- Professionals expressed concern about ongoing information-sharing after a referral had been made and professionals and young people reported it as particularly difficult to contact social workers by telephone. It was felt that this aspect of practice could be improved, although there was recognition of the pressures which Children's Services were under.

- Children's social care services were perceived as less likely to take action in cases involving older young people, particularly once young people were 15 years old and over – although again resource issues were acknowledged.

Alternatives to making a referral
- Professionals identified a number of alternative responses they might take when they made a decision not to make a referral to children's social care services – including monitoring the situation, providing direct services and working with other agencies.

- There was some discussion about the use of the CAF in cases where the thresholds for child protection intervention may not be met.

Generally the CAF was seen as a positive tool where there were not child protection issues. However there were some obstacles to implementation relating to the time and responsibilities involved.

Broader issues

Referring professionals also identified five key broader challenges in terms of meeting the needs of young people aged 11 to 17 who are maltreated.

- Resource and capacity issues were seen as key issue for safeguarding work in general and for this age group in particular

- Challenges relating to multi-agency working were identified including information-sharing and consistency of thresholds for intervention across agencies

- The need for training and accessible support for professionals in a range of settings working with young people who may be being maltreated was discussed by survey respondents. There were some issues here also about skills within the children's social care workforce to work with this age group in particular.

- Working with parents was viewed as a significant challenge in relation to young people aged 11 to 17. Trust was a key issue and the potential for enhancing parenting skills was identified as an important strategy

- Finally, referring professionals felt that there were some specific challenges in engaging with young people in this age range in order to ensure their safety.

5

Statistics on processing of referrals to children's social care

The last two chapters have explore the perspectives and experiences of of young people and referring professionals. In Chapter 6 we explore the perspectives of professionals in children's social care. However, first, in this chapter we look at official statistics relating to referrals to, and child protection processes in, local authority Children's Services departments. Our focus in the chapter is on an analysis of age-related patterns in the processing of referrals through the various different levels of response used by local authorities.

The data comes from two sources – data gathered from the four local authorities involved in the practice study; and age-related information available in the national statistical returns on child protection.

In order to contextualise these statistics we begin this chapter with a description of the key components of the child protection process as it operated in England during the main fieldwork period for this research project (2008 to 2010).

The safeguarding process

This section gives brief explanations for the processes currently used by local authorities in England to safeguard children who are considered to be at risk.

Referrals and thresholds

Distinction is made in this chapter between all cases referred to Children's Social Care Services where there is concern for the welfare of a child from a member of the public or a referring agency, and referrals where a request for a statutory service was identified. Where a request for a service was identified, thresholds for concern have been reached for local authority

services and/or action. The definition of a referral in this chapter is taken from the CPR3 as follows:

A referral is defined as a request for services to be provided by children's social care.

This is either:

- *in respect of a case of a child not previously known to the local authority;*

or

- *where a case was previously open but is now closed.*

New information about a child who is already an open case does not constitute a referral for the purpose of this return. Open cases should include cases of children receiving an ongoing service that will continue until it is reviewed at a given date, but, until that date, the case is not active so far as fieldwork and decision making is concerned.

Reception and initial contact activity is not in itself a referral for the purposes of CPR3. Such activity may, or may not, lead to a referral. Only the number of actual referrals should be counted on the return. Neither referrals to Youth Offending Teams (YOT) nor referrals to an NHS trust count for the purposes of CPR3. As a rule of thumb, referrals count if they lead to children's social care consideration of whether a child is a child in need and therefore requires services.

DCSF, 2009b: 6

Initial assessment

An initial assessment is used to ascertain whether a child is in need, at risk of significant harm, requires any further services or to establish whether a more detailed core assessment should be undertaken (HM Government, 2010b). During the period when data for the practice study was gathered the target for an initial assessment to be completed was within 7 working days of a referral. The time scale was more recently changed to 10 days. (HM Government, 2010b)

Core assessment

A Core Assessment is a structured, in-depth assessment of a child or young person's needs where their circumstances are complex. Core Assessments are used to establish whether any subsequent actions will be undertaken or services provided by local authorities. A Core Assessment should be completed within 35 days of its commencement.

Child in need

An initial assessment may indicate that a child is a 'child in need' as defined by section 17 of the Children Act 1989 but that there are no substantiated concerns that the child may be suffering, or is likely to suffer, significant harm (HM Government, 2010b).

Section 47 enquiry

If after an initial assessment there are still concerns a child is suffering or is at risk of suffering significant harm a strategy discussion will be undertaken to decide whether to initiate enquiries under Section 47 of the Children Act, 1989 to determine whether any further action is required to safeguard and promote the welfare of the child (HM Government, 2010b).

Child protection proceedings.

An initial child protection conference must be convened within 15 working days of the strategy discussion that initiated Section 47 enquiries. A Child Protection Plan will be developed should the initial child protection conference deem it necessary to safeguard and promote the welfare of the child (HM Government, 2010b).

The national picture

The Government collates and publishes annual statistics on the operation of the child protection system. These include details of numbers of children referred to children's social care; numbers of initial and core assessments completed; numbers of Section 47 enquiries and initial child protection conferences; and the number of children becoming, being and ceasing to be the subject of a child protection plan.

For some of these statistics, age distributions are also published. The age bands used in these statistical outputs are: under 1, 1 to 4, 5 to 9, 10 to 15, and 16 and over. These bands do not correspond exactly with the age range for our study but here we summarise age-related information, paying particular attention to the 10 to 15 age band.

The most recent available statistics at the time of writing related to the year ending 31st March 2009 (DCSF, 2009a).

Age distribution of children and young people subject to a child protection plan

The statistical return presents a time series of numbers and proportions of children and young people who were the subject of a child protection plan at the end of each year.

For the most recent year, approximately 8,600 children and young people in the 10 to 15 age band, and approximately 590 aged 16 and over were subject to a child protection plan. This may include children and young people who had been subject to a plan prior to the current reporting year.

The numbers in the 10 to 15 age group increased substantially compared to 7,600 in the previous year. There were, however, also substantial increases for younger age groups.

The proportion of young people aged 10 to 15 who were subject to a child protection plan had remained fairly constant (between 27% and 29%) in the period from 2000 to 2007 (DCSF, 2009a: Table 3B). However there was some indication of a drop in this percentage over the last two years – 26% in 2008 and 23% in 2009. It is not yet clear whether this represents a consistent trend.

Age distribution of children and young people becoming subject to a child protection plan

The statistical return provides basic age distributions for those children and young people who became subject of a child protection plan during the year. The numbers and rates per 10,000 are shown in Table 6. It can be seen that rates per 10,000 fall with age but that there remain substantial numbers (over 9,000) of new cases relating to the 10 to 17 age group. Rates are much lower in the 16 and over age group.

Table 6: Children who became the subject of a child protection plan during the year ending 31 March 2008, by age group (England)

Age group	No. of registrations	Rate per 10,000
Under 1	5,500	83
1 to 4	10,700	44
5 to 9	9,500	33
10 to 15	8,700	24
16 and over	430	3
Total	37,900	34

Source: DCSF (2009a: Table 5B)

Children subject to a child protection plan by age group and category of maltreatment

Figures are not published on the age breakdown for new registrations by category of abuse. However, this information is available for all children currently subject to a child protection plan (Table 7**).** As the table shows, neglect is the most common category of maltreatment across all age groups although it is the category that declines most substantially as age increases.

The statistics also provide information about gender differences by age. Cases involving females are more likely to be categorised as sexual abuse. All other categories are slightly more likely to be male. This tendency is a little more pronounced in 10 to 15 age group.

Table 7: Children and young people who were the subject of a Child Protection Plan at 31 March 2008, by age and category of abuse (England) – rates per 10,000

Category of maltreatment	Under 1	1 to 4	5 to 9	10 to 15	16 and over
Neglect	34	21	15	10	2
Emotional abuse	11	11	10	7	1
Physical abuse	12	6	4	2	1
Sexual abuse	2	1	2	1	1
Other	4	4	3	2	0

Source: DCSF (2009a: Table 4C)

Note that some children will have been on the child protection register for some time and so the recorded category of maltreatment may well refer back to the original reason for registration and may not be reflective of the current situation.

Figure 7 provides a visual illustration of the age-related patterns in Table 7.

Figure 7: Age-related patterns in categories of maltreatment for children and young people subject to a child protection plan (rates per 10,000)
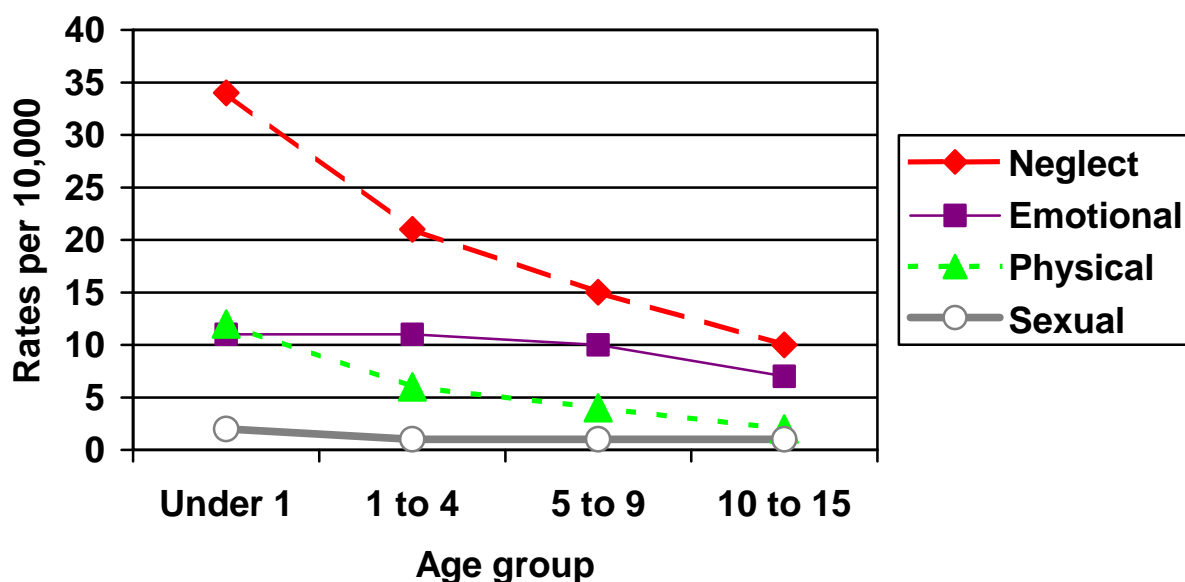
Source: DCSF (2009a: Table 4B)

Regional and area variations

In addition to statistics for England as a whole, some age-related statistics are published for regions and individual local areas.

The proportion of young people subject to a child protection plan who were aged 10 to 15 was 28% across England as a whole. It ranged from 23% to 30% across different Government regions. However it varied much more substantially by local authority area – with the lowest proportion being 15% and the highest 41%.

Similarly the proportion of young people becoming subject to a child protection plan during the year was 25% across England as a whole. The range of variation was 21% to 26% by Government region and from 12% to 37% by local authority area with a good spread of variation in between these two extremes.

These area variations are not unique to this age group. There is also wide variability in percentages across other age groups.

Figure 8: Variations in proportion of children and young people subject to a child protection plan who are aged 10 to 15, England, year ending 31st March 2009
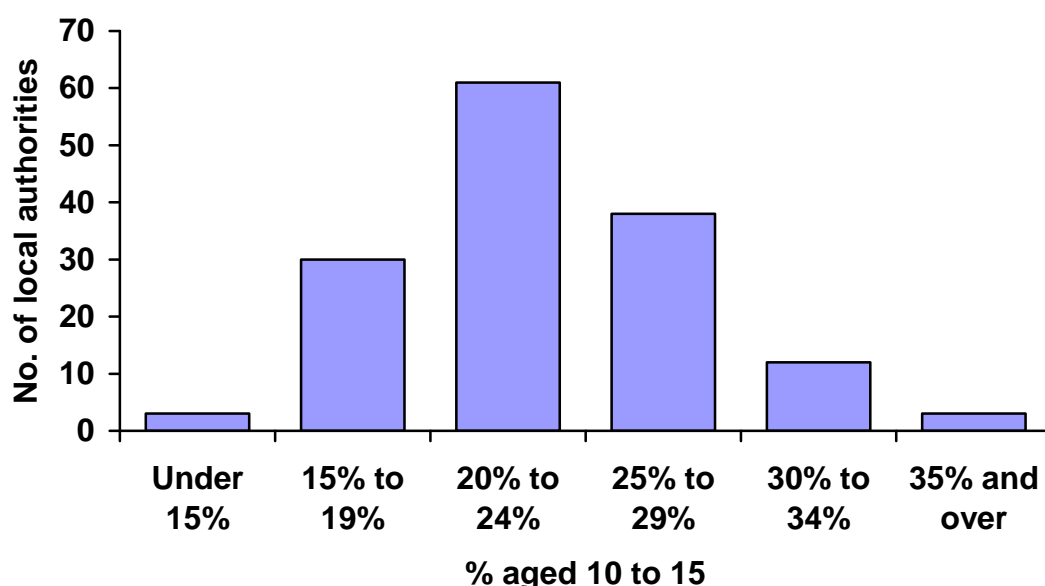
These variations by local authority area are very unlikely to be due to local variations in need across different age groups and seem to indicate a variability in responses according to local authority area.

Statistics from the practice study

We asked the four local authorities participating in the practice study to provide some statistics over a 12-month period regarding referrals of children and young people and initial responses to these referrals. This data was collected by age group and covered a 12 month period during 2008/09[13]. In this section we explore the extent of age-related patterns in these statistics.

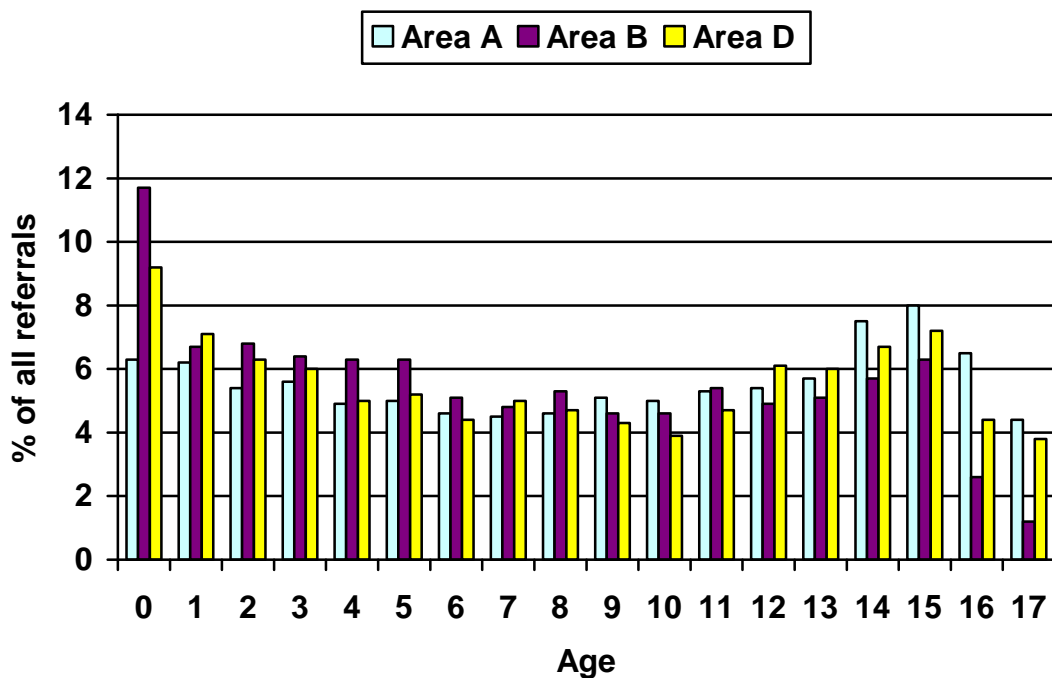## Referrals[14]

Rates of referral

Figure 9 shows the age distribution of referrals in three of the participating local authority areas for which detailed distributions were available. The

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[13] With the exception of the child in need data which covered a 7 month period as per the DCSF census for 08/09.

[14] 'Referral' here is defined by the same criteria used for the CPR3 return (see earlier in this chapter). The data collected from each authority was from request for a service.

figures shows the percentage of the total referrals aged 0 to 17 who were in each year group. There are some differences in patterns of distributions here, but generally the highest level of referral was for children aged less than one year old. Across all three authorities there is a slight peak in referrals in the 14 to 15 age range and then a drop in the 16 to 17 age range.

Figure 9: Age distribution of referrals in three local authority areas

Source of referrals

We were also able to gather age-related information regarding referral sources (Table 8). The proportion of referrals from different agencies varied across local areas. In the metropolitan and the shire authorities the police are the largest referrer of 11- to 17-year-olds. This is likely to be due to their policies of managing domestic violence incidents. In the Greater London authority a large proportion of 11- to 17-year-olds were referred by legal and government professionals. This reflects the large number of UASC in the borough. It is of interest that self referrals of young people across all authorities is very low, suggesting there are barriers to young people making direct referrals to children's social care services (see Chapter 3 for young people's perspectives on this issue).

Table 8*: Percentage of referrals of 11-17 year olds by referral agency type*

Referral agency by category	Local Authority Area			
	A	B	C	D
Anonymous / unknown	5.6	12.9	1.4	2.9
Early years	0.1	0.1	0	0
Education	19.2	10.6	5.2	23.1
Health	14.1	8.8	10.4	7.6
Housing	1.5	0.8	1.2	1.5
Legal professional and government	0.4	29.5	0	1.6
Non-professional	17.2	11.3	12.3	14.4
Other local authority	1.8	4.8	18.9	2.8
Other professional	13.6	3.1	10.8	7.3
Police	10.3	7.6	33.7	38
Prison / Probation / YOTs	1.7	2.4	0.7	0
Self	1	1.7	3	0.9
Social care professional	13.5	6.6	2.5	0
Total	100%	100%	100%	100%

We were also able to investigate the relative likelihood of referrals from different professional sources for young people as compared with children. The main finding from this analysis was that health professionals were generally significantly less likely to be a source of referrals for young people aged 11 to 17 than for children aged 0 to 10.

Age-related patterns in responses to referrals

In this and the subsequent sections below we present findings of age-related patterns in the responses to referrals by the four local authorities. For example, we have calculated the percentage of initial assessments in each age group relative to the total number of referrals received during the year. Because some referrals towards the end of the year may not be linked with relevant responses recorded during the same 12 month period, and also because some responses may relate to referrals before the beginning of the period, the percentages calculated can not be seen to be completely accurate. Nevertheless the large majority of referrals received during the year will have been processed by the survey cut-off data and the above factors will to some extent balance each other out. So it is unlikely that this slight imprecision would have a substantial impact on the patterns observed.

The data we received from the four local authorities used slightly different age bands and it was not always possible to combine data across the four authorities in one table or chart. So the age-related patterns are presented separately for each authority in Figure 11 to Figure 14 (see end of chapter) In this section, where we refer to a finding as statistically significant this relates to a significance level of less than 0.01.

Initial assessment

There is a downward trend by age in terms of referrals proceeding to initial assessment. The downward trend is most apparent in Area B, with 45% of young people aged 12 to 15 proceeding to initial assessment in comparison to 50% and over in younger age groups. There were a relatively high number of 14 to 17 year olds receiving initial assessments in the Greater London Authority. However this was due to a high number of UASC of that age referred to the authority. Without the UASC, the Greater London Authority shows similar patterns to the other three local authorities. These age related-patterns were all statistically significant with the exception of Area C.

Core Assessment

There were statistically significant age-related patterns relating to core assessments in all four areas. A visual inspection of the four charts shows that nature of these patterns differed from one authority to another. For example in Area B there was quite a sharp drop between the 0 to 4 age group and the next age group, whereas in Area A there was a more even pattern across the younger age groups and a decrease for the oldest age group (14 to 17).

Section 47 enquiry

There were significant age-related patterns in all areas. In particular there were a relatively low percentage of referrals leading to a Section 47 enquiry amongst the oldest age groups of young people.
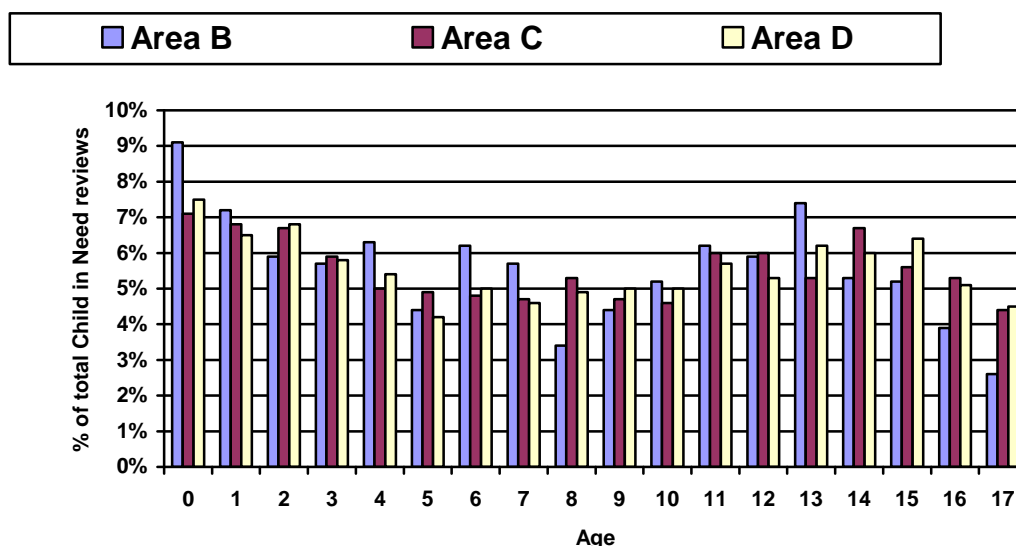
Child Protection Plans

In relation to young people subject to a child protection plan there were also significant age-related patterns in all four authorities. Again there was a relatively low involvement of the oldest age group in this part of the child protection process.

Child In Need Reviews

We also collected data on the age distribution of young people subject to Child in Need reviews. Unfortunately, for most of the areas, this information was only available for all open cases rather than for new cases opened during the period for which referral statistics were gathered. Therefore it was not possible to link the referral data with the likelihood of a new Child in Need review being initiated. In addition, one area was not able to provide this data for specific year groups. In general this data suggests two peaks – the first for

pre-school children and the second in the mid-teenage years – see Figure 10. As stated these statistics include all open cases and are not therefore directly indicative of the likelihood of children and young people of a particular age *becoming* subject to a Child in Need review.

Figure 10: Age distribution of open Child in Need reviews

Summary

National statistics

Overall, our analysis of age-related patterns in national child protection statistics suggests a substantial number of recognised cases of maltreatment involving young people, with some age-related variability in response across local authorities. However, the limited amount of information and the age bands used in published statistics do not permit a more detailed analysis of age-related patterns.

Statistics from the practice study

In general the data gathered from the practice study shows a downward age-related trend in all parts of the response process.

Although there is a downward trend of initial assessments by age, it is after initial assessment that differences in the way referrals are dealt with by age group become more pronounced. Referrals of older age groups of children and young people appear to be significantly less likely to go down a child protection route (via section 47 and/or child protection plan).

However caution is needed in drawing conclusions on the basis of this analysis. In particular, these age-related patterns should not be seen as necessarily indicating that older young people who are referred to Children's social Care are less likely to receive a service, but rather that practice with regards to young people may differ from that typically used for younger children. Unfortunately, due to limitations in the available data, we have not been able to analyse age-related patterns in relation to the number of new Child in Need reviews as a proportion of the number of referrals received during the year. As discussed in Chapters 4 and 6, this is an important gap in our analysis because it would appear that professionals may often perceive this process as more appropriate than the child protection process in the case of young people.

Figure 11: Percentage of total referrals in each age group proceeding through different processes (Area A)
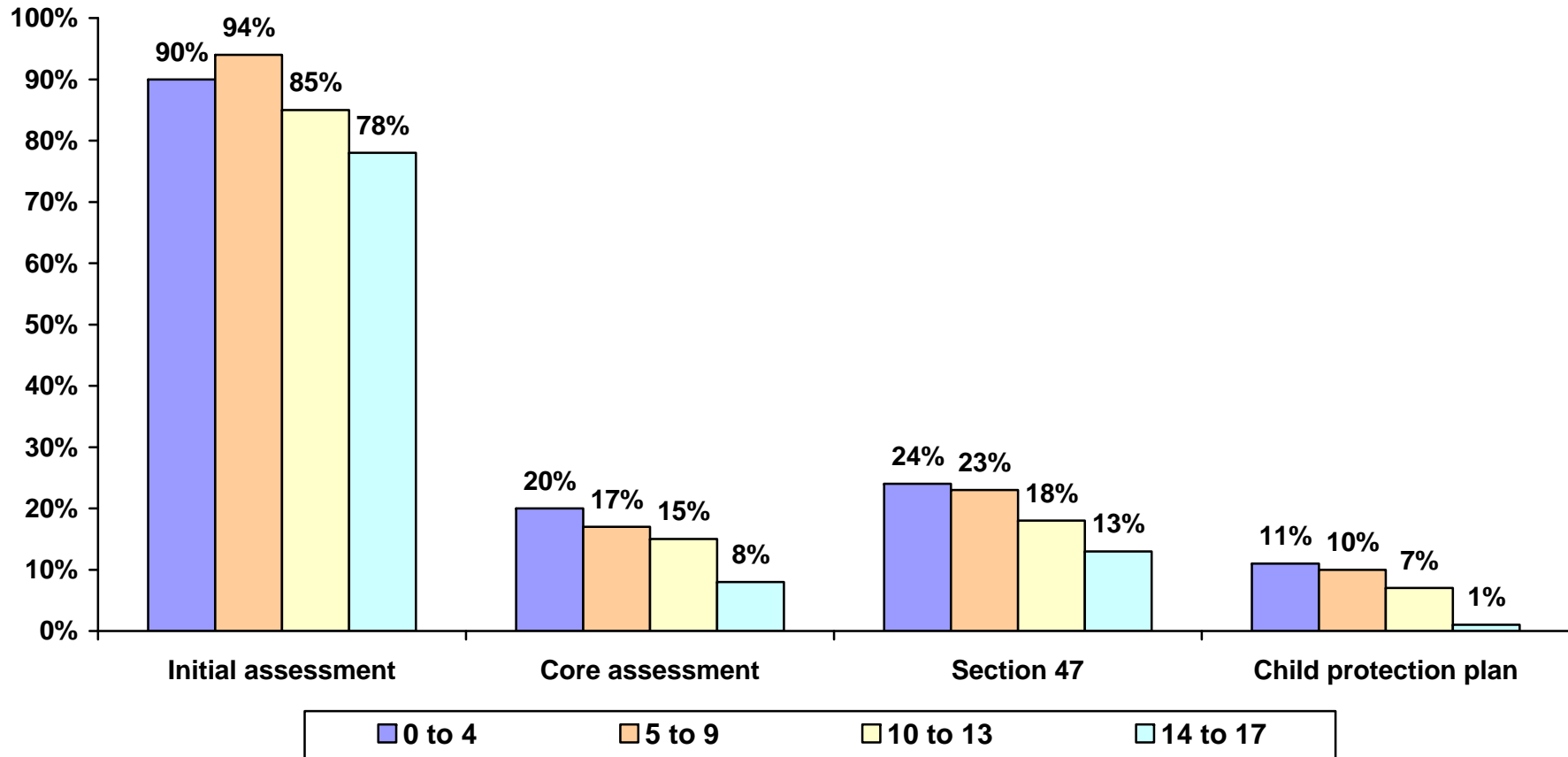
Figure 12: Percentage of total referrals in each age group proceeding through different processes (Area B)
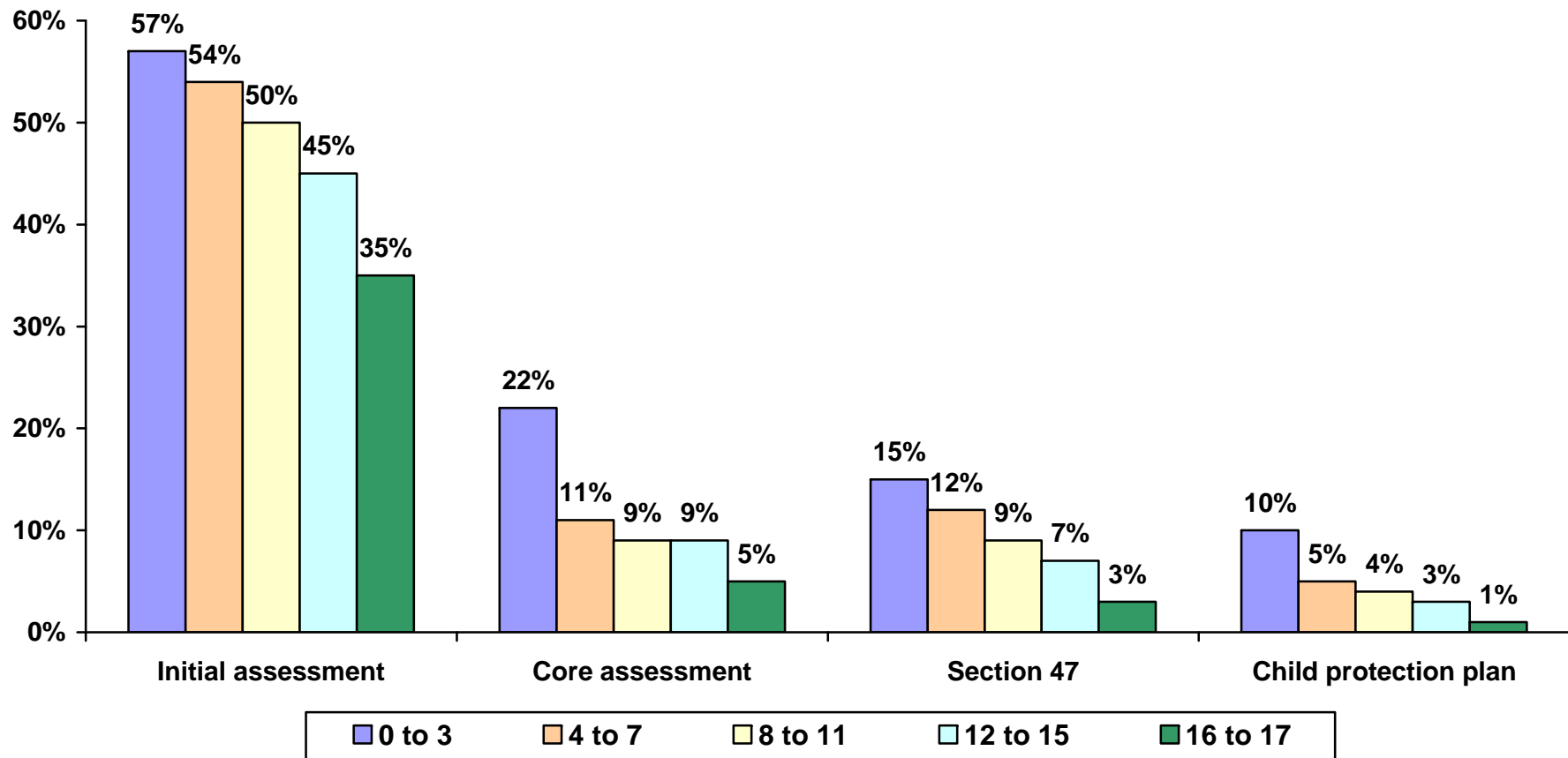
Figure 13: Percentage of total referrals in each age group proceeding through different processes (Area C)
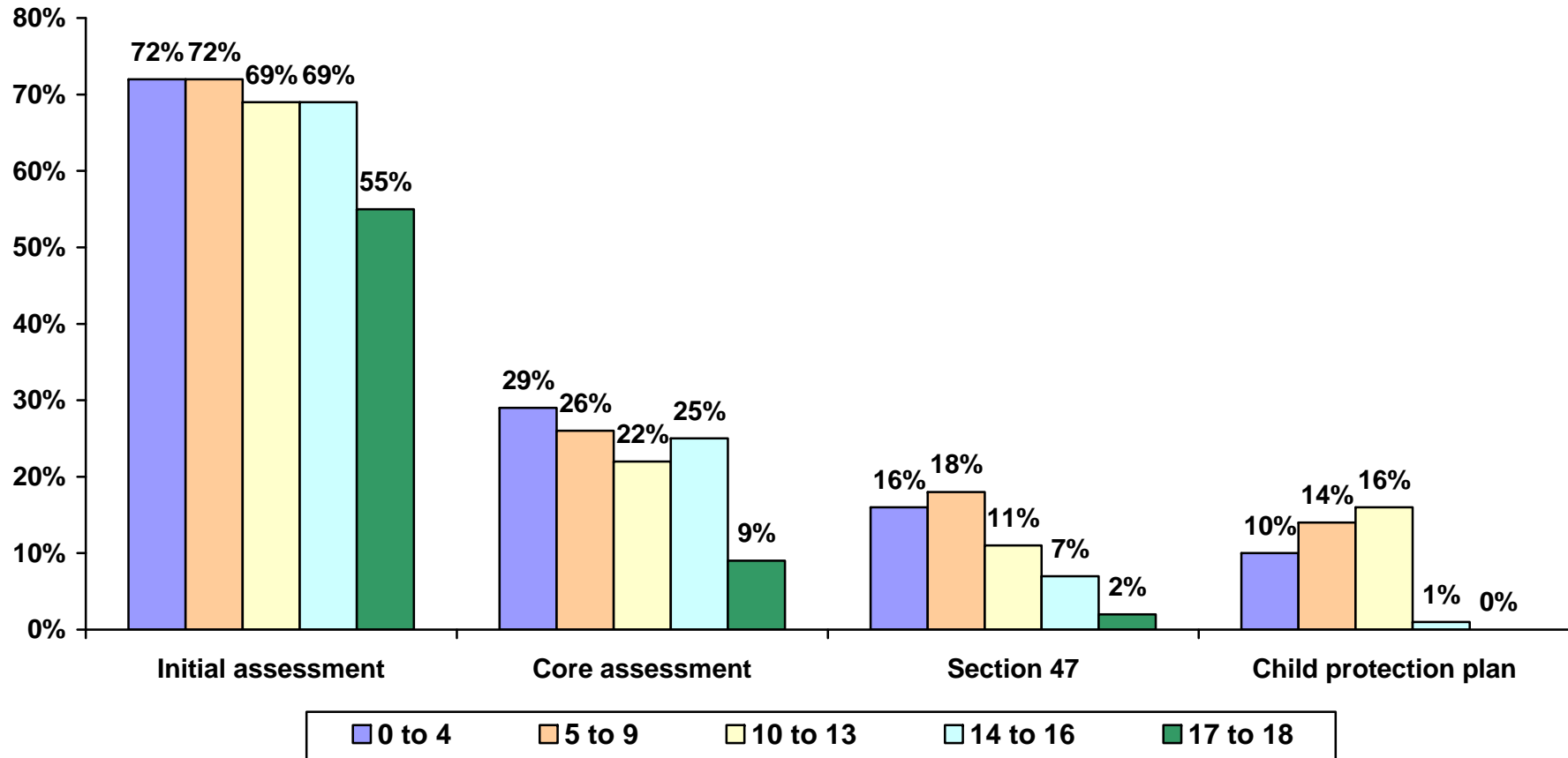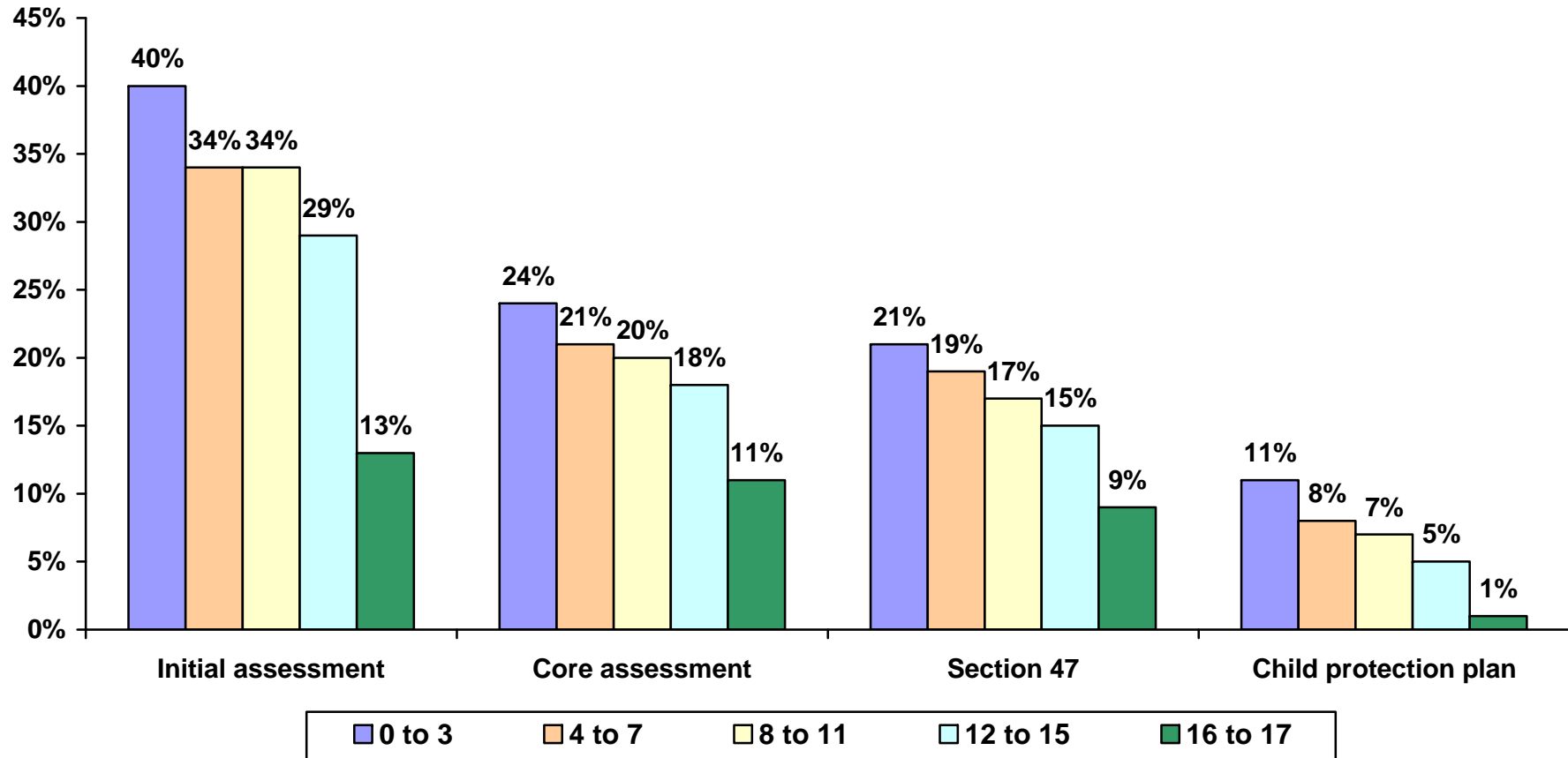
Figure 14: Percentage of total referrals in each age group proceeding through different processes (Area D)

6

Children's social care perspectives

This chapter explores issues of working with cases of potential maltreatment of young people from the perspective of social work practitioners and managers within local authority children's social care services. As in the previous chapter we make use here of material from the survey questionnaires and from the in depth interviews with social work practitioners which were conducted for the practice study.

We focus the discussion here around three key questions:

- How do social work professionals assess risk in relation to referrals of possible maltreatment, and specifically how does the age of the young person affect perceptions of risk?

- How do these professionals make decisions about whether a referral should be dealt with through the child protection route, and how does the age of the young person affect these decisions?

- What alternative actions do social work professionals take when a referral is not to be dealt with through the child protection route?

As in the previous chapter we also discuss some broader issues identified by professionals within children's social care through the survey and also through the local policy study interviews undertaking with senior managers.

The total number of participants from children's social care was 42 practitioners who participated in the survey; 22 practitioners who participated in telephone interviews for the practice study, and six senior managers who participated in telephone interviews at the beginning and towards the end of the research project.

Assessing risk

In this section we focus on an exploration of children social care staff's assessment of risk in the hypothetical scenarios in the questionnaire survey. Due to the smaller than anticipated sample size, there are limitations on the types of statistical analysis that we were able to use for the data gathered and so it is only possible to present some very basic overview findings on risk assessment here. However the responses to the questionnaire also contain a substantial amount of qualitative data which also provides valuable insights into the way in which risk assessment is conducted and the extent to which age is a factor in this process.

Overall risk assessments

The two response variables relating to risk assessment were identical to those in the questionnaire for referring professionals. The mean scores (5.2 and 6.6) for these two questions for Children's Services staff are not significantly different from the mean scores for referring agencies (5.2 and 6.9) discussed in the previous chapter. Thus it appears that Children's Services staff reach broadly the same assessments of risk as do referring professionals.

There were small age-related variations in these risk assessments. Where young people in the scenarios were older the assessment of risk tended to be slightly lower. However the correlations were quite small and did not reach statistical significance.

Risk assessment for specific scenarios

Figure 15 shows the immediate and longer-term risk assessments for each different scenario by Children's Services staff.

Figure 15: Relative risk ratings for each scenario (Children's social care staff)
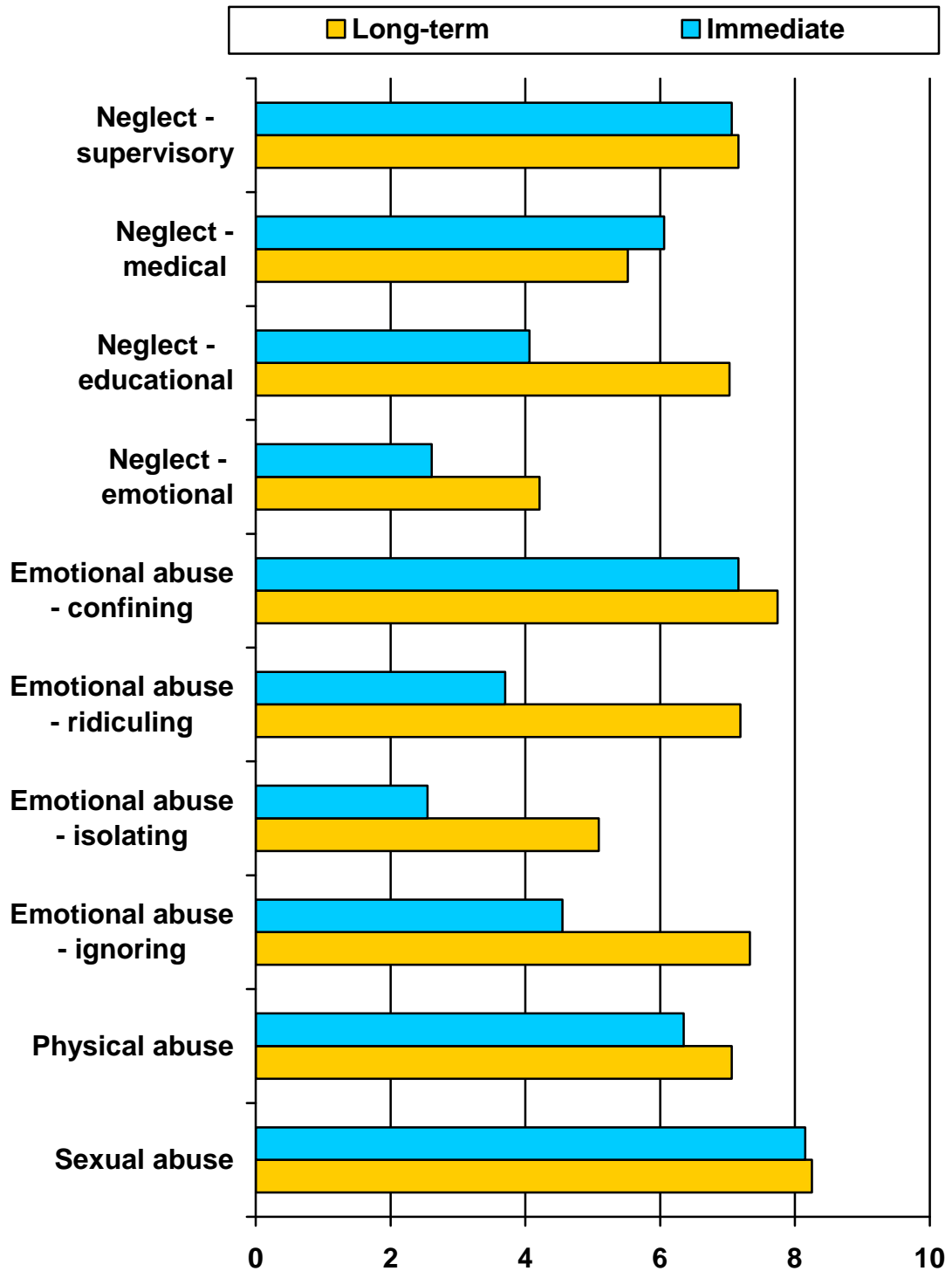
We also computed correlation coefficients between the age of the young person and the two risk ratings for each scenario. The correlations were only significant for one scenario – supervisory neglect – where there was quite a

strong negative association[15] between age and both risk ratings – i.e. older young people were perceived to be at lower risk. However this analysis is limited by the sample size obtained.

We now move on to a consideration of age-related comments in social work professionals notes to each scenario.

Many of these comments echoed those discussed for referring professionals earlier in the report. However there were also some additional themes in social work staff's responses.

Young people's competence

As for referring professionals, in relation to many scenarios the increased competence of young people as they grow older appeared to be an important factor in risk assessment. The following comments were in relation to a scenario where a young person of 17 had a possible broken wrist and parents were not assisting the young person in seeking medical attention:

> *Again this is a situation where it is difficult to tell whether it is a one off or an indication of long term neglect/failure to meet the young person's needs. Failure to obtain medical attention is unacceptable, but given the young person's age parents may have felt they were capable of attending alone.*
>
> *Age: 17, Medical neglect*

The comments below were in relation to a scenario in which parents were regularly ridiculing a young person of 17 in front of their friends.

> *I do not think this would warrant social work involvement, although the 17 year old is described as having mobility issues, they do not have learning difficulties. In the 16-18 age range I would expect young people to be taking more responsibility for their situation, and suggesting solutions themselves to such scenarios. I would want to know what other support is out there for this young person, and suggest that Connexions, college, school, friends or family are the first port of call to provide support for this teenager. I would also ask them how they behave towards their parents, do they antagonise or use poor language as well.*
>
> *Age: 17, Emotional – ridiculing*

Finally the following example relates to a 16-year-old who is spending time on the streets in the local area after 11pm without parents knowing his whereabouts:

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[15] Pearson's correlation coefficients were -.405 (p = .021) and -.397 (p = .027) for risk of immediate harm and risk of longer-term negative outcomes respectively.

This young person could be at risk by the people he associates with however he is of an age whereby he can make these decisions. Further action would be taken if there were concerns regarding the people he identified as spending time with. Advice and information would be provided to parents.

<div align="right">Age: 16, Supervisory Neglect</div>

On the other hand, in scenarios which were generally perceived as high risk – such as the emotional abuse (confining) scenario – social work professionals were likely to see the risks as the same irrespective of age:

The planning for this young person should not be any different to that of a younger child as in law child protection procedures can be invoked for any person under the age of 18 years old.

<div align="right">Age: 17, Emotional – confining</div>

It was also recognised that an older age did not always equate with increased competence and it was necessary to take into account individual factors also:

Emotional harm. Longer term impact rather than immediate. Whilst aged 16 may function at younger age due to learning difficulties. Support to be provided to J. Discussion with mum re why behaving this way.

<div align="right">Age: 16, Emotional – ignoring</div>

Young people putting themselves at risk

A second area in common with themes from referring professionals' comments was the concept of older young people 'putting themselves at risk', although in the example below this was seen as creating a higher rating of risk in response to a scenario about parents endorsing a 14-year-old not attending school:

Safeguarding initially, hence my responses. A 14 year old boy could be at higher immediate risk if he is exposing himself to danger in the day. We do not know in the information given. Negative long term outcomes will result from lack of education. His parents response might prompt a child in need response.

<div align="right">Age: 14, Educational Neglect</div>

Normative behaviour

An additional theme evident in some of the notes from social care practitioners was a sense of relative risk in relation to what constitutes normative behaviour for children or young people of a particular age within a particular context, as the following two examples relating to potential supervisory neglect and emotional neglect of 17-year-olds respectively illustrate:

Normal behaviour – he may take some risks but this is part of growing up. Encourage him to try and remember to tell his parents where he is.

Age: 17, Supervisory Neglect

Similarly to the previous scenario, this would more certainly not be a social work issue. Again, what other professionals or family are out there for this young person. Many young people have a difficult relationship with their parents as teenagers, this doesn't need social work necessarily. I would point a referrer with these concerns to talk to the family first.

Age: 17, Emotional Neglect

Again here there was evidence of physical abuse being seen as more inappropriate as young people became older

Depends on frequency, whether injuries are inflicted etc. What are the child's resilience factors - who is protective? Often culturally acceptable - so work with dad to develop alternative. Not appropriate, especially as a girl gets older - bad role model - lowers self esteem - What is history? Any other concerns, e.g. MH, DV, Drug/Alcohol abuse

Age: 14, Physical abuse

Hitting a child on the face is inappropriate and would likely leave a mark. This would be a criminal offence. Due to the young person being 15, the discipline used by father is probably not beneficial. What does the young person that is 'bad'? What are mother's views on the matter? Is she protective? CIN plan unless non acknowledgement of inappropriateness of hitting on the face therefore revert to CP plan. Written agreement would need to be signed.

Age: 15, Physical abuse

The scenario of potential sexual abuse evoked some divergent reactions from social work professionals. The two quotes below are from two professionals responding to the same basic scenario in relation to a 17-year-old.

Clear evidence of inappropriate sexualised behaviour.

<div align="right">*Age: 17*</div>

This could well be normal exploration of sexuality and further details would be required. It could be sensitive to be involved as both children are of an age where they (dependent on the severity of the learning difficulty) can make their own choices around sexuality. Whilst relationships between cousins is not ideal, it is not illegal. With any family, African ethnicity or not, there may also be a sensitivity to issues of sexuality, sexual exploration and homosexuality and involving or informing the parents would depend on further information from the young people involved. Dependent on further information this could well be innocent sexual exploration, however, it could also indicate concerning sexual relationships or behaviour in the family, but there is not evidence for this and such issues need to be approached sensitively with families.

<div align="right">*Age: 17*</div>

Legal position

Finally there were some comments which related to the different legal position of 16- and 17-year-olds. For example, in the following case of possible emotional abuse (ignoring) in relation to a 17-year-old, the option of leaving home appeared to be a key factor in risk assessment:

As J is of an age where he has legal rights to housing and benefits, training and work opportunities, he can be supported in seeking independence, and guided in seeking support from appropriate service providers around his emotional need following this scenario with his mother

<div align="right">*Age: 17, Emotional abuse – ignoring*</div>

Decision-making about referrals

We now focus on how social work practitioners and managers made decisions about referrals they received. We look first briefly at evidence from the survey of professionals and then move on to the material gathered from in-depth interviews with social work professionals.

Responses to survey scenarios

In addition to the two risk assessment questions discussed in the previous section, social work staff were asked two other questions in relation to each hypothetical scenario in the questionnaire survey:

- In your view, what is the likelihood that this case would prompt a strategy meeting?

- And what is the likelihood that this case would lead to a Section 47 enquiry following an initial assessment?'

The two questions were intended to assess immediate action and likely longer-term action. Overall the mean scores for the two questions were broadly similar with a slightly higher average (4.7) for the first question than the second (4.4).

Overall there was a small negative correlation between the age of the young person in the scenario and the responses to the above question – so that respondents were slightly less likely to think that the case would prompt a strategy meeting or Section 47 enquiry as the age of the young person increased. However this association was not statistically significant.

The average responses to each scenario for the above two questions are shown in Figure 16. Most categories of neglect and emotional abuse were assessed, on average as being unlikely to be dealt with through strategy discussions and Section 47 enquiries.

Figure 16: Decision-making ratings for each scenario (Children's social care staff)
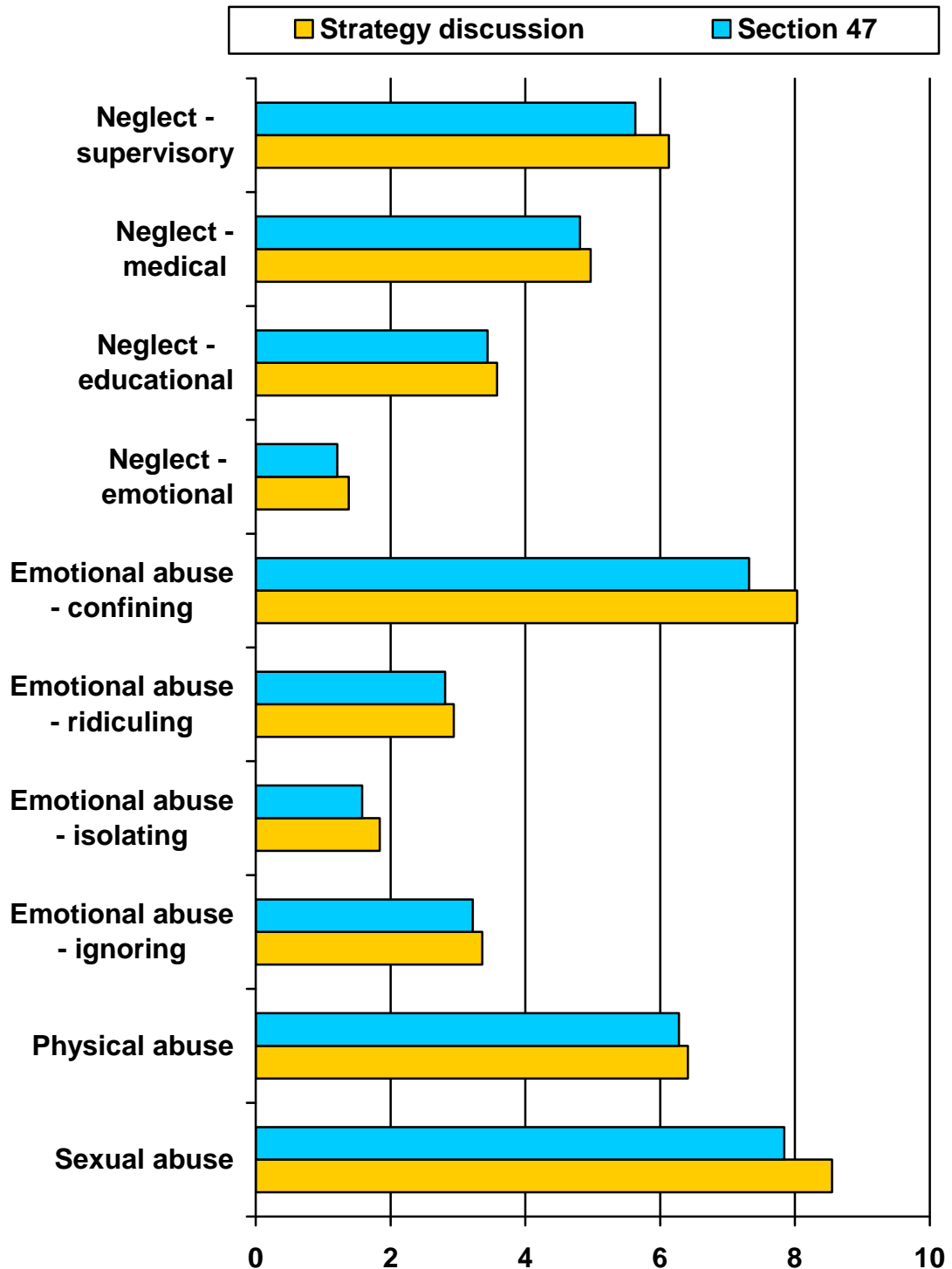
As with risk assessment the only statistically significant associations between the age of the young person in the scenario and social work professionals responses to the above two questions were in relation to supervisory neglect. There was also a reasonable sizeable negative correlation between age and likelihood of child protection action in relation to sexual abuse – again in

cases involving older young people child protection responses were seen as less likely to happen. However this difference was not statistically significant with this relatively small sample.

To summarise, in general, the results of the statistical analysis of the survey of social workers are inconclusive on age-related matters. There is some evidence of age being a factor in risk assessment and decision-making. However, unfortunately the sample size obtained for this part of the study means that it would be quite unlikely that these patterns would reach a level of statistical significance even if they existed. In this sense, the significant associations observed above in relation to cases of supervisory neglect are particularly notable.

Decision-making when referrals of young people are received

We now turn to evidence on decision-making processes from the interviews carried out for the practice study.

Many of the social work practitioners we interviewed, like the professionals who took part in the study believed that age was a factor in making decisions about referrals. Social work practitioners similarly linked age to vulnerability and/or resilience factors. Some believed that the older the child the less vulnerable and more 'resilient' they were and many drew a further distinction between young people aged 11 to 14 and those aged 15 and over. A number of social work practitioners thought that young people were able to disclose abuse more easily than younger children and that they were less vulnerable because they were able to leave an abusive situation of their own accord.

> *Interviewer: Do you think the age of a child influences your decision about risk of significant harm?*
> *SWP: Yeah.*
> *Interviewer: In what way?*
> *SWP: Younger children are more susceptible and can't voice. The younger children can't voice what's happening, so I'm more concerned with a baby versus a 16 year old…I'm not more concerned, but you know the concern is there because that child can't speak for themselves.*
> *Social work practitioner*

A number of social work practitioners described age having an effect on the response of children's social care services to referrals of young people:

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> *If I get two calls in: a 16-year-old who's said dad's thumped him or a 4 year old who has said dad thumped him, then the 4 year old will get the social worker before the 16-year-old.*
>
> *Social work practitioner*

> *If we use the analogy of the 16-year-old witnessing D.V, you know, just say an isolated incident, first time in, you know, we will, we will send a letter of support for that. Whereas if it's the first time in and talking about physical D.V. here, first time in with a child under a year or a child under 2 or 3 years we will pop out and have a look at that.*
>
> *Social work practitioner*

Other social work practitioners recognised that young people may be as vulnerable as children and some believed that resilience factors should be considered in relation to individual cases rather than the age of the child:

> *there's the sort of view that teenagers can, particularly post sixteen kids, can vote with their feet and go, and they're are also able to tell people what's going on and I don't think that's necessarily true.*
>
> *Social work practitioner*

> *We make attempts to see the family if they've got a referral for an under 5, we go out and see that family within 24 hours, I would certainly try to see the family within 24 hours. Now, it is quite interesting because the research tells us that most our serious case reviews are not the under 5's but the 11- to 17-year-olds.*
>
> *Social work practitioner*

Quite often, social work practitioners stated that age didn't necessarily affect the actions taken by social care services, but was more likely to affect the urgency of a response.

> *Interviewer: So when you receive the referral of a child or a young person and there are child protection concerns what influences your decision about whether to act upon it?*
> *SWP: It's the team manger but obviously it depends what the information is and the referral, the age of the children.*
> *Interviewer: So the age of the children would affect your decision about whether to act upon it?*
> *SWP: I don't think it's so much as to act upon but how quickly you're going to act on the information.*
>
> *Social work practitioner*

The ability of social work practitioners to respond to cases was also often underpinned by resource issues within children's social care services. Social work practitioners across the four local authorities described limited resources, a lack of social work staff, and poor social work retention rates alongside a large volume of referrals and time consuming system processes. This often meant that they were unable to respond as they might have liked and led to priorities having to be set in terms of response. As safeguarding

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issues concerning young people were often seen as less of a priority in comparison to the younger age group, priorities were often set in relation to the age of the child.

> *Interviewer: Ok, what do you see as the biggest challenges you face in terms of providing protective services for older children?*
>
> *SWP: Prioritising them. That's got to be it. You know, we are an understaffed team with, you know, worked to the hilt, staff here don't just don't have a second in the day at all to take a breather and we can't, we can't rush out to a 16-year-old who's perhaps sofa-surfing and perhaps experimenting with drugs and getting into crime, you know that's a big worry, but we can't prioritise that when we're working with 0 to 5 year olds in, you know, some pretty dire situations.*
>
> *Social work practitioner*

> *We are always resource driven, you know and if, if we had the resources to respond in accordance with every individual child's needs, which I'm confident of the best part that we do, but certainly your age, your age group is a factor.*
>
> *Social work practitioner*

These issues often had an effect on the service received by the young people we interviewed. One young person, Anna, observed:

> *I think [social work needs] more staff, less work … I mean cos [my social worker's] got like 60 cases on her own…And I think it's just too much work. And when you're trying to juggle all of that it's ridiculous, because not every child that you're supposed to have responsibility for is getting your full attention. Because you just don't …no offence to [my social worker] but you just don't have the time to do it at the end of the day.*
>
> *Anna, aged 17*

Many social work practitioners interviewed for the study recognised the importance of building trust in their relationships with young people:

> *it's all about rapport I think with the child, and … having them trust you to really follow through on what you're saying to them. I think trust is … trust and rapport are very important in any age group of social work that you're doing…One of the basic tenets of social work is the use of self and establishing rapport and things like that. So I think it's important regardless of what age group you're looking at. But I think that the ability of the child to trust is harder as they grow up, especially if they've been growing up in a household that's dysfunctional.*
>
> *Social work practitioner*

However, resource issues in children's social care often created obstacles to building effective relationships with young people as social work practitioners on duty and assessment teams acknowledged they were short on staff resource and practitioner time.

> *I think it is about developing the relationship with that child as well and a lot of our work has to be done rather quickly*
>
> *Social Work Practitioner –duty and assessment team*

In addition to resource issues within children's social care services, some social work practitioners pointed out that there was a lack of resources to meet the needs of young people more generally. Areas highlighted were a lack of preventative services and issues with providing accommodation for young people.

> ***Interviewer****: And what do you see is the biggest challenges that you face in terms of providing protective services for young people?*
>
> ***SWP:*** *I suppose the biggest challenge is actually finding services that prevent them needing the more extreme services. You know because these are the ones that are more likely to be rejected by their families and need to be accommodated. You have very limited resources.*
>
> *Social Work Practitioner*

> ***Interviewer:*** *What do you think about the services that are available for [11- to 17-year-olds] in the X area?*
>
> ***SWP:*** *I don't think there's enough.*
>
> ***Interviewer:*** *Okay, what do you think is missing?*
>
> ***SWP:*** *I don't know that there's anything really missing, I just don't think there's enough … that all children can access it.*
>
> ***Interviewer:*** *What kind of things would you like to see extended?*
>
> ***SWP:*** *I think mentoring programmes are a good thing. You know we have a project, the X project - projects like that work with families and provide support to the children. And like a mentoring type of programme. Cos I know you know even what we provide in there, there's not enough, there's not enough … there's waiting lists and that, you know. It's just difficult, there's not enough.*
>
> *Social Work Practitioner*

The child protection process as a response to young people's needs

Social work practitioners did not always feel that the child protection system met the needs of the 11- to 17-year-old age group. As discussed in Chapter 2, young people's case histories are complex and risks of significant harm may not come from the young person's immediate family. Whilst social work practitioners used the child protection process when a child needed safeguarding from significant harm they also felt that it did not always provide them with the most appropriate tools to work with and engage young people and their families.

Young people's case histories

Social work practitioners observed that although some young people were referred for maltreatment issues, many young people were referred for risk taking behaviours. Young people were considered more likely to be referred because they were risk to themselves rather than at risk from others. Also, young people were believed to be more at risk of maltreatment from non-family members than younger children and therefore child protection procedures which focus on working with the family were considered inappropriate. For many social work practitioners, this meant that the child protection process was not always applicable to the needs of young people.

> *I think when children get to fourteen and fifteen and are, are a risk to themselves then the child protection system becomes irrelevant to them.*
>
> *Social Work Practitioner*

> *The child protection process is pretty irrelevant to teenagers, if you've got a child whose hurting themselves for lots of reasons, maybe alcohol misuse, or you know, sexual exploitation or mental health, then they're a risk to themselves… And it's very hard to stop people being a risk to themselves, very, very difficult indeed. The child protection plan is not really relevant in that case. In the circumstances where they are at risk to themselves, the child protection process is pretty irrelevant, where there's been some risk from other people then we would definitely go child protection.*
>
> *Social Work Practitioner*

Engaging and working with young people

A number of social work practitioners identified 11- and 17-year-olds as a difficult age group to work with and engage in safeguarding processes.

> *In the age group of 11 to 17 it's not always easy to engage that young person so as much as the services are there and can be offered if the young person doesn't engage and their behaviour isn't deemed as being, well even if it is deemed as being child protection, you can't make somebody do something that they don't want to do. So you can put as many services in or around the family or the child but if that child is unwilling to engage in the services that are offered you're quite limited as to what your next steps are and you're always going to come across that. And it's quite disappointing when that happens.*
>
> *Social Work Practitioner*

Many social work practitioners felt that the child protection process alienated young people or failed to engage them. Child protection conferences in particular were not always seen as the best way to engage with young people. Young people often failed to attend and when they did attend, their experiences were often negative.

> *Interviewer: Do you see child protection as always the most appropriate response for the eleven to seventeen year-old age group.*
>
> *Social worker: No, absolutely not…Because you know, teenagers will very rarely attend their own meetings, it's too intimidating for them. I mean it's horrendous to sit with your teacher and your family together in a room, discussing your misdemeanours, it's not something teenagers are really interested in.*
>
> *Interviewer: What do you think is the most appropriate response for the older age group?*
>
> *Social worker: They need to be in control of the process really. They need to have autonomy and independence in the process, and that they can decide you know, who knows what. In terms of meetings, they should have the decision about who attends and what information is shared…and they should have more control over the processes, so if they make a disclosure but they don't want to do anything with it, which is what often happens, we should be able to draw back at that point, but unfortunately we can't, because, you know, a police statement has been made or whatever, and they should be allowed to have control over it*

A number of social work practitioners felt that young people needed more control over safeguarding processes than the current child protection process allowed them. At times, some social work practitioners also felt that child protection processes focused too much on controlling parents to the detriment of supporting young people and/or incorporating their views. This supports what young people in our study were also saying:

> *I think child protection tends to be about putting controls around parents, whereas when youngsters at that sort of age they've got much more of a personal input to situations that need to be reflected.*
>
> *Social Work Practitioner*

> *I think on the whole it's not the right system to make the changes for them that are needed. It focuses far more on controlling parents in a sense than children's own needs. So certainly my observation would be that the risk management approach does meet their needs better. So it's much more focussed on them.*
>
> *Social Work Practitioner*

Social work practitioners discussed problems in engaging young people and linked this to media stereotypes of social work practice. They felt that young people were often reluctant to engage with children's social care services due to preconceived ideas that they would be placed straight into care and taken away from their families. The social worker talking below felt that the result of this was that young people were unlikely to come to children's social care services for help:

The general view is that children and social care just purely and simply remove children and I think that's reinforced, whether it's reinforced by parents, and I wouldn't say other agencies, but that is the general view that that's what we do. So for a young person to come to us, they don't realise that we can be a supportive role because whether they've had previous involvement and that has had negative impact on their family or whether it's just the general view that that's what we do. I don't think young people would come to us because that's what they believe.

Social work practitioner

This view was supported by the referral data presented earlier that shows very low rates of self-referrals (see Chapter 5).and by many other social work professionals we interviewed. We asked social work professionals about the incidence of young people making direct referrals to children's social care services and the barriers to this. A number of key issues were identified. First, appropriate procedures for young people to refer directly were often not in place. Second, social work professionals felt that young people's perception of social services was likely to be negative- due to media and wider societal discourses of social workers taking children away from their families and therefore young people were highly unlikely to self refer directly. Third, it was felt that young people were more likely to self refer to a professional already known to them and with whom they had an existing relationship. In view of the above there were some suggestions about media campaigns aimed at young people and about having social workers in schools / youth groups – and in a position to build up relationships with young people.

Interviewer: Do you think it would be beneficial if young people could self refer?

Social Work Practitioner: Yeah, I think it could but I guess for some young people they don't receive any positive information about social workers or Social Services so they're concerned about sharing that information and are, I guess, worried about what the outcome may be.

Interviewer: Right, okay. What do you think would help more young people to self-refer?

Social Work Practitioner : Maybe something positive about Social Services and what they can support them with rather than it all being very negative. I guess there could be ... I guess it's about them having information about who they can contact and what would be expected of them and what could happen. I guess, information for them really, I guess that could be through kind of discussions through kind of youth groups or information on kind of boards, posters and things like that may be helpful for young people so that they had that information. I guess they probably wouldn't even know where to start in ringing Social Services.

Social Work Practitioner

Interviewer: What do you think would help more young people to self refer?

Social Work Practitioner: I suppose having different methods that suit their way of doing things better really. Just things like whether there could be I don't know a text line or emailing in system, or … you know things that young people use more comfortably. Because actually making phone calls and knocking on doors probably isn't their most comfortable way of actually making approaches.

Social Work Practitioner

Some social work practitioners also highlighted that child protection plans are not always workable with the parents of older children as they tend to be less motivated to keep young people in the family home. Consequently, many felt that it was more appropriate to work directly with young people, especially those who were 16 years old and over, to prepare them for independent living. In cases in which young people lacked family support this approach was deemed to better meet young person's needs.

The point of child protection when you've got little children, is generally the parents want to hold on to their children and child protection is a lever to go into care proceedings and say, we're going to seek proceedings and take the children. When you get teenagers, having the child's names on the child protection plan is fairly irrelevant because a lot of the parents of teenagers want them out.

Social Work Practitioner

A lot of the older children, the parents want them out of the house and into some type of placement. And you know our job is to keep the families together…. And it's okay for a while and then you know incidents between parents and child start happening again and we get another referral where the parents want the child out of the house.

Social Work Practitioner

As a result of the above, some social work practitioners felt that the child protection system was not the best way to work with young people and their families and some said they were more likely to provide support via a different safeguarding route, especially when the young person was 16 or older.

We may not complete the child protection conference on a 16 year old, I think we would be more looking to how we can support the family without that.

Social Work Practitioner

Many social work practitioners were in favour of developing a different way of working with young people which incorporated their needs and capabilities.

I think with that age group, you have young people who, a lot of the time, not all of the time, a lot of the time, are able to voice what they want to happen. A lot of the time, for example, you can have a teenager ringing up and saying 'my dad's hit me' and it may be not necessarily abuse, it may be over-chastisement. And it may be a form of chastisement that we don't agree with and it may be that the young person doesn't want anything else to happen other than they don't want that form of chastisement used. So I think if you had a forum that could be used instead of a child protection, which can be quite threatening, not just for families, not just for parents, but for young people as well.

Social Work Practitioner

Alternative ways of working with young people

Finally we consider some of the alternative approaches which social work professionals discussed when proceeding through child protection processes was not seen as the most appropriate course of action.

The social work practitioners interviewed for the study discussed a number of alternative ways of working with young people. These were seen as more appropriate in terms of meeting the needs of some young people and were more likely to engage young people in safeguarding processes. This included the Common Assessment Framework (CAF) and Child in Need (CIN).

Practice tended to differ from local authority to local authority. However, the central tenets of practice were similar between local authorities and involved engaging young people in the safeguarding process; giving young people more autonomy, input and control over proceedings; and partnership working so that young people's existing relationships with professionals could be utilised.

For social work professionals the benefit of using CIN and the CAF was in being able to form a Team Around the Child (TAC)[16]. This was considered to be a viable way of working with young people as professionals can be included who were known to and trusted by the young person.

Common Assessment Framework

There was a wide variation across our four local authorities in terms of use and experience of the Common Assessment Framework (CAF). In one local authority the CAF was not being used, demonstrating that it is yet to be fully implemented across the country as anticipated and in another, social work practitioners felt it was working well. In those authorities that were using the

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[16] Team Around the Child is low level early intervention. It is considered to be lower level intervention than Child in Need and sits between child in need and universal services.

CAF, it was cited by many social work practitioners as offering a model of good practice for working with young people. The advantages were seen as the opportunity for professionals who have existing relationships with young people to maintain these relationships through acting as the lead professional and the provision of more control and autonomy to young people over the process.

> *I think often it is preferable to be dealt with by agencies that the child and the young person knows and I think by doing a CAF, by pulling together an appropriate team around the child, and I don't mean just identifying bodies, I mean to come up with a plan of support, which I think would be preferable for a teenager or for a child, an older child, so that they know everybody, they can have a say in what happens with their plan and who's going to support them.*
>
> *Social work Practitioner*

As discussed in Chapter 3, development of a relationship with one key professional is crucial for young people so this approach allows for continuity and consistency for the young person and the family.

As discussed in the Chapter 4, the CAF was also generally viewed as a positive tool by professionals outside children's social care services, if it was used appropriately to support young people and not as a means of meeting the needs of young people who should receive child protection services:

Implementation of the CAF poses a number of challenges, the most significant of which is a shift in responsibility for some of the supportive safeguarding work away from social workers and on to other key professionals. Some social workers felt that the CAF was not being taken up by professionals and believed that there was some confusion over whose responsibility safeguarding was:

> *Certainly in [our local authority] at the moment we're having a, a bit of a challenge really, in encouraging our colleagues in, in our partnership agencies to fully embrace the CAF and I think there's a bit of resentment coming from professionals to do that, 'cause they feel that they're doing our job so to speak, you know, they don't understand that the CAF is there for everyone and that's still a challenge we're facing.*
>
> *Social care manager*

> *I don't honestly think they see it as their role because assessment has always been, in the past, the role of the social worker. And I have had one worker from a particularly agency who said it wasn't their role to assess, they'd never been trained in assessment.*
>
> *Social work practitioner*

Social workers also felt that there was confusion about the thresholds for child protection and the use of the CAF. This social worker said:

there needs to be more clarity with regards to what constitutes a CAF referral and a referral to ourselves, and I don't honestly think other professionals are completely clear, you know. It's nothing to do with … you know, it's no fault of anyone, I just don't think maybe they're completely clear at the moment.

Social work practitioner

Child in Need

Many of the social work practitioners interviewed believed that the Child in Need process (CIN) often offered a more constructive way of working with the older age group as this approach takes account of their needs and capabilities, and many believed CIN to be a less alienating process for young people and their families.

Practices differed from local authority to local authority. In some local authorities teenagers were more likely to go down a Child in Need route initially.

Interviewer: Can you give me an example of a case in which a young person has been referred for child protection concerns … this is 11- to 17-year-olds … the decision about whether to take any action was borderline and the result was a child protection response?

SWP: I can't actually think of any of those. I mean in some ways it's quite difficult because if in that age group … well over 13 anyway needed service … we've got an adolescent outreach team that tends to take them on. So at that point we've stopped seeing them.

Interviewer: So is it the way it works that the child protection say it's an older child that'll come in, do they tend to go to child in need then to the adolescent team?

SWP: Um … quite often. And that's not to say they don't subsequently end up having either child protection or risk management input, but I think that's probably the route they're more likely to take.

Social work practitioner

Some social work practitioners believed that CIN sometimes offered a better way of engaging young people and their families

Interviewer: Do you see child protection as always the most appropriate response for the 11 to 17 year old age group?

SWP: No. No. No. It doesn't always engage people. I think, and when I say people you know it can be family members, perhaps grandparents, that then blame the parents that it's gone to child protection or you know perhaps the child gets blamed. I don't think it's always answer and I do think to be honest, child in need is proving very much to confirm and support this, that a protection plan isn't always the answer and I think it's engagement, it's having an appropriate plan, it's being able to work with the family it's being able to engage all the agencies that impinge on that families life, all having the same goals, being aware of what the goals are, I think it's very much the family and young person knowing what those goals are, knowing what their role is in it, knowing what our role is within it and everybody working with them I think, you know, that can lead to a success, as much and sometimes if not more than a protection plan, which can alienate people rather than engage them.

Social work practitioner

Multi agency risk assessment

In another local authority multi-agency risk assessment was being developed as an alternative way of working with young people. These processes were often believed to provide more appropriate tools for working with many 11-17 year olds. A number of social work practitioners from one of the authorities discussed using risk management as an effective alternative way of working with the older age group:

I mean we have now looked at using risk management for adolescents in many instances rather than child protection … and that is making some impact on the figures, and may well be much more appropriate. It's very similar to a child protection conference and still chaired by a safeguarding manager, or independent reviewing officer, and it's still multi-agency, and still puts together a plan … it's just that it isn't a child protection plan, it's a multi-agency plan to manage the risk.

Social work practitioner

Some social work practitioners believed that the core assessment focus on needs as opposed to risk made it less appropriate for young people's needs. Social work practitioners felt it was important to establish what the risks to young people were as well as establishing needs and that this was specific to the older age group.

Interviewer: How well do you think the current child protection system responds to the needs of 11- to 17-year-olds?

SWP: I think given that 11- to 17-year-olds have diverse needs, and given that, you know, child protection systems are there for the most vulnerable children, probably, you know … and probably the rise of, you know, risk management arrangements, probably suggests that not that well and other arrangements have arisen to, you know, to kind of respond to that I suppose.

Social work practitioner

Broader issues

The questionnaire survey of professionals and the interviews with senior managers in local authorities undertaken as part of the policy study also highlighted some broader themes relevant to working with maltreated young people aged 11 to 17.

The challenges of resource limitations, inter-agency working, training and support, working with parents and engaging with young people were all discussed by social work practitioners in a similar way to the material already presented in Chapter 4. These and additional key themes were also discussed in interviews with senior managers in local authorities conducted during the study.

Resources and capacity

In particular, issues of resources and capacity were a key concern for practitioners, which was seen as having an impact on thresholds and also on styles of working:

> *Work loads and time constraints although we always prioritise safeguarding issues this can often lead to other cases being neglected and so then also being put at risk*

Social work practitioner

> *(It's a challenge) having the time to spend with young people in order to build relationships*

Social work practitioner

Information-sharing

Issues relating to information-sharing were seen as a key challenge for this age group, related to the recognition of young people's increasing capacity for self-determination.

Information-sharing is one of the big issues that always impacts on the kind of processes we use. Although there is information-sharing guidance out there, I think professionals' confidence in the use of that information-sharing guidance isn't as robust as it should be ...

For younger children people are usually much more able to see the issues about information-sharing whereas for older children there's always an issue about whether or not the child should give consent or whether because they're slightly older they should be thinking about .. them being part of the process, and yes they should, but there are occasions when you would want information shared with you so that we can make the decision about whether it's a safeguarding issue or not ...

The issue for us is about making sure that the information-sharing processes are agreed and accepted by all.

<div align="right">Senior manager</div>

There was an ambiguity regarding whether information could be shared without young people's consent

I think there are also some intelligence-gathering, information- sharing processes you have to have in place which is about managing the risk around that young person but if you told them every bit you were going to do they'd scupper it before you got there .. There's time where, with the police, you might need to gather information and monitor things without being completely upfront about what you were doing at that time.

<div align="right">Senior manager</div>

Parents and young people

As with referring professionals, there was some discussion by children's social care professionals about the additional challenges of working with parents in relation to young people aged 11 to 17 in comparison with children aged 10 and under. The issues relating to maltreatment were perceived as being less often about parental behaviour. Parents were seen as being less able to influence young people – some of whom were 'beyond their control'.

It's very much about changing the behaviour of the parent to .. protect the child. That's what we're doing with young children. When you get into adolescence it's not as straightforward – self-determination – they are not passive participants in this process or victims and they' ve got a level of self-determination that you've got to take account of. They will often be beyond the control of their parents .. so it's more about working with young people on their terms. Parental influence is reduced, they may want to wash their hands of them.

<div align="right">Senior manager</div>

In addition, in some cases, professionals' experience was that parents actively wanted young people to leave home which was a major obstacle to working with them.

Engaging and working with young people

There was also much discussion about the different styles required to work effectively with young people in this age group. There was a recognition that you need to take this seriously – otherwise young people will 'vote with their feet':

> *Obviously you have to work with young people and engage them in it otherwise they'll vote with their feet.*
>
> *Senior manager*

> *They have their views - what the LA plan to do to protect them, they do not always agree with. This often results in them absconding from placement.*
>
> *Social work practitioner*

In general this age group were seen as being difficult to engage with and it was viewed as important to try to maintain contact with young people even when situations were far from ideal.

There was also a perception of some distinctive issues for this age group which presented additional challenges to practice. Interviewees focused on risks that young people faced outside the home – sexual exploitation, going missing, etc. – young people 'putting themselves at risk' which have already been identified in previous sections of this report. And there were additional complexities in relation to physical abuse (for example, young people fighting back).

It was felt that situations could develop and change much more rapidly than with children:

> *Things move very fast with adolescents and that's the difference with young children. .. Our risk management process you might be meeting weekly or monthly depending on the nature of the risk that you're dealing with.*
>
> *Senior manager*

There were indications in the interviews with children's social care professionals and managers that young people were perceived as more 'resilient' in the face of maltreatment than children:

> *more resilient as they get older so the impact of that abuse might not be as significant.*
>
> *Senior manager*

> *They are older deemed not as 'vulnerable' as babies / younger children*
>
> *Social work practitioner*

Finally there were some concerns about the potential of agencies to have an impact for this age group, which echo findings from the analysis of Serious Case Reviews (Brandon et al, 2009):

Generally everybody is concerned about the early years and younger children. This has meant once children reach 11 it is often considered to be too late to intervene or assumed that intervention would not change much.

<div align="right">*Social work practitioner*</div>

The development of alternative approaches

In view of some of the above factors such as young people's self-determination and the distinctive issues related to this age group, some of the senior managers interviewed for this research expressed doubts about the extent to which the current child protection system offered the most appropriate way of working with young people aged 11 to 17 who may be being maltreated:

I think the child protection system as we know it .. is fine .. robust .. but it's more geared towards children and young babies in my view and it doesn't necessarily take account of the more complex sets of issues around adolescents, because the child in child protection is a very passive participant in the whole process

<div align="right">*Senior manager*</div>

As a result of the above, several local authorities included in this study had developed their own alternative approaches to responding to maltreatment of older young people

As a result of that, what we've done locally is come up with a risk management process .. recognises that young people are at a high level of risk – prostitution, going missing

<div align="right">*Senior manager*</div>

16- and 17-year-olds

Finally children's social care staff noted some particular issues related to the 16- to 17-year-old age group. It was felt that there was a lack of consistency of age thresholds for services with some services for children and young people having an age limit at 16.

In addition there were grey areas in the legal position of this age group. It was felt that there was a lack of clarity about *'whether they are adults or children'* and:

therefore sight is lost of their needs as children, not being 18. And it is obviously a very vexed area. The legislation is all over the place for post-16-year-olds particularly. So these are children not adults but in some legal ways are viewed as adults ... It becomes really difficult in terms of the measures that are available to work with children pre-16 – a lot of them aren't available to work with children post-16. So they're in this kind of grey area it seems to me in terms of the law and policy – we're not quite sure what we want to do with them.

Senior manager

These issues have also recently been highlighted in research on meeting the needs of young people who run away from home (Rees et al, 2009)

Summary

This chapter has presented the research findings on the perspectives of social work professionals in relation to practice with young people who may be experiencing maltreatment. A brief summary of key findings from the chapter is as follows:

Assessing risk
- The scenario-based survey of social work practitioners provided some evidence of age-related factors being taken into account in relation to assessing risks.

- These factors were strongest for supervisory neglect were older young people were seen as been at significantly lower risk on average.

- Social work professionals identified the increased competence of older young people, issues of young people placing themselves at risk, perceptions of normative behaviour for older young people and their different legal position from the age of 16 as factors that were taken into account in risk assessment.

Decision-making about referrals
- The survey data did not show a statistically significant association between the age of the young person and the likelihood of child protection action, overall. There was evidence of a significantly lower likely of action in relation to older young people in cases of supervisory neglect.

- In interviews with social work professionals, many social work professionals cited the age of children and young people as a relevant factor informing their decision-making. Young people were often perceived as more competent and resilient than children. There were also cases where resource limitations meant that referrals of younger children may be prioritised. In other cases, age did not necessarily

affect the eventual response but might affect the speed of the response.

- The interviews also suggested that social work practitioners did not necessarily see the child protection system as being well-suited to dealing with older maltreated young people. There were issues here about increased risks outside the family home which were perceived as less amenable to child protection interventions, and also about difficulties engaging young people and their families in the process.

Alternatives to child protection processes

- In view of the above findings, social work practitioners often discussed alternative approaches which were seen as more appropriate in meeting the needs of young people who are experiencing maltreatment. These included use of the Common Assessment Framework, the Child in Need process or multi-agency risk assessment.

Broader issues

Professionals within children's social care services identified a range of broader issues relating to working with maltreated young people aged 11 to 17.

- In common with referring professionals there were concerns about resources, about information-sharing and about levels of training and support for practitioners.

- Many professionals identified distinctive issues related to working with this age group due to young people's increased capacity for self-determination; additional risks outside the home.

- There was a perception amongst some social work professionals that young people were more 'resilient' to the impact of maltreatment than children.

- Some doubts were expressed about the extent to which the child protection system as it is currently formulated was the most appropriate framework for working with young people who were maltreated. There was a perception that it was better suited to the issues faced in working with children As result several local authorities in this study had developed alternative ways of responding to the needs of maltreated young people.

- Finally, some gaps in service provision and grey areas in the legal framework for this age group were identified.

7

Conclusions

In this final chapter of the report we first draw together and summarise the findings from different components of the research and different perspectives under a number of key themes. We then conclude the report with a series of key issues for future consideration in terms of practice, policy and research regarding safeguarding young people.

Summary of key findings

The nature of adolescent maltreatment

One of the aims of the project has been to gather together up-to-date evidence on the topic of adolescent maltreatment from the UK and international research literature and from official statistics.

The scale of adolescent maltreatment

The evidence gathered on the prevalence and incidence of maltreatment across different age groups confirms that adolescent maltreatment is a substantial issue.

Official statistics for England show that 8,700 young people aged 10 to 15 became the subject of a child protection plan in the 12 months to 31st March 2009. This is a rate of 24 per 10,000 children in that age group – lower than rates for younger children which average at around 42 per 10,000 across the 0 to 9 age group. In contrast, relatively few young people aged 16 and over become the subject of a child protection plan. In the year ending 31st March 2009, there were 430 young people – around 3 per 10,000 in the population for that age group.

Analysis conducted for this project, and previous research, has drawn attention to the large variations in age distribution of child protection registrations between different local areas. In 2009 the proportion of children

becoming subject to a child protection plan who were aged 10 to 15 varied from 12% to 37% across local authorities in England. These variations are highly unlikely to be the result of differing levels of maltreatment across different age groups in different areas and are more likely to be attributable to variations in agency practice in responding to cases of different ages. This was supported by our interviews with practitioners that suggest that thresholds are very much determined on a local level in response to local issues and resources.

The official statistics also provide some indications of the relative prevalence of different forms of maltreatment. Neglect is the most common reason for being subject to a child protection plan for 10- to 15-year-olds (as is the case for younger children), followed by emotional abuse.

The general picture for England described above is also broadly reflected in statistics from other countries, such as the US, Canada and Australia.

Of course, these statistics only relate to cases which have come to the attention of statutory agencies.   There are relatively few self-report studies of adolescent maltreatment. However the evidence that does exist suggests substantial levels of maltreatment of all types within this age group. In Chapter 2 we also reviewed evidence of significant levels of under-reporting of maltreatment by young people which points to a likely gap between known cases and true prevalence rates. Our interviews with young people also back this up – suggesting that there are still significant barriers to self reporting. Data presented in Chapter 5 on referral data highlights that self referral to children's social care services is extremely low.

Definitions – a developmental perspective

In our review of literature we draw attention to the importance of adopting a developmental perspective to the issue of child maltreatment. Parental behaviours which might be deemed abusive or neglectful for a very young child (e.g. allowing a child of two outside the home without knowledge of whereabouts) would be considered appropriate and normative for most older young people, although it is also important to acknowledge that this will vary according to the young person's maturity and abilities.

Thus definitions of maltreatment also need to incorporate developmental considerations. There are very positive indications that this issue is being considered in national and local policy development in England. The most recent version of the Government's Working Together guidance focuses on age-specific issues; and the Core Assessment Records drawn up as part of the Assessment Framework are age banded. Analysis of local threshold and other documents also shows evidence of age-related guidance being drawn up at local area levels.

The current research has raised some important issues to consider here. There is a need to consider age-sensitive issues within existing definitions of

maltreatment, and also to consider whether the boundaries of existing definitions might exclude some issues faced by particular age groups. There seems to be a good deal of consensus in the literature and the views gathered through this study that older young people face a wider range of risks than younger children due to their lifestyles (e.g. e-safety) and increasing independence (risks outside the home). The recent change in language in England from 'child protection' to 'safeguarding' has been positive in recognising some of these additional risks. There is still work to be done to consider the implications of this broadening perspective on risk and protection. For example, should the act of forcing a young person to leave home under the age of 16 be considered as child neglect?

The context of adolescent maltreatment

Another key issue for the study of adolescent maltreatment is to understand the key contexts in which such maltreatment takes place. This includes the identification of potentially causal factors.

There has been substantial research on the contexts of child maltreatment in general, but our literature review found relatively little evidence specifically on contextual factors related to adolescents. It is likely that many of the key issues may be relatively similar across all age groups. However this is unlikely to be the whole picture. Specific contextual factors which are more likely to occur during adolescence may need more specific consideration. Young people are more likely to have experience family change as they grow older and the consequences of this experience may be associated with maltreatment amongst adolescents. For example if there is a link between family change and emotional neglect then this factor will be more salient for older young people. At this age, due to their increased competence, young people may be more likely to take on a caring role within the family – another factor which is known to correlate with neglect. Due to their typically greater independence and mobility, environmental factors related to the local area may also be more salient as risk factors for adolescent maltreatment. Finally, friendships and peer relationships may be particularly important factors for older young people both directly (peer to peer abuse) and also indirectly through peer associations drawing young people into risky situations. On the other hand friendships may also be an important source of support for young people who are experiencing maltreatment. This seems to be a substantial gap in the research and it is difficult to gain a comprehensive overview of the specific contextual factors associated with adolescent maltreatment.

An additional set of contextual factors which was raised by many professionals during this research relate to the behaviour of young people themselves. These included: issues of two-way violence and conflict between parents and young people, and factors related to choices that young people make – in particular risk-taking behaviours. Some research has demonstrated reciprocal effects of parent-child interactions – suggesting for example that young people's behaviour may be an explanatory factor for

neglect. On the other hand, as our current study and previous research has indicated, risk-taking behaviours by young people can also be a symptom of earlier maltreatment. Our research has highlighted the additional challenges which this complex context of adolescent maltreatment presents for professionals.

The consequences of adolescent maltreatment

More is known about the consequences of adolescent maltreatment, both in itself and in comparison with maltreatment of younger children. Our study suggests that older young people are to some extent perceived as more 'resilient' to the effects of maltreatment than younger children. However the research evidence does not necessarily support this view.

One key source of information is a longitudinal study of a sample of 1,000 young people initially aged around 13 – the Rochester Youth Development Study – conducted in the US from the late 1980s onwards. This study has enabled detailed analysis to be undertaken of the relative impact of maltreatment experienced at different ages. Overall this analysis suggests that the impact of maltreatment in adolescence (including cases where there was no earlier history of child maltreatment) is more strongly associated with a range of negative outcomes than is childhood-only maltreatment.

Another source of information is the study of parenting styles. There has been considerable research around the impact of the 'neglectful parenting' style. The concept of neglectful parenting is broader than current definitions of child neglect but nevertheless provides important pointers regarding the potential impact of neglect. The research suggests negative outcomes across a wide range of areas including physical health, mental health, educational indicators and risk-taking behaviours.

Finally, the recent research on Serious Case Reviews in England has drawn attention to the risks faced by older young people. More than a fifth (22%) of a sample of recent reviews – which related to the death of, or serious harm to, a child or young person - involved young people of secondary school age, half of whom were aged 16 or 17.

These sources of evidence, taken together, provide an indication of the potentially significant short-term and long-term negative consequences of maltreatment of older young people.

Perceptions and risk assessment

A second key area for the research was to understand how adolescent maltreatment was perceived by professionals and young people.

Age-related patterns in assessments of risk

A small number of previous studies which have explored the influence of the age of the child or young person on perceptions of maltreatment have

suggested a significant association. The current study also found a significant relationship.

The survey of potential referrers suggested that where the child or young person in a scenario was older there was a lower perception of the risk of long-term negative outcomes although the influence of age was not that large. There was no significant effect on perceptions of risk of immediate harm. At a more detailed level the most significant impact of age was in scenarios representing supervisory neglect and emotional abuse involving isolating the child or young person from friendships.   The analysis also tentatively suggests that the perceived risks of physical abuse may increase for older young people compared to younger children.

This survey also found that perceptions of risk tended to be higher where the scenario involved a disabled child or young person. Several examples are provided in Chapter 4 where factors related to young people who had mobility or learning difficulties were taken into account along with consideration of the age of the young person. This is an issue which requires further exploration.

The survey of children's social care services staff also found some evidence that older young people were perceived as less likely to be at risk. This association was not statistically significant with the relatively small sample achieved for this part of the study.

Age-related factors

These surveys, together with the interview study of professionals, provide insight into the way in which the age of young people affects professionals' perceptions of risk, which link closely with some of the complexities regarding the context of adolescent maltreatment discussed earlier in this summary.

First, there were indications that older young people were seen as more competent to deal with maltreatment. This included the perceived ability to escape the situation they were experiencing and also to seek help from agencies or 'self-refer'. [Theoretically this may be true, but it may be pertinent to draw a parallel with the situation of adults experiencing domestic violence in terms of thinking about the power dynamics involved in situations where young people are experiencing abuse].

Second, older young people were perceived by some professionals as more 'resilient' in the sense that they are more able to cope with experiences of maltreatment.

Third, older young people were more likely to be seen as contributing to and exacerbating the situation through their own behaviour. This ties in with the discussion earlier about the occurrence of two-way conflict and violence in older young people's relationships with parents, and also issues of reciprocal effects between young people's and parents' behaviours.

Fourth, connected to the above point, in some scenarios and situations explored in the interviews and surveys, young people were perceived as 'putting themselves at risk'. This was raised for example in terms of risk-taking behaviours and experiences outside the home within the local area.

All of these factors were cited by professionals as having an impact on their perceptions of risk. They are reflective of a general perception of adolescents as 'imperfect victims' (see Rees & Stein, 1999) and also perhaps of broader societal perceptions about young people in comparison with younger children, a point we will return to later.

Young people's perceptions of risk

This research project did not include a specific study of young people's own definitions and perceptions of maltreatment. However a separate recent study on adolescent neglect undertaken by the same research partners, did include focus group work with young people which shed light on some of the complexities .. It highlighted that young people define maltreatment more broadly than professionals, seeing what professionals may deem to be poor parenting as maltreatment. It also appeared that definitions of individual types of abuse are less relevant to young people – everything is seen as abuse and distinctions are not drawn in the same way – often because abuse is part of the broader context of young people's lives.

The literature review highlighted two key points from previous research on this topic which seem important to take into account.

First, there is evidence of both agreement and disagreement between young people and professionals about the definition and severity of different types of maltreatment. US research suggests that agreement is highest in relation to sexual abuse and lowest in relation to neglect.

Second, two US studies have independently found that young people's assessments of maltreatment occurrence and severity are more closely associated with future outcomes than are professionals' assessments. This is important evidence which underscores the importance of incorporating young people's views into child protection assessment processes.

Responding to adolescent maltreatment

Making a referral

The survey of potential referring agencies provided a general overview of patterns of referral of cases of possible maltreatment to children's social care services. In general there was a strong link between perceptions of risk and likelihood of referral for referring agencies. This link was much stronger for some scenarios (e.g. physical abuse) than others (e.g. some categories of emotional abuse).

There was some evidence of variation across agencies in the likelihood of referring in similar situations. In particular, given the same circumstances, police were significantly more likely to say that they would make a referral than professionals in other agencies (schools, youth offending teams and the voluntary sector).

There was a small but significant association between the age of the child or young person in a scenario and the likelihood of the professional making a referral. However, once assessments of immediate and longer-term risk were taken into consideration, overall the age of the child or young person did not add explanatory power in terms of predicting likelihood of referral. This suggests that in general age only affected likelihood of referral indirectly through its affect on perceptions of risk.

However, this finding did not hold across all types of maltreatment. For supervisory neglect and (marginally) for sexual abuse, older young people were less likely to be referred, even once perceptions of risk were taken into account. There was also some tentative evidence that older young people might be more likely to be referred in cases of physical abuse.

The analysis of local authority statistics showed some significant patterns in referral sources for this age group. Notably self-referrals by young people were relatively rare. This is contrary to the perceptions noted earlier that older young people are more likely to be able to seek help, although it may be that young people initially self-refer to other agencies who then support them in making a referral to children's social care services. We will discuss this issue further in a later section.

In general, the relationship between referring agencies and children's social care services was perceived as being good regarding making referrals, although the existence of centralised call centres to take referrals in some areas was not perceived positively. But the research did throw light on some obstacles to professionals making a referral, some of which are particularly relevant to older young people.

First, there were issues about perceptions of the thresholds operated by children's social care services departments. Some professionals perceived these thresholds as being dictated by resource considerations and were deterred from making a referral of older young people as they did not feel it would be acted on. This seemed to be increasingly true for young people aged 16 and over. Professionals in agencies that spanned a number of local authority areas were aware of varying thresholds which made it more complex for them to assess when to make a referral.

Second, there were perceived to be particular complexities and uncertainties regarding making referrals relating to sexual abuse once young people were 16 years old.

Third, across all age groups, there appeared to be more uncertainty regarding thresholds for emotional abuse and neglect and there was a lack of clarity regarding when it was appropriate to make referrals in these instances.

Fourth, some professionals were concerned about the negative impact on their working relationship with young people and families of making a child protection referral, and this was exacerbated when it was felt that the situation may not meet the threshold requirements.

Finally, resource issues involved in assessing cases and making referrals were cited within the Police – an agency which appears to make a high volume of referrals.

For these reasons there was some evidence of professionals exploring alternative ways of working with cases of potential maltreatment of young people. These including monitoring the situation, offering services directly, and working together with, or referring to, agencies other than children's social care services. The use of the CAF was brought up by a number of referring professionals and there were indications that perceptions of the time and responsibilities involved in acting as lead professional was an obstacle to implementation here.

Young people seeking help

As noted above, professionals recognised the increased competence of young people as they grew older and this contributed to a perception that young people would be more likely than younger children to be able to seek help if they were experiencing maltreatment.

The interviews with young people, however, suggested that young people were more likely to approach friends than professional agencies for help and this is consistent with other recent UK research (e.g. on help-seeking by young runaways). This study has also identified barriers to young people successfully seeking help, which are also consistent with previous similar research.

First, some young people did not have sufficient information or knowledge about agencies in their local area. They often lacked an understanding of the roles of different professionals and did not therefore know who to approach or how to access support.

Second, young people were concerned about the consequences of making a disclosure of maltreatment, both for themselves and their families. Some young people believed that they would automatically be taken into local authority care if they disclosed maltreatment. Others were worried about how the repercussions of the disclosure would affect family members including the perpetrator but also, for example, siblings

These factors, combined with the importance of feeling able to trust, were a key obstacle to making a disclosure to an unfamiliar professional including

self-referral directly to children's social care. Perhaps for this reason, in the interview sample, it seemed that if young people did disclose to a professional it was most likely to be a teacher with whom they already had a relationship. Young people's experiences of professional responses to their disclosures were mixed. Some felt listened to and taken seriously, whilst others did not. Young people were more likely initially to talk to a friend or family member.

The above findings carry important messages for information provision about services and for professional practice, if the potential for young people to be able to seek help when they are being maltreated is to be more fully realised.

In addition, for many of the young people who had ongoing involvement with children's social care services, disclosure of events was a process rather than a one-off event. But ability for young people to disclose intimate details was undermined by frequent changes in social worker and inconsistent and unreliable contact.

Processing and initial response to referrals

Turning to responses to referrals by children's social care services departments, there was evidence in the survey of strong links between assessments of risk and likely immediate actions. Scenarios that were assessed as presenting more immediate risk and/or as likely to lead to more negative long-term outcomes were much more likely to be viewed as leading to an immediate strategy discussion and to a Section 47 enquiry. This was not an entirely uniform picture, however, and our findings suggest that in cases of emotional abuse and of neglect there tended to be a weaker link between risk assessment and actions which may lead to a lower level of response.

The survey provided tentative[17] evidence of age-related factors in children's social care services staff's assessment and responses. This evidence is backed up by the material from the practice study. Some of the social work staff interviewed for the study discussed differential responses to referrals dependent on the age of the child or young person. This seemed partly related to the issues of perceived competence and resilience as discussed for referring agencies earlier. In addition, it was clear that resource issues were a major factor in decision-making about initial response and that this could lead to cases involved older young people having a lower priority and/or a slower response time. Finally, young people, in comparison with children, were seen as more difficult to engage with and a greater challenge to work with.

Viewing the initial processing of referrals from other perspectives, the young people interviewed for the study had sometimes felt ill-informed about this process and/or that they had not been listened to. In addition some had felt that they had not been given enough choice in how things proceeded.

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[17] Unfortunately our achieved sample size does not permit a more definitive conclusion.

Ongoing responses

A key issue of concern for children's social care services staff was how to formulate the most effective response to referrals of older young people who may be experiencing maltreatment. There was a fairly common view that the child protection process was often not the best way of responding to these young people. There were a number of reasons for this. First, the process was seen as being aimed at younger children who were being hurt by someone within the family, and as being less relevant in circumstances where young people were 'putting themselves at risk' or were maltreated by someone outside the family. Second, some professionals felt that it was difficult to engage young people effectively in the process – citing, for example, difficulties in involving young people in child protection conferences. Third, there was also an issue about whether child protection plans were workable with families of young people where the parent(s) may not be so committed to keeping young people in the family home – and, in some cases, were in fact actively seeking their removal.

Hence, many of the children's social care services staff contributing to the study felt that alternative responses to cases of maltreatment of older young people would be more effective. One option was to deal with the case through the 'child in need' route. This was seen as creating greater potential for recognising the young person's agency and involving the young person and the family. A second option was to pursue multi-agency approaches including use of the Common Assessment Framework, other forms of multi-agency risk assessment or a 'Team Around the Child'.

Our analysis of statistics from participating local authorities confirms the above findings. Generally, across all the areas sampled, as young people get older, a referral is less likely to receive child protection and related responses. This included lower rates of initial assessment, core assessment, Section 47 enquiries and instigation of child protection plans. This pattern may be partly attributable to the different nature of referrals of the older age groups (i.e. potentially a lower rate of 'child protection' referrals) although this comes down very much to a matter of definitions. It may also be partly to do with children's social care services departments seeking alternative ways of responding to the needs of maltreated young people. Unfortunately, it was not possible with the statistics gathered, to explore whether older young people were correspondingly more likely to receive a 'child in need' response.

Our interviews with practitioners and senior managers in children's social care services departments highlighted a considerable amount of commitment to finding solutions that were seen as more effective than the child protection route for older young people. On the other hand, national statistics suggest that there is considerable diversity in responses to the same issue across local authorities – with, for example, substantial variations in the rates of young people being subject to a child protection plan in different geographical areas.

Broader issues

Our review of recent relevant Government policy in England has highlighted some of the ways in which safeguarding policy and guidance, and the wider policy framework relating to young people, have taken into account the distinctive issues faced by older young people who may be experiencing maltreatment.

The surveys and interviews with practitioners, policy makers and others has highlighted a number of key broader issues which form an important backdrop to the practice-based issues highlighted in the study

A key over-arching issue relates to resources and capacity, both within children's social care services departments and also within key referring agencies. This study has thrown light on some of the difficult decisions which professionals face in attempting to prioritise their work to balance out the diverse issues and needs faced by children and young people at different ages. The overall level of resources appears to be the central issue, but the research also raises questions about how scarce resources are distributed across the age range. Our research suggests, in particular, a lack of services for young people over 14 which may deter professionals from making referrals.

A second key broad area which generated much discussion related to training and professional awareness of the issues. There are indications of positive developments here. Professionals highlighted the importance of ongoing training and guidance. The study has also highlighted key differences between professionals' perceptions of risk related to the age of children and young people and the research evidence on this issue.

Third, the study has highlighted issues of cross-disciplinary working which have been recurring themes in child protection research in the UK over the last two decades. Again, there are signs of positive progress here but the research has also suggested areas where professional collaboration could still be strengthened, and an important role for Local Safeguarding Children Boards in continuing to facilitate this.

A fourth area relates to transitions of young people across services. The study has highlighted some areas where there may be gaps in the network of service provision for older young people.

Finally, and related to the above point, the research has highlighted areas where professionals do not feel clear about the legal position of young people, particularly 16- and 17-year-olds. There appear to be a number of grey areas here in terms of these young people's status as children and as adults.

Key messages

Young people

- Young people often turn to their friends as the first source of advice and support when they are experiencing abuse. A young person's guide on 'what to do if a friend is being abused' needs to be developed to support young people in advising their friends and provide information about how young people can access help.

- Most of the young people we spoke to were confused about what had happened to them at different stages of the safeguarding process and why and what different professionals' roles are. Simple and clear information about the safeguarding process needs to be made available to young people who come into contact with children's social care services.

- Peers and schools are an important source of support to young people. Models such as safeguarding forums in schools, or the use of safeguarding mentors in secondary schools may help young people to identify who to speak to and support them to disclose abuse. These could work alongside the child protection leads in schools and feed their views into Local Safeguarding Children Boards.

- Young people who have been maltreated need a consistent professional with whom they can build a relationship with and contact when they need to. This requires children's social care services and others to consider the most effective way of providing this.

- A system of young people's advocates should be considered.

- Young people and their families need to be more actively involved in the child protection process and young people need to have more control over the process and information sharing. New ways of working with young people, families and the wider network around the young person may need to be developed to allow this.

Practitioners and practice managers

- There appears to be a common professional view that the effects of maltreatment are less severe for older young people than for younger children. This view is not, however, well supported by the limited research evidence that exists on this topic. It is important that the evidence on this issue is more effectively disseminated to practitioners and commissioners and its implications for training, practice and service provision fully considered.

- Referral routes are a key issue in relation to older young people accessing protective services. All agencies working with young people should consider the most effective means of facilitating self-referral by young people, and also of publicising services to the general population of young people and adults.

Senior managers and policy makers

- This research has highlighted considerable diversity of approaches to the issue of young people experiencing maltreatment across different local areas. This appears to be linked to a perception that the current child protection system is not well suited to meeting the needs of older young people. Policy makers should consider a review of current alternative approaches to determine what works best for young people and attempt to bring more consistency to service provision.

- Current statistical collation and reporting on child protection cases does not facilitate a full exploration of age-related issues. More detailed age breakdowns would be helpful.

- The research suggests that there needs to be more service provision for young people, particularly in the 14 to 17 age group, that can engage young people and meet their needs.

Researchers

- More research needs to be done that follows young people through different routes of the safeguarding system in order to establish what works for young people. This would follow some young people through child protection, and explore the use of the Common Assessment Framework, the Child in Need process and Team Around the Child to establish the appropriateness of these processes for the older age group. A useful output from this would be a best practice guide on working with 11-17 year olds.

- Age and development related issues are still relatively under-explored in child maltreatment research, especially in the UK. In particular, there is a lack of UK research which seeks to understand the different contexts and outcomes of maltreatment of children and young people at different ages and stages of development.

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Appendix: Methodology

The appendix to this report providing further details on research methodology can be downloaded from the web address listed at the front of this report.