Crumbling Futures

Why vulnerable 16 and 17 year olds need more support as they move into adulthood

March 2018

The Children's Society

No child should feel alone

SERIOUSLY AWKWARD

Foreword

Our Seriously Awkward campaign fights to improve life for vulnerable 16 and 17 year olds. In this, its third in-depth study, we examine for the first time how vulnerable 16 and 17 year olds fare as they move into adulthood.

Preparing to juggle adult responsibilities – such as housing, budgeting and employment - can be challenging for any teenager. We know from our own services that vulnerable 16 and 17 year olds with difficulties across many areas of their lives need extra help at this age. The full scale and hard truths of these challenges are now laid bare in our latest research.

There are currently nearly 60,000 vulnerable 16 and 17 year olds in need to whom local authorities have a duty to provide extra help. But young people tell us the help provided at 16 and 17 is woefully inadequate and at 18 it can evaporate overnight, leaving them with nowhere to turn. We can't set vulnerable young people up to fail, then expect them to thrive as adults.

As local authorities struggle to meet demand with reducing funding, our research highlights compelling reasons to be alarmed. We can't wait while children fall between the cracks of childhood and adulthood. Vulnerable 16 and 17 year olds need more support now and that support must continue as they transition into adult life.

Our findings provide important evidence to those responsible for reviewing, resourcing and defining the future of children's services. Today the future for too many young people in the UK looks bleak, and that in turn is detrimental to our whole society.

This report is a call for us to work together to make sure that our most vulnerable young people receive the long-term help they need now, and flourish in adulthood.

Matthew Reed
Chief Executive,
The Children's Society

Acknowledgements

This report is part of The Children's Society's programme of research focussed on 16 and 17 year olds who are in need of support because of multiple issues they may be experiencing in their lives. We are grateful to the steering group for this research programme, and for generously sharing their time and expertise to shape and inform how this research is taken forward.

Steering group:

Krutika Pau – former Director of Children and Young People Directorate at The Children's Society
Professor Simon Hackett – Durham University
Andrew Webb – Director of Children's Services at Stockport Council
Robin Cartwright – Director, Social Finance
Nasima Patel – Local Government Association
Joanna Lindley – Department for Education
Professor Paul Bywaters – Coventry University
Philip Simpkins – Society Of Local Authority Chief Executives
Professor Sir Al Aynsley-Green

Our special thanks go to the seven young people whose stories and experiences so powerfully explain why the support currently provided to 16 and 17 year olds needs to improve. We are grateful for the time they took to share their stories with us, and for their permission to use their insights in our research. But most of all we are inspired by these young people's desire to help make lives of other 16 and 17 year old children in need better.

This report was made possible by The Children's Society staff in services, policy and research, campaigns and marketing, and communication services who provided insight into issues in practice, commented on early drafts, and helped with data gathering and development of key messages and recommendations.

This report has been written by
Iryna Pona and Dr Alexandra Turner

Contents

Executive summary 6
Introduction 6
Key findings 10
Recommendations and next steps 12
Methodology – How was the evidence gathered for this report? 14

Chapter 1. Introduction 18
The case for more support for vulnerable 16 and 17 year olds 19
Support for vulnerable 16 and 17 year olds from children's services 23
Support available outside children's services 32
Support for vulnerable adolescents moving into adulthood 36

Chapter 2. The scale of need for 16 and 17 year olds and the framework for response 38
Our findings on the level of need of the 16 and 17 year old population based on Understanding Society 39
Our findings on the level of referrals to children's services and responses 16 and 17 year olds receive 40
Conclusion 46

Chapter 3. The issues that 16 and 17 year olds need help with 58
Children in need aged 16–17 year olds by source of referral 59
Children in need aged 16–17 by factors identified in assessments 61
Conclusion 66

Chapter 4. Making the transition into early adulthood 68
Findings from Understanding Society into how vulnerability continues into adulthood 69
Vulnerability of children in need in early adulthood 70
Transition policies for children in need 90
Conclusion 93

Chapter 5. Conclusions and recommendations 94

Appendix 1 Technical note 99

Executive summary

Introduction

It's known as an awkward age, but for a generation of vulnerable teenagers the challenges they face are seriously awkward – they are falling between the cracks of childhood and adulthood. Vulnerable 16 and 17 year olds are the worst affected. They are being let down by the law and are not getting the same protections as younger children to keep them safe, healthy and happy. In June 2015, The Children's Society launched its Seriously Awkward campaign to tackle this.[1]

Our original report highlighted that 16 and 17 year olds who experience risk and vulnerabilities can fall between the cracks of childhood and adulthood. This is often due to the lack of support available to children of this age, combined with a mistaken belief that they are more resilient and able to resolve issues on their own.

Sixteen and 17 can be both exciting and anxious ages. On the cusp of adulthood, young people are making choices about what they want to do with their lives. All children need some kind of support to help and advise them with the choices they face. But for children who do not have anyone to turn to and have serious difficulties, decisions about where to live, how to cope with problems and manage relationships, this age can be more anxious than exciting.

Our new analysis of the Understanding Society data* shows that 1 in 5 of 16 and 17 year olds experience five or more factors in their lives that may contribute to vulnerability. This would equate to 240,000 16 and 17 year olds in England. The true scale of how many children require help as they move into adulthood is not known. However, our research has found that around 1 in 16 young people aged 16 and 17 are experiencing complex issues in their lives which require them to be referred to local authorities for help.

In this new report, alongside exploring the level of vulnerability in the 16 and 17 year old population, we specifically focus on 16 and 17 year olds referred to children's services and assessed as being a child in need or who become subject to child protection plan. We are concerned that due to the limited support this group receives, the difficulties they experience in their lives, limited support they receive as children in need, and the lack of statutory support once they turn 18, their struggles continues as they move into adult life.

Issues that young people referred to children's services as 16 and 17 year olds experience include domestic violence, mental ill health, drug or alcohol abuse and a risk of child sexual exploitation (CSE) and often a combination of these issues.

In just over 50% of cases of 16 and 17 year olds referred to children's services for support, these issues are deemed serious enough by local authorities and young people are assessed as 'children in need', recognising that without support from services the child's health and development may be compromised.[2]

Our research also confirmed what we often see in our direct work: that for many of these children it is not their first encounter with local services. One in three 16 and 17 year olds referred to children's services last year had been referred within the previous two years, suggesting that the problems in their lives persist at least from when they were 14 and 15.

Unfortunately, for many of these children the issues they struggle with are not going to improve or get resolved once they reach adulthood. Currently, there is very little research and understanding of the needs or outcomes experienced by 'children in need' as they become adults. The very limited data shared with us by local authorities for this research suggests that these young people are more likely to have poor educational attainments at the age of 17, more likely to be NEET (not in education, employment or training), claim benefits and

* Understanding Society is an innovative, internationally important longitudinal study following the lives of people living in the UK. It covers all ages, allowing to understand the experiences of the whole population over time. The study has continuous data collection and people are interviewed every year.

experience homelessness than their peers who have not been known to children's services.

Our analysis of the Understanding Society data suggests that for young people experiencing a high number of risks and vulnerabilities as 16 and 17 year olds, these risks and vulnerabilities are likely to remain, or in some cases intensify, as young people become young adults. While any child can experience a number of risks and vulnerabilities during their transition to adulthood, young people with the highest number of risk factors and vulnerabilities are less likely to report that they have resolved them as they reach adulthood.

240,000 **young people aged 16 or 17 experience 5 or more vulnerabilities**

The level of need these young people experience as they move into adulthood may actually be more akin to that experienced by children who were in the care of local authorities. Legislation rightly recognises that care leavers require extra support as they transition into adulthood (from 16–17 to post 18).[3] However, there is no provision for extra support for young adults who were on the edges of the care system at the end of their 'childhood'.

The Government's recently announced review of provision for children in need is a welcome and much needed step. Our research provides evidence that this review should be broader, including looking at transition to adulthood for these children as one of the areas that requires urgent review and attention.

It is also crucial that the review looks at how this support can be paid for in the context of dwindling financial resources given to local authorities.[4] Councils are increasingly struggling to provide help to all but the most serious cases where a child is at risk of harm.[5] Our research shows that for older adolescents there is also a need to understand and provide support where there are a number of risks and vulnerabilities, as these are likely to persist into adulthood and are more likely to escalate, affecting individual lives and society overall. Our research has aimed to build evidence about the level of need and risks that children aged 16 and 17 experience, and the impact they have on their lives in early

adulthood. This report sheds new light on the prevalence and nature of vulnerability for 16 and 17 year olds, building a picture of the needs of vulnerable young people around risks, resilience and mental health, relationships and resources.

It highlights how current practice is falling short for children identified as 'in need' and how this may be contributing to poorer outcomes in early adulthood. It also makes recommendations about what can be done to improve the response to vulnerable 16 and 17 year olds, focussing on better assessment and more holistic and longer-term support stretching into early adulthood.

The report is based on analysis of responses to two Freedom of Information requests to local authorities focussed on data collected through the children in need census 2016–17 that is specific to 16 and 17 year olds and focussed on outcomes for children in need, including into their early adulthood when they are 18 to 20 year olds. In addition, we have undertaken an analysis of data from three waves of the Understanding Society survey – Wave 2, Wave 4 and Wave 6 – tracing the presence of risk factors and vulnerabilities in the lives of around 800 children, starting when they were 14 or 15 years old to when they reached early adulthood as 19 and 20 year olds.

1 in 3 children aged 16 or 17 referred to children's services in 2016/17 were re-referrals

Key findings

From our analysis of children in need data collected by local authorities and our analysis of data collected through the Understanding Society study, some common themes emerge:

- The mental health needs of children and young people appear to be one of the main issues affecting older adolescents as they progress into adulthood.
- For the most vulnerable young people, the risks and vulnerabilities they face are present in their lives through their adolescence and remain present in early adulthood.
- The most vulnerable 16 and 17 year olds who progress to become vulnerable young adults are usually experiencing multiple risks and vulnerabilities in different aspects of their lives.

Vulnerabilities of 16 and 17 year olds

- Our Understanding Society analysis found that overall 77% of young people aged 16 and 17 experienced one or more vulnerabilities. While the majority of the young people experienced low levels (between one and four vulnerabilities), around 38,000 16 and 17 year olds in England are experiencing 9 or more vulnerabilities (3% of 16 and 17 population) and a further 240,000 experience 5 or more vulnerabilities (16% of 16 and 17 population).[6]
- Sixteen and 17 year olds are just as likely to be referred to children's services as younger children. This suggests that the level of need in this age group does not reduce as they approach adulthood. Despite a similar referral rate, a smaller proportion of 17 year olds referred to services are assessed as children in need compared to younger children. Overall, 1 in 16 of 16 and 17 year olds in England are referred to children's services for help.
- 1 in 3 children aged 16 or 17 referred to children's services in 2016/17 were re-referrals either within 12 or 24 months, suggesting that a significant proportion had been known to children's services before they turned 16 and/or that the need for support remains.
- The highest number of referrals of 16 and 17 year olds comes from the police (around 1 in 3 of all referrals). This is higher than for children aged 0 to 15 (1 in 4 for children 0 to 15). The second highest source of referral is education for both age groups, although referrals for 16 and 17 year olds from education providers are lower in number than for children 0 to 15. These statistics probably highlight that some of the most vulnerable 16 and 17 year olds may not be in education, employment and training, and potentially falling through the cracks between services.

- The issues 16 and 17 year olds face are complex. As well as facing issues at home such as emotional abuse and neglect, 16 and 17 year olds are more likely than younger children to experience vulnerabilities associated with the young person themselves, such as:
  - Mental health problems
  - Drug use
  - Going missing from home
  - Sexual or other forms of exploitation
  - Domestic violence

Transition to adulthood

- When looking at the impact of vulnerabilities at aged 16 and 17 on whether the young person was not in education, employment or training at 18 and 19, the vulnerabilities which increased the likelihood of being NEET were: poor health, low satisfaction with life, being in household poverty, feeling useless and having caring responsibilities.
- Low satisfaction with life at aged 16 and 17 had the greatest association with increased vulnerability in the long term, which increased the likelihood of experiencing 13 other vulnerabilities at 18 and 19 years old. Other factors which increased the likelihood of vulnerability at this age were being in poor health aged 16 and 17, and not feeling supported by your family in most or all things.
- Very limited data was supplied by local authorities on the outcomes for children in need at the age of 16–17 or 18–20, as this is not a statutory requirement to collect. The data available indicates lower educational attainments than the general population, a greater risk of being NEET at the age of 16–17 and a higher risk of homelessness at the age of 18–20.

Access to support

- There is very little evidence of young people who are children in need receiving support during the transition to adulthood, with the exception of children with disabilities and young carers and care leaver. Responses from local authorities indicated these are the three groups of children, where the law stipulates that transition assessments or transition support should be provided.
- Only two percent of closed cases of children in need aged 16, and 1 percent of closed cases of children in need aged 17, get transferred to adult services.

1 in 16 young people aged 16 or 17 in England are referred to children's services for help.

Recommendations and next steps

Our report shows that children who are identified to be 'in need' also require support, yet their needs as they move into adult life are often not acknowledged and opportunities are missed to provide timely help that can make a real difference.

Recent changes to legislation which acknowledged that vulnerable groups of adolescents – such as children in care, young carers and disabled young people – require support as they move into adult life have been welcome and needed. Without a doubt, there is still a long way to go to ensure that these children can benefit from support they are entitled to and more improvements to how they are supported can be made.

For some young people in need, this help may be about strengthening the family and support networks around a child. For others it will be about building the skills needed for independent life or ensuring that they have the resources needed to meet their physical need and help them access education or training. It can't stop as children in need turn 18 – as their needs are likely to persist into adulthood.

We believe that changes in responses to children in need aged 16 and 17 and those young adults who were known to children's services are urgently needed. Turning 18 should not be a cliff edge to accessing services. Children should not be cut off from support where they are still in need of statutory intervention to thrive and flourish in adulthood. We recommend that:

1. **The Government must use the children in need review to propose changes for how 16 and 17 year olds who are children in need are supported into adulthood, to ensure that they are able to reach their full potential.** This must address their education, health, housing, and employment needs as well as addressing safeguarding issues. Where they identify gaps in the evidence base, the review should set out an approach to delivering the additional research and analysis needed.

2. **Children aged 16 and 17 years old who are referred to children's services should not be dismissed without an assessment of their needs,** as even where they are not at immediate risk of harm they are likely to experience a number of disadvantages that will persist into adulthood. Local authorities should provide a holistic assessment of needs for this age, which should include a focus on risks, mental health needs, relationship with families and risk of poverty.

3. **Transition planning should be made a statutory requirement in every child in need and child protection plan for children aged 16 and 17.** Child in need and child protection plans for children aged 16 and 17 should last until they are 18. Young people should be given clear information and coordinated support to resolve the issues identified.

4. **The Government should allocate adequate additional resources to local authorities** in order to allow them to meet their duty, under the Section 17 of the Children Act 1989, to support children in need in their area and to support their transition of children in need into adulthood.

5. Local authorities should design and plan services around transition, and should consider the extension of key services – for example mental health services, homelessness support, support with access to education, employment and training – up to the ages of 25. This should be done in partnership with the voluntary sector and central government, based on learning from examples of what works in practice both in England and Wales, and internationally.

This report makes a number of other recommendations in its concluding chapter.

The Children's Society will be continuing its focus on finding solutions for transition to adulthood for vulnerable adolescents. Following this report we will be undertaking a qualitative piece of research involving adolescents aged 16 and 17 and young adults who were known to children's services, to establish what support makes the difference. We would welcome working in partnership with local authorities to test and develop new solutions that can have a lasting and positive impact on the lives of vulnerable young people.

Methodology

How was the evidence gathered for this report?

Literature review

Covering the following subjects: children in need, children on child protection plans, 16 and 17 year olds in need of support, outcomes for children in need, outcomes for children known to children's services.

Data gathering through Freedom of Information (FOI) requests

In August 2017 two Freedom of Information requests were sent to all upper tier local authorities in England and Wales focussing on: (a) data collected through the children in need census 2016–17 that is specific to 16 and 17 year olds; and (b) outcomes for children in need, including into their early adulthood when they are 18–20 years old.

The purpose of these FOIs was firstly to build the picture of the issues young people known to social services experience at the age of 16 and 17, and secondly to understand the outcomes into early adulthood for young people who have been known to social services as 16 and 17 year olds.

Eighty nine local authorities in England responded to FOI number 1 (60% response rate for England) – of these 28 provided responses to all of the questions asked. The remaining local authorities provided responses to some or most of the questions asked.

Eighty seven local authorities in England responded to FOI 2 (57% response rate). None of the local authorities were able to provide answers to all of the questions. As there is no requirement on local authorities to collect the data on outcomes for children in need, the majority of local authorities responded that information is either not held or not easily retrievable.

Information is included in the report on the number of responses the analysis is based on. Where analysis uses data from different questions, care has been taken to ensure that qualifying responses are from the same local authorities.

We also received responses from a number of local authorities in Wales. These will be analysed in a separate Welsh briefing.

Interviews with seven young people

To understand the issues faced by young people who are known to services as 16 and 17 year olds, we undertook interviews with seven young people aged 16 to 19. One young person was recruited through another voluntary sector organisation and six young people were either supported or known to The Children's Society's services in different parts of the country. The young people interviewed (and whose quotes are used in this report) have had experience of children's social care and/or receiving benefits.

Understanding Society

To establish which issues are present in the lives of young people who experienced disadvantages, we used data from the longitudinal Understanding Society household survey. The analysis of this data was used to understand what proportion of children aged 16 and 17 are experiencing vulnerabilities and risks in their lives. It also looks at how many of those children experienced these issues when they were 14 and 15 years old, and how many continued to experience them as they progressed into adulthood at the age of 19 and 20.

We used three waves of the Understanding Society survey: Wave 2 (2010/11), Wave 4 (2012/13) and Wave 6 (2014/15), following one group of young people throughout six years of their lives from the age of 14–15 through to age 19–20. We also looked at the most recent group of 16 and 17 year olds in Wave 6 to see if they are experiencing the same issues.

From the survey, 21 issues facing young people were selected and grouped into four thematic areas: poverty and material deprivation, physical and mental health, familial and social support, and risk-taking behaviours. A technical note in Appendix provides the full list of factors analysed and methodological notes on statistical and longitudinal analysis.

Glossary

A child in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

A child in need plan

Where the local authority children's social care unit decides to provide services, a multi-agency child in need plan should be developed which sets out which agencies will provide which services to the child and family. The plan should set clear measurable outcomes for the child and expectations for the parents. The plan should reflect the positive aspects of the family situation as well as the weaknesses.

A child on a child protection plan

When a local authority identifies following an assessment that a child is at risk of significant harm, they have a responsibility to put together a child protection plan for the child. The aim of the child protection plan is to: ensure the child is safe from harm and prevent him or her from suffering further harm; promote the child's health and development; and support the family and wider family members to safeguard and promote the welfare of their child (provided it is in the best interests of the child).

Care leaver

A young person who left the care of a local authority at the age of 16, 17, 18 and who was looked after for a total period of 13 weeks after reaching the age of 14, including at least one day while they were 16 or 17.

Looked after child

A child placed in the care of a local authority by a court order or accommodated by a local authority under Section 20 of the Children Act 1989. This category also includes young people detained in a remand centre or other custodial institution, or in a hospital.

Older adolescents

Our Seriously Awkward campaign highlights that young people do not become vulnerable on their 16th birthday and that their vulnerabilities do not disappear when they turn 18. In this report we use 'older adolescents' to describe a wider group of young people aged 14 or 19. Where data specifically refers to particular groups this is specified.

Pathway plan

The 1989 Act requires that local authorities must prepare pathway plans for 16 and 17 year olds who are still looked after by local authorities, and continue for those children who left care. Each young person's pathway plan will be based on and include their care plan and will set out the actions that must be taken by the responsible authority, the young person, their parents, their carers and the full range of agencies. This is so that each young person is provided with the services they need to enable them to achieve their aspirations and make a successful transition to adulthood, addressing issues of education and employment, financial independence, housing etc. This plan must remain a 'live document', setting out the different services and how they will be provided to respond to the full range of the young person's needs.

Risks and vulnerabilities

In this report when we talk about 'risks and vulnerabilities' we refer to factors in a young person's life that can contribute to young person not being safe, healthy, and/or not achieving their full potential.

Section 47 investigation

Local authorities – with the help of other organisations as appropriate – also have a duty to make enquiries under Section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Vulnerable 16 and 17 year olds

For the purposes of our Seriously Awkward campaign we define a vulnerable 16 and 17 year old as someone who is unable to keep themselves safe and is at risk of harm, or who is at risk of not reaching their full potential and achieving positive outcomes.

Chapter 1.

‘I wasn’t the easiest child…I had a lot of issues going on in myself that I was battling. I had so many internal issues. And so many unexplained feelings that I turned to drugs and risk-taking behaviour.’

Young person, aged 17

Older adolescents are more likely to experience a range of needs. Yet routinely we hear of services stepping away despite the high level of risk the 16 or 17 year old face, because they may be more challenging to engage.

Sixteen and 17 year olds depend on a range of agencies to support them including: children’s services, housing, job centres and adolescent mental health services. For many vulnerable 16 and 17 years old receiving support as a child in need, this is their last opportunity to have the issues addressed that may prevent them achieving their full potential in adulthood.

The case for more support for vulnerable 16 and 17 year olds

Being 16 or 17 are awkward ages. Whilst it is recognised by the United Nations Convention on the Rights of the Child and the Children Act 1989 that a child is anyone under the age of 18, 16 and 17 year olds are not always seen and treated the same way as younger children.

We know from our research and frontline practice work that many 16 and 17 year olds often have very complex needs, yet struggle to access support from services. They may be seen by professionals as more resilient and able to cope on their own than younger children,[8] or as 'making their own choices' due to their increased capacity to make independent decisions. In other cases the legislation and guidance allows for different responses to this age group.[9]

Our previous research showed that the growing independence of older teenagers and their ability to make decisions about their lives, combined with reduced protections in the law, make these children even more vulnerable as they approach adulthood.[10] Older teenagers increasingly are more at risk of homelessness,[11] lower well-being and sexual and criminal exploitation.[12]

Recent changes to legislation requiring all children to stay in education and training up to the age of 18 and reducing their ability to draw benefits has contributed to making 16 and 17 year olds more reliant on their families for financial support. Over 90% of young people aged 16, 17 and 18 continue living at home with their parents.[13] For children who come from families experiencing conflict, domestic violence or substance misuse this also may heighten the risks they face at home, resulting in 16 and 17 year olds having to leave home early or even feeling 'forced out' of home and struggling to survive on their own.

'It was a lot of time around my mum, and with me being quite an anxious person we argued a lot. So it was too much time around each other, and bickering all the time and I think it just came to a point where neither of us could handle it. And then I started staying at my friend's house about four or five days and my mum just said that I don't think it's a good idea for you to come home anymore.'

Young person, aged 19

'I was just staying between different friends' houses. I'll be honest with you: I'm still doing that now. I don't have a home.'

Young person, aged 18

'I have been living in hostels for about two and a half years now since I got kicked out before my 16th birthday.'

Young person, age 19

Increased risks

Sixteen and 17 are also ages of increased risks outside families, with an abundance of new social contacts and experiences. At this age, young people often begin to form their first romantic relationships and explore new educational and professional pathways, taking them further away from home. New and expanding social networks and reduced parental supervision mean that any young person can find themselves exposed to new pressures and struggling emotionally to deal with situations.

The most vulnerable older adolescents – those whose mental health and well-being have been affected by earlier experiences of abuse and neglect at home – may find it particularly difficult to adjust to new situations, deal with emotions and find solutions. There is a higher risk of the most vulnerable adolescents turning to drugs and alcohol or becoming vulnerable to abuse from people outside their families, or even becoming repeat victims of abuse and exploitation.[14]

The true scale of vulnerability among adolescents aged 16 and 17 is not known. However, where national statistics are available it suggests that older adolescents are overrepresented in statistics about risks experienced by children.

Box A: Exposure to risks

Missing children. Children aged 15–17 are the largest group of children reported as missing to the police. In 2015–16 just under two thirds (63% or 72,099) of children reported missing were 15–17 year olds, 57% of whom (40,874) were girls.[15]

Criminal exploitation. The National Crime Agency report on county lines shows that the majority of children being recruited by county lines networks for drug trafficking are 15–17 years old and male.[16]

Sexual offences. Office for National Statistics (ONS) research showed that children are overrepresented in sexual offences. Rape victims were most likely to be aged 15 to 19 and account for nearly a quarter (23%) of all rape offences recorded by the police, even though only six per cent of the population are this age.[17] Our research on sexual offences reported to the police showed that from 1 October 2015 to 31 September 2016 around 8,000 sexual offences were recorded with a victim's age of 16 or 17.[18]

Mental ill-health

Yet, the response that 16 and 17 year olds receive is often not informed by: an understanding of the problems they face, the ever expanding understanding of the brain's development and the impact that childhood and adolescent experiences have on outcomes in adulthood.

For example, research into brain development suggests that the young person's cognitive and emotional responses to situations continue maturing and developing all the way to their early 20s and are different from those of an adult.[23] Statistics confirm that older adolescents are more likely to experience a range of mental health needs, yet routinely we hear of services stepping away despite the high level of risk the 16 or 17 year old faces, because they may be more challenging to engage. An Ofsted evaluation of Serious Case Reviews found that agencies too often see older teenagers as challenging, rebellious and hard to reach, and treat them as adults because of confusion about

the young person's legal status or a lack of age-appropriate facilities.[24]

Similarly, while the research persistently highlights the link between adverse childhood experiences and adverse behavioral, health and social outcomes across the life course,[25] it does not translate into better transition support for vulnerable children as they move into adulthood.

Lack of resources

Older adolescents, particularly those who experience poor relationships with their families, may also be greatly affected by poverty. Sixteen and 17 year olds are often in need of additional resources, compared to children under the age of 16 in school and living with families. They may be traveling greater distances to colleges, for apprenticeships and in-work training. They may be starting new relationships and socialising more outside of their usual local networks, and in some cases they may be moving away from home and living independently.

Box B: Mental health and well-being

We know from our well-being research programme that children's life satisfaction decreases with age, with older teenagers, from 14–15 reporting lower scores on average and a larger proportion reporting to have low well-being.

Sixteen and 17 year old females are most likely to have had an open referral with mental health and learning disabilities services out of all young people, according to figures in the Mental Health Bulletin 2016–17.[19]

One in four 16 to 24 year old women (25.7%) reported having self-harmed at some point; about twice the rate for men in this age group (9.7%) and women aged 25 to 34 (13.2%). The gap between young men and young women has grown over time. Among women aged 16 to 24 years in 2000, 1 in 15 reported having ever self-harmed (6.5%), this increased to 1 in 9 in 2007 (11.7%) and to 1 in 5 in 2014 (19.7%).[20]

Drugs and alcohol:
Almost two-thirds (64%) of 17 year old boys and almost half (48%) of 17 year old girls drink on a weekly basis.[21] Alcohol consumption at this age is higher than among younger children.

In 2016–17 16,436 children under the age of 18 received help from specialist substance misuse treatment services. Half of them were children aged 16 and over.[22]

Where children have good relationships with their families, provided that these families are not affected by poverty themselves, their additional financial needs are more likely to be covered through family resources. Children who do not have a family to support them are more likely to struggle financially.

'I worry about money all the time. Money makes the world go around. I know money isn't exactly happiness but it makes everything a lot easier.'

From interview with young person age 17

Box C: Access to Resources

Poverty
In families where the oldest child is aged 16–19, 29% of children are living in poverty (equating to around 230,000 children). This compares to the overall average child poverty rate of 30%. After families with the youngest children, those with 16 to 19 year old dependents have the next highest risk of being in poverty. Twenty nine percent of children in families with the youngest child aged 16 to 19 are in poverty, compared to 35% of children in families with the youngest child aged 0 to 4. For families with the youngest child age 5 to 10 the rate is 24%, and for families with a youngest child aged 11 to 15 it is 27%.[26]

More than 10,000 children aged 16 and 17 are claiming benefits: Universal Credit (not in employment) 1,034; Jobseeker's Allowance (530); Income Support (5,230); Employment and Support Allowance (3,419).[27]

Homelessness
We estimated that 12,000 young people aged 16 and 17 approach local authorities every year because they are at risk of homelessness. Half of them will be sent away without a proper assessment of their needs.[28]

'Parents can't afford to keep the young people in. Like, do you know what I mean? Obviously I left college so my [parent] wasn't getting child tax credit for me? So therefore how is [parent] meant to feed me if [parent] is not getting money to feed me? The money [parent] was getting for my [sibling] and the money [parent] was getting from work was to pay the rent and then obviously feed me and my [sibling].'

From interview with young person age 18

'To be honest, I have been in hostels for two and a half years. I am used to going without eating and what not, so it doesn't faze me anymore. That's how bad it's got, it doesn't even faze me anymore.'

Young person, age 19

From our direct work with 16 and 17 year olds who are in need we know that for many of them it is the combination of risks, mental health needs and inadequate resources that makes them particularly vulnerable.

Support for vulnerable 16 and 17 year olds from children's services

It can be argued that all children, including those aged 16 and 17, who struggle with issues in their lives – whether it is experiencing risks, unmet mental health needs or lack of resources – are children in need of support.

In many cases that additional support comes from their families and close social networks. But for children whose needs are greater than their families can help them with or those who do not have a reliable and supportive family network there is an expectation that the help will be provided by the local authority where they live.

The law places a duty on local authorities 'to safeguard and promote the welfare of children within their area who are in need by providing a range and level of services appropriate to those children's needs'. The law recognises that the child is 'in need' if he or she is not likely to achieve and maintain – or even have the opportunity of achieving and maintaining – a reasonable standard of health or development unless services are provided by the child's local authority.[29] All children under the age of 18 are covered by this duty.

On 31 March 2017 there were 316,760 young people recorded as `children in need' who were not looked after, 57,570 of whom were 16 or 17.

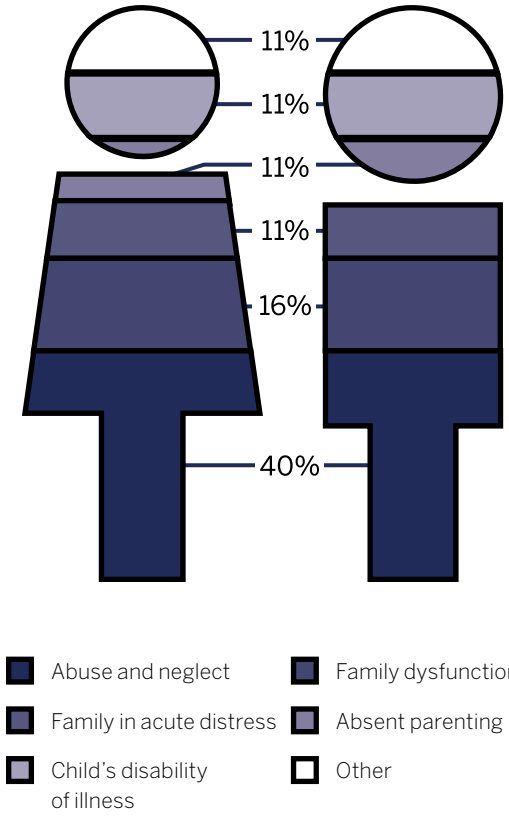
'Children in need' is a very broad term that incorporates a range of needs of different urgency and complexity. Children may be in need because of issues and experiences at home, such as parental mental health issues, domestic violence, extreme poverty, risk of homelessness or issues related to the child's health or behaviour that the family needs help with.

To become a child in need, a child is referred to the local authority's children's services department and receives an assessment on the level of need.

Data published by the Department for Education shows that in England 74,610 children aged 16 and 17 were recorded as children in need on 31 March 2017 – around 19% of all children in need on that day, and around 5% of children of that age (this number includes 17,040 16 and 17 year olds who were looked after). Around 40% of them were in need because of abuse and neglect at home. The next biggest category of need – recorded in 16% of cases of 16 and 17 year olds – was 'family dysfunction'; followed by 'absent parenting', 'family in acute stress' and 'child's disability of illness' (at around 11% each).[30]

Some children age 16 and 17 are assessed to be a child in need under Section 17 of the Children Act 1989 and

Reasons why 16 and 17 year olds were children in need on 31 March 2017



receive support while continuing to live at home with their families. Others may be placed in supported accommodation or hostels (unlike children under the age of 16).

Where there are concerns that a child may be at risk of significant harm, local authorities may place a child on a child protection plan, ensuring that different agencies agree what actions need to happen to keep the child safe, and the child and the family are offered more intensive and targeted support. On 31 March 2017, there were 2,010 16 and 17 year olds subject to a child protection plan (CPP) – around 4% of all children who were subject to a child protection plan on that day. The majority were subject to CPP due to abuse or neglect (44% of all 16–17 year olds subject to CPP) with the second highest proportion (28%) due to emotional abuse.

In the most serious cases, if it is deemed following the assessment that their needs and/or safety cannot be ensured in their family, the local authority will start care proceedings to begin looking after the child by accommodating a child in foster care, residential care or kinship placements. A significant proportion of children in need –17,040 children aged 16 or 17 – were looked after by local authorities at 31 March 2017 (23% of all looked after children at that period of time, and 22% of all 16 and 17 year old children in need).

The system at a glance

	Response and support children receive
16 and 17 year old children in need on a child in need plan	The social worker undertakes an assessment of need of a child and a family and puts together a plan for how the issues identified can be addressed. A child in need usually lives at home with their family. Unlike younger children, 16 and 17 year olds who are children in need can be placed in hostels, supported accommodation and temporary housing. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose. Many of the services provided will be for parents or carers. The plan should set out (and may include services identified in a parent carer's or non-parent carer's needs assessment) clear measurable outcomes for the child and expectations for the parents, with actions to be reviewed. The child in need plan is reviewed and closed down as and when decided by social services. There is no obligation for them to notify other services when the decision is made that the child is no longer a child in need.
16 and 17 year old children on a child protection plan	If there are suspicions that a child is being maltreated and is suffering or at risk of significant harm, social services undertake an inquiry to establish the level of risk the child faces. Other professionals contribute to the investigation and social services and the police convene a strategy meeting about a child and put a protection plan in place. The plan needs to: • Ensure the child is safe from harm and prevent him or her from suffering further harm. • Promote the child's health and development. •Support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child. The child protection plan should be reviewed regularly. A child on child protection plan usually lives at home with the family. Unlike younger children, 16 and 17 year olds on child protection plans can be placed in hostels, supported accommodation and temporary housing. The plan ceases on child's 18th birthday. If a decision is made that the plan should stop the local authority (as a minimum) should notify all agency representatives who were invited to attend the initial child protection conference that led to the plan.
16 and 17 year old looked after by a local authority	The child is removed from the family and placed with a foster family, in supported accommodation or in a children's care home. The local authority is responsible for putting together a care plan for the child, covering issues of care, safety, education, health needs For 16 and 17 year olds there is a responsibility on the local authority to prepare a pathway plan – planning for the future when the child will be leaving care. The pathway plan should be covering issues of education and employment, housing and financial support.

Young people we spoke to provided their reflection on experiences of receiving help. Their experiences differ a lot from one place to another, as the following quotes suggest.

What help looks like in young people's words:

'My support worker... the guy was on holiday at first. And now he's like... he was busy. I'm going to try ringing him again today.'

Young person, age 16

'Where I've been living since I was 16, all the staff want you to go college, they're all banging on about college, like they hate the idea of you working. Hate the idea of you working.'

Young person, age 17

'There's only a certain amount of help I can receive in a certain period. So, like, with [name of homelessness support worker] I was only supposed to do, like, 12 sessions. But he's – bless him, he's dragged it on seven months. Because he can see that I needed the help. Like, he and [name of sexual health support worker] are the only two people who've actually been there when I need, like, when I'm like "what do I do? I don't know if I can do this." They've been like "no, you can. Come on. We're going to sort this." And they have and they've, like, helped me sort it. But if it wasn't – if I didn't have those people in my life I don't know what I'd do. I really don't.'

Young person, age 17

'Any services that I've had to deal with have done nothing but made things worse. Every service I've dealt with so far. [Names] are the two workers that I've had who do not treat me like I'm a child; they treat me like I'm a regular human being and a male and who I am and respect me and don't talk down to me. Treat me like an adult. If I'm doing something stupid or wrong they'll be like "that's wrong; don't do it. Yes. Sort your life out. A little bit. And we'll see what we can do.'

Young person, age 17

'You'll have like a one to one every week, or you should do, and then usually there's like a group thing every week where there's like a guy that comes in and he'll just come in and discuss something to everyone whether that's like budgeting, shopping, domestic stuff like cleaning, anything. People need to know.'

Young person, age 17

'Because they actually tell you what you want to know. Like they answer your questions. Like if you need a budget, they'll sit down and do a budget with you. If you need to do a CV or print out a CV, they'll sit down and do it with you.'

Young person, age 17

'She told me "we house children that are in need", like homeless kind of thing between 16 and 18 in temporary housing with families, and she explained the whole situation. Living in [name of the place] it's just a man and a woman and they are at work most of the time. You will pay rent and then after I think she said it can be up to 30 odd weeks you can stay there for, depending on what the family want.'

Young person, aged 19, talking about advice she received from children's services

'[A person at supported housing] said "have you seen your key worker? And I said "No, I don't think I've got one any more" and she said "You should do because you are under 18" and I said "Well I have not seen her". I have tried ringing her but there was no answer and she said "Why don't we email [name of local authority] to see what's going on?" and then anyway my key worker actually left and they had not assigned me a new one.'

A young person aged 19 about her key worker as a child in need aged 16

Over recent years, there have been a number of studies into the support, needs and outcomes for children who are looked after by local authorities and care leavers aged 16, 17 and post 18. These studies have exposed the fact that these children often experience worse outcomes in education and health than their peers living at home, struggle financially and have higher level of mental health problems.[31] The evidence about the outcomes for looked after children and care leavers has resulted in a better system of support for this very vulnerable group of children.

Although the support provided for care leavers is often still not adequate and many care leavers still experience a postcode lottery of support, statutory requirements make a difference in changing attitudes to care leavers, enabling them to challenge inadequate support and making decision makers plan for support that they have to provide. The two case studies in the following infographic bring together different experiences young people we spoke to mentioned about support they receive, and how it compares to that provided to looked after children.

	Dorothy, age 16 and 17, a child in need		Lucas, age 16 and 17, a looked after child	
Relationships	**Needs**		**Needs**	
	Estranged from family, no support.		Estranged from family, no support.	
	Support		**Support**	
	Allocated a key worker from children's social services who she is supposed to meet from time to time but in reality only sees her three times in this period.		Has an allocated social worker from children's social services who coordinates and advocates for him to get access to all the services he needs and visits regularly every two weeks.	
	Workers in supported accommodation help her with signposting to information on how to claim benefits, check that she is following the rules of supported accommodation on tidiness, and make referrals to food banks.		Workers in supported accommodation help him with day to day life.	
	No one helps Dorothy write a plan for her future.		Social worker draws a pathway plan for Lucas focussing on education, health, employment, financial resources and ensures that he gets the support he needs in all these areas.	
	Dorothy does not have an advocate and has no pathway plan.		Lucas also has an advocate who helps him have a say about his pathway plan and makes a representation if he is not happy about issues in his accommodation.	
	Dorothy doesn't get an independent visitor.		Lucas has an independent visitor – someone who he sees on a monthly basis for a chat and to go to the cinema or do some other activities that he is interested in.	

Mental health and well-being	**Needs**		**Needs**	
	Dorothy has been receiving CAMHS support prior to turning 16 to help her deal with traumatic events in her earlier life. She continues feeling depressed and anxious to an extent that it prevents her staying in education.		Lucas has been receiving mental health support prior to turning 16 to help him recover from trauma of abuse in earlier life.	
	Her CAMHS support is stopped at 16. No further support is offered.			

	Support		Support	
	None		His transition to mental health services is coordinated between children's and adult's mental health services by a designated mental health nurse for looked after children.	

	Needs		Needs	
Resources	Conflicts at home when Dorothy is 16 make her stay at friends' houses and her parents ask her not to come back. Children's services find her a place in foyer.* * A Foyer is an accommodation centre for 16–25 year olds who are homeless.		Lukas is moved into supported accommodation at the age of 16 from his placement with his foster family. Supported accommodation is part of the transition plan to help Lukas prepare for independent adult life as a care leaver.	
	Dorothy has no money for public transport so has to walk long distances to her job interviews.			
	Support		**Support**	
	People from the foyer help Dorothy claim housing benefit which goes straight to paying rent for accommodation.		Children's services arrange payments for housing costs.	
	Her key worker from social services gives her information about claiming benefits and education and training options.		Lucas is provided with a weekly stipend to cover his food cost and phone bill.	
	While Dorothy considers her options and makes job applications she has no money to live on. Her supported accommodation provider refers her to a food bank.		Lucas gets a clothes allowance.	
	Dorothy's application to become an apprentice receptionist in a small company is successful. She does a full time apprenticeship which pays her around £530 a month.		Lucas gets a voucher for his birthday.	
			His personal advisor helps him with budgeting for food and supported accommodation helps him with cookery skills.	

Risks				
	Needs		**Needs**	
	Dorothy is befriended by some adults from her foyer who invite her to parties where alcohol and drugs are available.		Lucas goes missing from time to time.	
	She sometimes stays away overnight.			
	Support		**Support**	
	The foyer threatens Dorothy that she will lose her placement if she stays away from her accommodation on more than two nights a week.		Supported accommodation report him as missing to the police.	
	Her key worker makes a referral to substance misuse services and CSE services to raise her awareness of the risks.		Children's services arrange for Lucas to have a return home interview to understand the issues that made him go missing.	

Being a looked after child at the age of 16 and 17 allows children access to additional services and helps them receive more support once they turn 18. On 31 March 2017, 17,040 children aged 16 or 17 were looked after by local authorities – 23% of all looked after children at that point in time.[32]

Due to their greater autonomy in decision making, a 16 and 17 year old can refuse to become a looked after child. Even if they are entitled to the 'looked after' status, which would later give them entitlement to care leaver support (for example when they are at risk of homelessness) it is not often offered to them or they turn down the offer due to previous negative experiences with services. This means that statutory support for these children will end at 18.

In contrast, despite the duty to safeguard and promote the welfare of children in need being in place for almost three decades, there is only limited research available on children in need overall and even less on older adolescents aged 16 and 17 who are children in need or children on child protection plans in particular.

The available research mainly highlights a variation in thresholds across local authorities; poor quality assessments of needs that may result in children not receiving the response they need , pressure on children's services resulting in high workloads for social care professionals and research highlighting that older adolescents are not treated and seen in the same way as younger children.[33, 34, 35, 36]

Research also highlights that while children at risk of significant harm and placed on child protection plans are seen as vulnerable, the needs of children on child in need plans may be very serious indeed.[37] Studies have also highlighted the 'revolving door' of children's services, where the same child may be referred to children's services a number of times through their childhood, and have their case closed and reopen as their needs increase and support available is often limited.[38]

Support available outside of children's services

Support from children's services is not the only help that young people aged 16 and 17 may benefit from. Depending on their needs they may also access specialist services.

Mental health

We estimated that nearly 29% of referrals to specialist CAMHS services are for young people aged 16 and 17 (around 70,000 referrals). Although many young people of that age have mental health needs they are less likely to stay engaged in their treatment than younger children. We estimate that young people aged 16 and 17 are twice as likely to have missed an initial CAMHS appointment compared to 10–15 year olds, and are even more likely to have missed a follow-up appointment. Young people aged 16 and 17 are twice as likely as children aged 10–15 to be discharged because they have repeatedly missed appointments.[39]

They also need to have serious mental health needs to be seen by mental health professionals.

'I was referred to CAMHS. After being referred I didn't see anyone for six months, because I was "not ill enough".'

From interview with young person, age 19

'I had a mental health worker up to and slightly beyond 18 because they were keen to carefully manage my transition into adult [mental health] services. They wanted to make sure that adult services took me on, so we made a plan so I wasn't just dropped. It can be scary and daunting. If you're not ill enough adults services won't take you – "That's it – Bye."'

Young person, age 19

Benefits

It is exceptionally difficult for young people who do not have a supportive family to rely on to financially support themselves to live independently. Many young people who live away from families in hostels and supported accommodation are children in need and not looked after children – and they rely on benefits to survive.

If they are in work, they are paid a national minimum wage of just £4.20 an hour, compared to £7.38 for those aged over 21. Those in apprenticeships are provided with an even lower minimum wage of just £3.70 per hour.[40] It is also not easy for 16 and 17 year olds to find jobs.

'I had three phone calls yesterday and they were all asking me about jobs and applications, and every single time the question is "Are you 18?", and I am "Well, no".'

Young person, age 17

They cannot rely on support through the benefits system as this is entirely inconsistent with how 16 and 17 year olds are treated. For example, young people under the age of 18 are only entitled to receive out of work benefits in particular circumstances (such as if they are a young parent). They may only be entitled to receive support on a discretionary basis.

Even where they are entitled to receive support, they are likely to receive lower rates than adults. For example, they are unlikely to have made enough national insurance contributions to qualify for contribution-based Job Seekers Allowance (JSA) and, where entitled, must rely on the lower rate afforded by income based JSA which is a maximum of £57.35 a week.

The benefit system is too complicated and difficult to navigate for young people. Where they are successful in claiming benefits, their lack of knowledge on how to manage finances makes it difficult to cover all their needs and very easy for them to get into debt.

'When my wages got put up, my housing benefit deducted for rent at my supported accommodation. So I had to pay more rent, but no one ever told me that. I owed loads of money. I weren't told that you have to

A 16 or 17 year is paid

£4.20

an hour*

People aged 21 or over get paid

£7.38

an hour*

Those in apprenticeships are provided with an even lower minimum wage of just

£3.70

an hour*

* These figures are from 01 April 2018

tell them that you are earning more. So I was just in a bit of a situation where I had no money by the time I had paid all my bills. So it was just horrible. No one just sits there and tells you.'

Young person, age 19

'Everyone helps each other out, you have to [in a hostel]. You can't just stand on your own two feet when you're in that much...when you're in that much of a puddle you can't. You can't. Everyone in there like we will lend each other money and we will give each other food and fags and stuff like that. Just because you can't, you can't trust everyone that you live with but you've got to have a heart, because some people you don't know where they've just moved from.'

Young person, age 17

'She works at [name of organisation]. She basically gets all these forms and stuff that says whether I'm entitled to it or not. Because I was at college like in September but I didn't really like what I was doing. I just did it because I got told to, and I literally got told that I had to, to get income support and then so I did that. I went to it for about a month or something, I thought "this is crap, well I don't really want to do it" and they went "right, well you can still get your benefits, but you've got to like fill this form out and stuff". I thought "Yes! Sound!" filled the form out handed in and all that and apparently now it's sound. So, I don't know, I don't quite know.'

Young person, age 17

'It's because my [parent] was sitting there and my [parent] understands my needs. That I sometimes need things explained in a different way, using different words, and he [benefit assessor] wasn't understanding that and, do you know, he wasn't supporting us.'

Young person, age 18

Support for vulnerable adolescents moving into adulthood

Research into outcomes for children in need is very limited, but available information points to children in need having lower educational attainments compared to their peers who have not had experience of being a child in need or a child on child protection plan, and worse than some groups of children in care.[41]

In recent years, there has been a growing recognition that some young people who experience a number of issues through their childhood require support as they transition to adulthood. Changes to legislation have been made to ensure that entitlements to such support are clarified for children who leave care, young carers and disabled children.

These groups of children are entitled to assessments of need and a pathway plan (the plan that supports children into adulthood) and support that is coordinated across different aspects of their lives and continuing into adulthood up to the age of 25. Although entitlements in legislation do not yet always translate into improved support for individual children consistently across the country, where provided it does make a difference to young people who otherwise would have struggled to settle into adult life.

For 16 and 17 year olds who are children in need and children on child protection plans, there is no expectation in the law, or guidance, that the support they receive will look at their lives in all aspects or that additional support will be available if they still struggle when they turn 18. This results in them having to struggle with money issues on their own.

'When [key worker] came to my flat, she could see that I had nothing in my cupboards, literally nothing. And I said to her "Is there nothing you can do to help me out?" "Well, no because you are working" "Yes, but when I had no money at all, I have explained my situation to you. I was on £420 for the month. How do you expect me to live? If I am a child in need then what are you giving me to help those needs?'

Young person, age 19, reflecting on her experiences of being a child in need at 17

There is also very little research into how many children may be affected by multiple vulnerabilities at the age of 16 or 17 and how this impacts on their outcomes into the future.

For many vulnerable 16 and 17 year olds receiving support as a child in need, this is their last opportunity to have the issues addressed that may prevent them achieving their full potential in adulthood. It is important that evidence is built about how vulnerable 16 and 17 year olds transition to adulthood and what age specific support they need to help prepare them for independent adult life.

Provisions for care leavers[42]
Local authorities have a duty to start planning transition to adulthood for care leavers as early as possible, and soon after they turn 16 and are still looked after by local authorities.

A pathway plan is prepared for each child leaving care, addressing issues of education and training, financial support, housing and health.

Each care leaver has access to a Personal Advisor up to the age of 25 who they have to meet regularly, and whose job it is to help them with information and advice and advocate for their access to services.

Children who are leaving care from foster placements have a right to stay put (stay with their foster carers) up to the age of 21.

Through the Children and Social Work Act 2017, the Government introduced the requirement for local authorities to publish a 'Local Offer for Care Leavers', which should outline the services available within the local authority area for care leavers up to the age of 25.

Disabled children
The Children and Families Act 2014 extended the framework of support for disabled young people up to the age of 25. As part of the joint commissioning arrangements, local partners must set out how they will provide support to disabled children and young people to prepare for adult life across education, health, social care and other relevant services such as housing and employment support.

The Education Health and Care (EHC) plan process requires an annual review, and from Year 9 every annual review of the EHC plan should include a focus on preparing for adulthood. For health services this will require them to plan an effective transition from specialist paediatric services to adult health care and support young people to understand how services will support them as adults.

Young Carers
The Care Act 2014 places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18 and a transition assessment would be of 'significant benefit'.[43]

Chapter 2.

‘They [Children’s Social Services] did not do much. They branded me a liar and an attention seeker. They shouted at me at meetings.’

(From interview with a young person age 19, reflecting on her experience with social services after disclosing that she experienced physical abuse at home)

We estimate that around 240,000 16 and 17 year olds in England are experiencing five or more vulnerabilities in their lives.

One in fifteen 16 year olds, and one in eighteen 17 year olds are referred into social services, yet only half get support as a ‘child in need’.

As many as 1 in 3 children aged 16 and 17 referred to children’s services were re-referrals within the previous 12 or 24 months.

The scale of need for 16 and 17 year olds and the framework for response

Despite nationally collected statistics on different issues making it clear that many older adolescents require help, the true scale of risks and needs experienced by 16–17 year olds is not known. This is particularly true when it comes to understanding how many older teenagers may be facing multiple disadvantages due to poor relationships with families, exposure to risks, poverty or mental health needs.

We used data collected through the Understanding Society survey to understand the needs of the 16 and 17 year old population, and data about children in need to understand the scale of referral to children's services and their journeys through the system of support.

CASE STUDY – **COURTNEY**

- **Pre teen years:** Courtney's father commits suicide when she is still in primary school. Courtney's mum struggles emotionally and financially, getting in debt. As a result Courtney and her mum spent a lot of time in temporary accommodation and hostels, moving from place to place.
- **Adolescent years:** Courtney is diagnosed with anxiety and depression. It has a huge impact on her ability to participate in education. She misses a year of school in the run up to GCSE exams. Courtney receives therapy to help her cope with issues but it does not work as her mental health practitioners often change. Therapy only starts working once she manages to develop a relationship with a therapist who stays with her for the last seven months or so of sessions. Therapy stops after the number of sessions allowed is exhausted, yet Courtney's mental health needs continue.

  Courtney fails some of her GCSE exams.
- **16–17 years old:** At 16, Courtney enrols in college. She is no longer receiving help from mental health services. Her mum is diagnosed with some health issues which impact on her mental health and her relationships with Courtney. Due to her mum's heath issues, Courtney's own mental health issues and issues from the past that she wants answers about, make Courtney's relationships with her mum deteriorate. Courtney starts sofa surfing with a friend. Her mum asks her not to return home.

  Courtney sofa surfs for around three months, she is then is referred to children's services and becomes a child in need.

  She moves into supported housing and lives there for a year and a half.

  During that time Courtney leaves college and her anxiety makes it difficult for her to continue with her chosen study. Instead she becomes an apprentice. Courtney enjoys her apprenticeship. However, she struggles financially.
- **Turning 18:** Courtney is made redundant from her apprenticeship. Together with her boyfriend (who is a care leaver) she bids for an independent flat and they move in together.

  Courtney and her boyfriend manage to get by on his care leaver support. Courtney is not receiving any support despite her ongoing mental health issues, lack of family support and unemployment.

Our findings on the level of need of the 16 and 17 year old population based on Understanding Society

As part of the first stage of the Seriously Awkward campaign we analysed a range of factors that were asked about within the Understanding Society survey. Our initial report examined key areas that we know from our research programmes and direct practice with children and young people impact on their lives and provided an overview of the types and levels of vulnerabilities faced by 16 and 17 year olds at the time.[44]

In this report we explore whether the scale of the issues identified in the first report remain the same (see technical note for full list of vulnerabilities included), by comparing the proportions reported in Seriously Awkward with the most recent group of 16 and 17 years olds to take part in the survey.[45, 46] Table 1 displays the proportions of 16 and 17 years olds in each wave who reported experiencing each of the 21 vulnerabilities identified.

The numbers of young people across most of the vulnerabilities has remained relatively consistent over time, with 16 and 17 year olds in 2014/5 reporting the same types of vulnerabilities at similar levels as their peers in 2012/13. There are however a couple of notable exceptions.

Within physical and mental health there was an increase in the proportion of 16 and 17 year olds who reported low satisfaction with their life and feeling useless at times.

For two of the vulnerabilities, – not being able to afford £10 savings per month and not feeling supported by family – fewer children reported experiencing them in 2014/15 compared to 2012/13. Yet both these vulnerabilities still have high proportions experiencing them in 2014/15.

However, we know that it is not necessarily the impact of individual vulnerabilities but rather the accumulative effect of multiple types of vulnerability that have the greatest effect on young people, as seen in our most recent Good Childhood Report.[47] And so we explored how many young people experienced one or more vulnerabilities at the same time.

The data showed that overall around 80% of young people aged 16 and 17 experienced one or more vulnerabilities. Between the two cohorts of 16 and 17 year olds the accumulative number of vulnerabilities has changed, with more young people in the most recent survey reporting no vulnerabilities.[48] However the number at the higher end of the scale has remained the same. This means around 38,000 16 to 17 year olds in England are experiencing nine or more vulnerabilities,[49] with a further 201,000 16 and 17 year olds in England experiencing between five and eight different vulnerabilities.

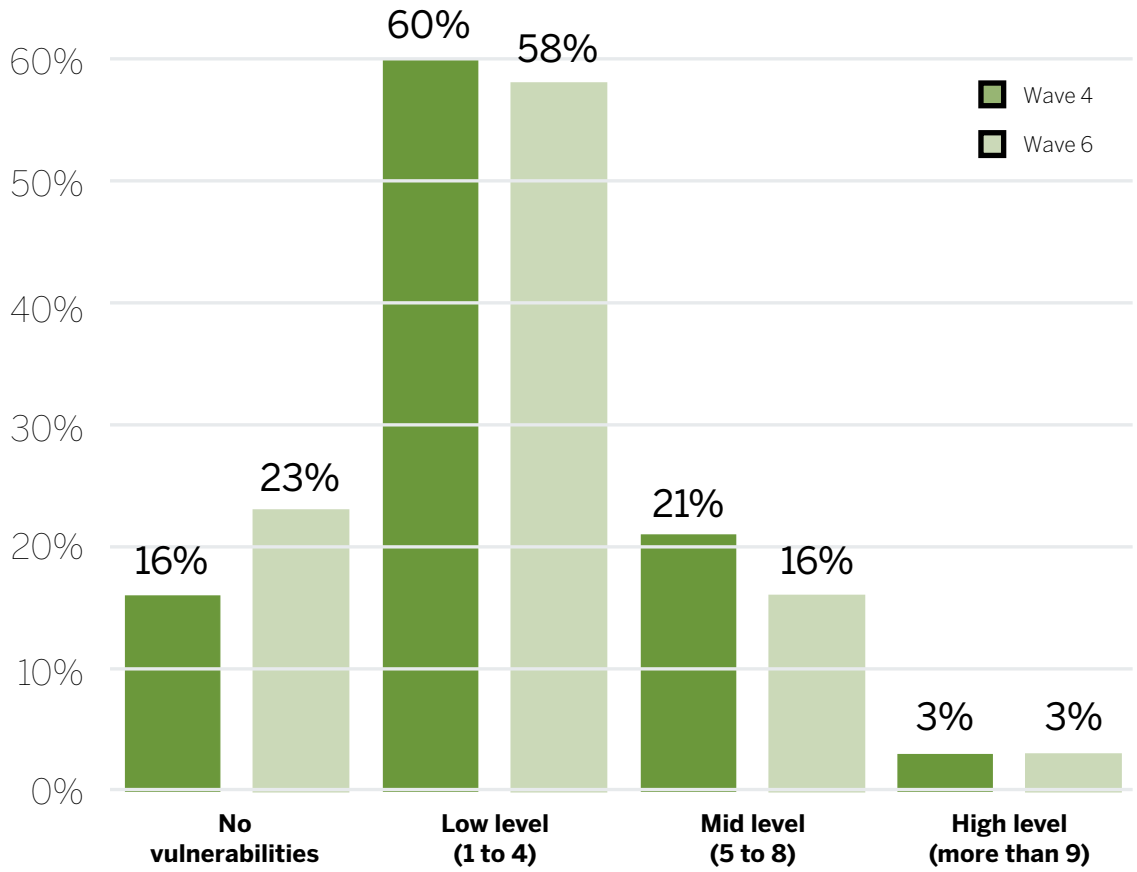
In the analysis, the vulnerabilities were grouped into four different areas – familial and social support, physical and mental health, poverty and material deprivation, and risk-taking behaviours – in which 16 and 17 year olds could be experiencing vulnerabilities. Figure 2 shows the proportions of 16 and 17 year olds who reported experiencing at least one vulnerability in each of the four areas.

Table 1: Overview of individual domains

	16 and 17 yr. olds in Wave 4 (n = 1,609)	16 and 17 yr. olds in Wave 6 (n = 1,443)	16 and 17 yr. olds in Wave 6 (n = 1,443)
Familial and social support			
Not supported by family in most or all things	30%	22%**	276,400
Would not turn to family if upset	13%	13%	163,300
Cares for someone sick or disabled	5%	5%	62,800
Less than two close friends	5%	7%*	87,900
Physical and mental health			
Feels useless at times	36%	40%*	502,500
Feels like a failure	15%	15%	188,400
Recently lost much sleep over worry	16%	17%	213,600
Overall life satisfaction low	14%	20%**	251,200
Don't feel as able as most people	12%	12%	150,700
Poor health	7%	7%	87,900
Doesn't feel likeable	6%	7%	87,900
Poverty and material deprivation			
Cannot afford £10 savings per month	38%	26%**	326,600
Cannot afford to replace worn out furniture	35%	34%	427,100
Living in household poverty	20%	20%	251,200
Cannot keep home in a decent state of repair	15%	16%	201,000
Problems paying housing	14%	17%*	213,600
Behind with bills	10%	9%	113,100
Home not warm	8%	5%**	62,800
Risk taking behaviours			
Out after 9pm without telling anyone	19%	16%*	201,000
Used illegal drugs five or more times	5%	4%	50,200
Drunk six or more times in the last four weeks	2%	3%	37,700

Based on Wave 6 and Proportion of population of 16 and 17 year olds in England (n = 1,256,177)
w(* significant at 0.05, ** significant at 0.01)

Figure 1: Proportions of 16 and 17 year olds experiencing multiple vulnerabilities



Poverty and material deprivation

Over half (51%) of the 16 and 17 year olds experienced at least one vulnerability in this area of their lives. If that proportion was projected onto the population, it would mean that 641,000 16 and 17 year olds in England are experiencing some form of material deprivation.[51]

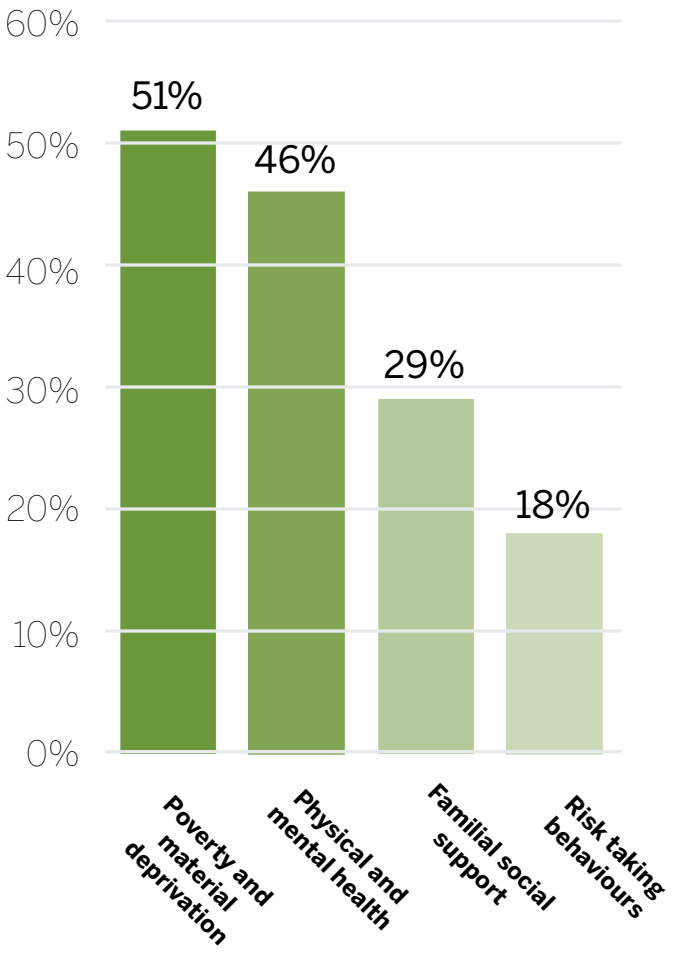
Physical and mental health

46% of the 16 and 17 years olds experienced at least one vulnerability in this area of their lives. Again, if that number is projected onto the population it would mean that 579,000 16 and 17 year olds in England may be in need of support because of physical or mental health needs.

Familial and social support

29% of the 16 and 17 years olds experienced at least one issue with their familial and social support. Projected on the population it would suggest that that 364,000 16 and 17 year olds in England may not be benefiting from the support that families and friendship networks can provide.

Figure 2: Proportion of 16 and 17 year olds reporting at least one vulnerability in each area[50]

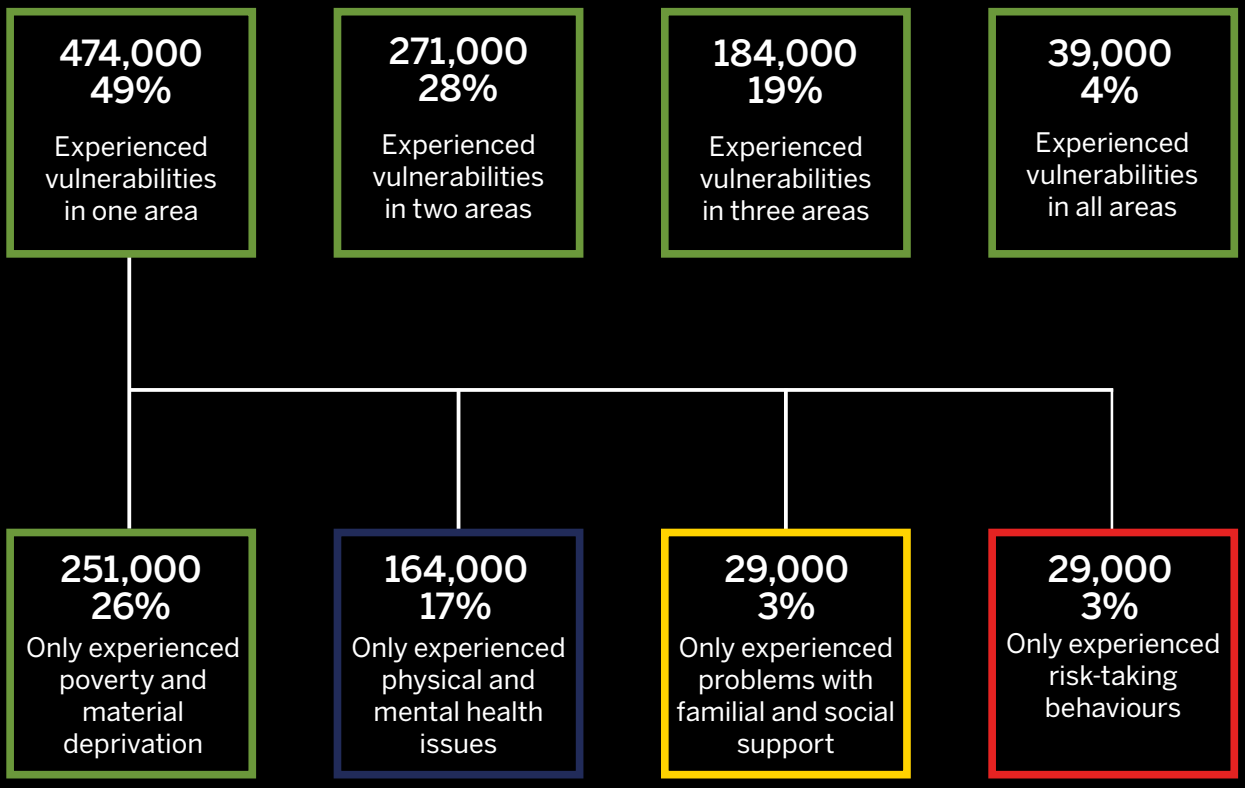


Risk taking behaviours

18% of the 16 and 17 years olds reported at least one risk taking behaviour. This would suggest that 226,000 16 and 17 year olds in England may be struggling with alcohol or drug use or other risks.

However young people often experience multiple vulnerabilities. As each of the four areas has multiple vulnerabilities, some young people only experienced difficulties in one area of their lives, though many experienced vulnerability in more than one area.

Figure 3: Of the children who reported experiencing vulnerabilities[52]



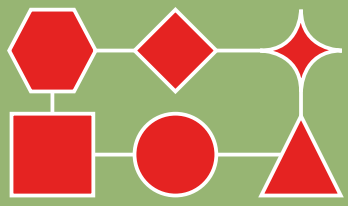
Since our first report very little has changed for 16 and 17 year olds in the UK, with similar numbers reporting that they are still experiencing the same types of vulnerabilities. The most common vulnerabilities faced by these young people relate to poverty and material deprivation, with the second relating to their physical and mental health. Of the young people experiencing vulnerabilities, over half reported vulnerabilities in two or more areas of their life.

Comparison of the average number of vulnerabilities experienced

16–17 year olds **not supported by their family** have an **average of five vulnerabilities**

compared to two for 16 and 17 year olds who felt supported by their families.

16–17 year olds **who reported low satisfaction with their life** have an **average of six vulnerabilities**



compared to two for those who reported that they were happy.

16–17 year olds **who use drugs** have an **average of five vulnerabilities**

compared to three who did not use drugs.

Our findings on the level of referrals to children's services and responses 16 and 17 year olds receive

16 and 17 year olds known to children's services

Our Understanding Society analysis estimates that around 240,000 16 and 17 year olds in England are experiencing five or more vulnerabilities in their lives. However this does not mean that all children who experience issues in any of the areas of their lives that we explored will be referred to, or be receiving help from, children's services.

Some young people may not even know that they are entitled to any support.

'Basically, my friend's sister had literally the year before had gone through the same kind of situation. And when I stayed with my friend and his family, his mum spoke to me about the whole "You need to go and claim yourself as homeless because you are under 18 and it will help you." So I went to young people's services and the homeless bit was only [open] for two days and this was not a day. And then I asked "What can I do because I am homeless?" and he said "Well, if you could couch surf in the meantime, stay in someone's house or stay in several people's houses, then you could do that."

From interview with young person, age 19, about how she got in touch with social services

In other cases, young people or adults in their lives may prefer not to seek help from social services due to earlier negative experiences and/or a belief that social services will not help or will make things worse for their families.

'They [Children's Social Services] did not do much. They branded me a liar and an attention seeker. They shouted at me at meetings.'

From interview with the young person, age 18, reflecting on her experience with social services after disclosing that she experienced physical abuse at home

16 and 17 year olds referred to children's services

We have used the ONS population estimates at mid-2016 to estimate the proportion of children in different age groups referred to children's services in the areas that responded to our FOIs.

Analysis by local authorities of what proportion of children in different age groups get referred to social services showed that, on average in the local authorities that responded:

1in10
children under the age of 1 are referred*

Around
1in17
children aged 1 to 4, 5–9 and 10–13 is referred (around 6%)

Around
1in15
children aged 14,15 or 16 is referred (around 7%)

Around
1in18
children aged 17 is referred (around 5%)

*this number includes unborn children which may explain why the number is higher than in other age groups

These numbers are averaged across all the local authorities that responded. However, at the individual local authority level there are some significant differences between some areas. In 11 local authorities, the proportion of local children referred to services in all age groups is higher than in other areas, ranging from 10% to 24% of all children in that area.

This is not a surprising finding, as other research into children in need also highlighted differences in the number referred and accepted.[53]

We have undertaken further analysis comparing the rate of referral per local authority of the 16 and 17 year old population to that local authority's average deprivation score. That analysis showed correlation between deprivation and the rate of referrals, with more deprived areas experiencing a higher number of 16 and 17 year olds being referred to their services. In the quartile of local authorities with low deprivation level (IMD average score 5.652–14.738) around 3% of 16 and 17 year olds were referred to children's services, compared to 7% in the quartile of local authorities with high levels of deprivation (IMD average score 32.913–41.997).[54]

This is an important finding which needs to be investigated further.

Based on responses from 81 local authorities, children aged 16 and 17 made 9.5% of all children referred to children's services in 2016/17. This is similar to the proportion of children aged 16–17 in the child population: children aged 16-17 make up around 10% of child population in the local authorities that responded. We found that across all age groups the proportion of children referred to children's services was similar to the proportion of children in those age groups in child population. This indicates that young people age 16 and 17 are as likely to be referred to children's services as younger children, confirming that they continue experiencing risks and vulnerabilities and need help.

Overall in 81 local authorities that responded, 427,644 children of all ages were referred, and of them 40,630 were aged 16 or 17.

Revolving door of children's services

One issue that earlier research on children in need highlighted is the 'revolving door of social care' where many children will be referred to services again and again.[55] Some may be referred again because the previous referral was not accepted and their needs have escalated. Others will be referred again because the help that was offered was not sufficient, or they were taken off a child protection plan or a child in need plan, and the issue was not resolved.

This is an important issue. Research shows that an inconsistent response or frequent change of social worker may lead to children to not engaging with the help offered to them and developing a negative perception of social work.[56]

As many as 1 in 3 children aged 16 and 17 referred to children's services were re -referrals from within the previous 12 or 24 months.

Analysis by individual local authority showed that the proportion of children who have been previously referred within either 12 or 24 months differs from one area to another. In some areas, the rate of referral within 12 months is as high as 80% and within a 24 months as high as 50%.

It is interesting to consider the data on re-referrals alongside the data of the duration of children in need plans for 16 and 17 year olds. The data shows that around 40% of 16 or 17 year olds had a child in need plan in place for under three months, 34% had a plan that was in place for more than a year. Future analysis needs to consider the duration and content of child in need plans and how they are implemented, in order to understand any possible links to re-referral rates. It is also particularly

As many as

1 in 3

children aged 16 and 17 referred to children's services were re-referrals from within the previous 12 or 24 months.

Table 2: Proportion of 16 and 17 year olds referred to children's services in 2016/17 who were re-referrals within 12 and 24 months (n=54) Source: FOI1

	16 year olds	17 year olds
Previously referred within 12 months	22%	22%
Previously referred within 24 months (but not within 12 months)	12.9%	13.5%
Referred either within 12 or 24 months	35%	35%

important to consider the length of children in need plans, through the lens that this may be a child's last chance to receive statutory protection before they transition into adulthood.

Table 3: Duration of child in need (CIN) plans for children in need age 16–17 in 2016/17 (n=59, total number of children with a child in need plan 32,605) Source: FOI1

	Under 3 months	3 to 6 months	6 to 12 months	Year +
16 year olds with CIN plan	37.9%	15.5%	15.5%	31.1%
17 year olds with CIN plan	35.9%	14.4%	13.6%	36.1%

Number of children who progress from a referral to a child in need status

Not all children referred to children's services were accepted to be in need of support or even received a full assessment of their needs. In some cases, the decision is made that no further action is needed after initial consideration, and in some cases the decision will be made that no further action is required after children's services undertake an assessment of need. We know from our previous research about 16 and 17 year olds who seek help from local authorities because of homelessness that many of these young people are turned away without an assessment – we estimated that out of 12,000 16 and 17 year olds who seek help, around 6,000 are turned away without an assessment.[57]

The issue of the quality of assessments in terms of what they focus on came up again and again in interviews with young people for this report.

'I went to young people services to speak to the people who care about being homeless and they did a full assessment of whether I can go back to live with my family or if there is anywhere else for me to go. And then referral gets put in place, whether you need help to be a child in need to get a key worker. But it was about two and a half weeks before I was actually assigned a worker.' (From interview with young person, age 19, reflecting on the process of becoming a child in need)

'Just the way the staff treat you. They are quite...quite unaware. I think they know what the teenagers act like now, trying to base on, like, when they grew up as teenagers. But it is completely different world.'

Interview with the young person, age 17

We used data from 33 local authorities to calculate how many children of those referred go on to become children in need.

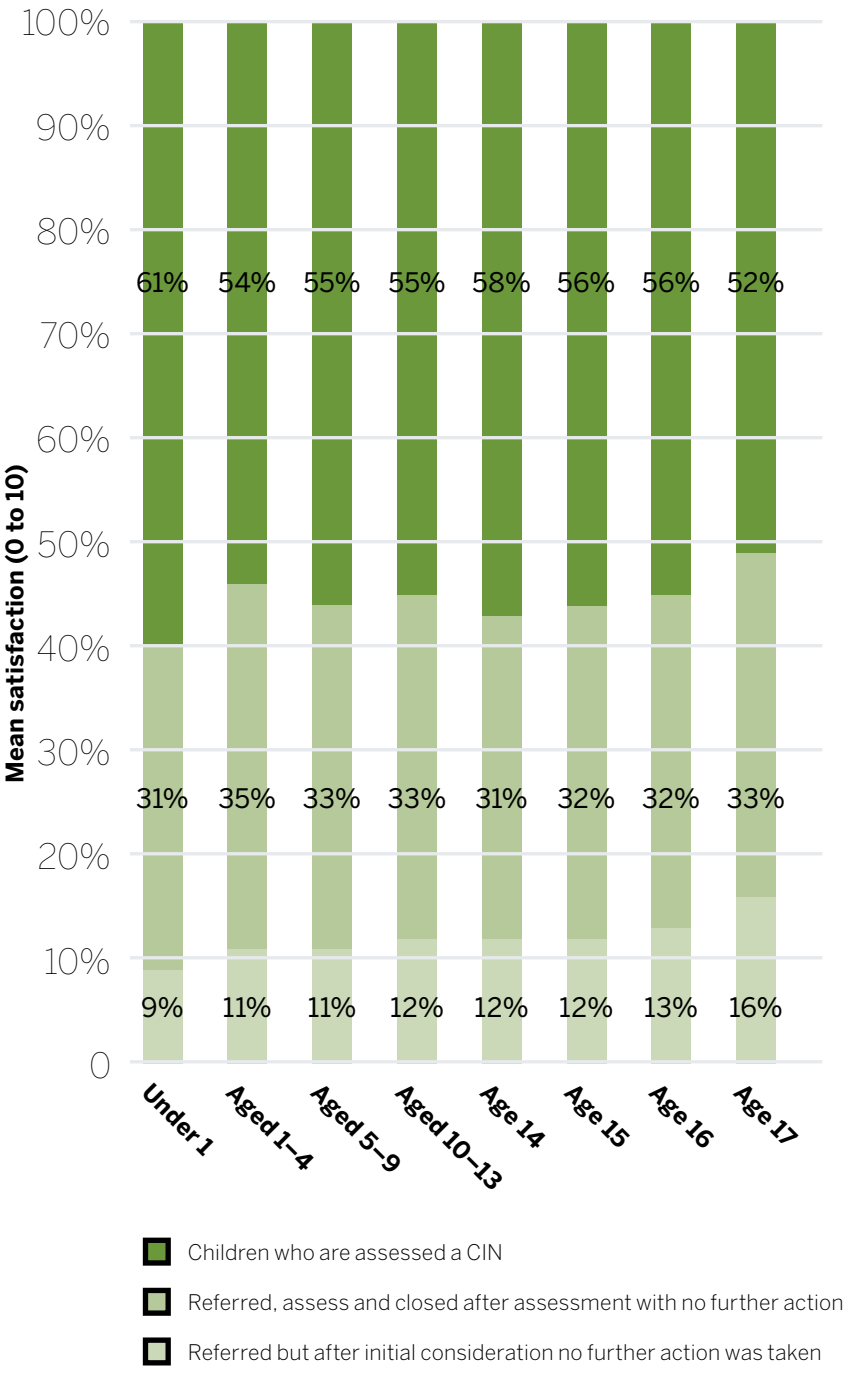
We found that children aged 17 are more likely to receive no further action (NFA) after the initial consideration than other age groups. Of those assessed, a smaller proportion of children aged 17 became children in need than those aged 14–16. It confirms what we hear in accounts from young people about their experiences of seeking help at the age of 17.

'At first they were like you are not really homeless; you are living somewhere. I was like, yes, but by the end of the week I am going to be out on the streets. And they were, like, well, there is nothing we can do.'

Young person, age 17, reflecting on his experience of getting help

Overall, of 16 and 17 year olds referred to services 54% are assessed and become children in need and 46% are turned away – of these, 30% are turned away without an assessment.

Figure 4: Children NFA, assessed as CIN and NFA after an assessment by age groups (n=33) Source: FOI 1



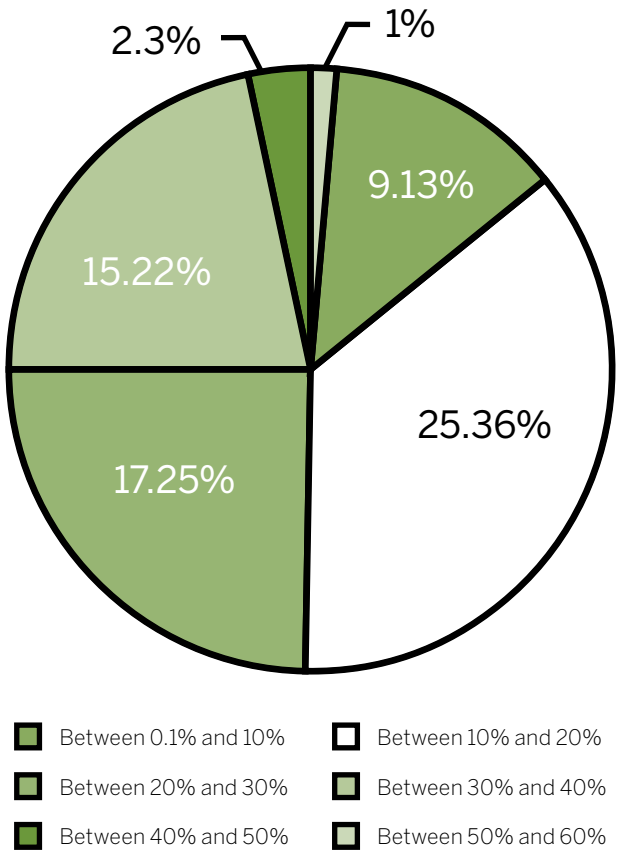
It is important to note that in their responses some local authorities specifically stated that they provide children in need assessments to all children referred to them.

16 and 17 year olds subject to section 47 enquiries and child protection plan

Across 70 local authorities 6,536 children age 16-17 were subject to Section 47 (S47) enquiries – 18% of all children of that age who were referred to children's services in those areas. Section 47 enquiries are undertaken when children's services have reasons to believe that the child is suffering or likely to suffer significant harm.

This rate varies greatly from one area to another, with 49% being the highest and 1.5% being the lowest. The number of local authorities by the proportion of children subject to Section 47 enquiries out of all referred is presented in Figure 5.

Figure 5: Number of local authorities by the proportion of children subject to Section 47 enquiries out of those referred (n=70)



Children who became subject to a child protection plan

Across 69 local authorities, 1,580 children were the subject of an initial stage child protection conference in a year from 1 April 2016 to 31 March 2017 – a rate of 25% of those who were subject to Section 47 enquiries (1 in 4 of those subject to Section 47 enquiries). An initial child protection conference follows Section 47 enquiries and brings together family members (and the child where appropriate) with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development.

Following the initial child protection conference a child becomes subject to a child protection plan, specifying how the child will be kept safe from harm, have his or her needs supported and what support will be provided to family members to help them provide appropriate care to the child. Table 4 shows the number of 16 and 17 year olds who became subject to a child protection plan in 2016/17.

Table 4: Number of children aged 16–17 who became subject to a child protection plan in 2016/17 and all who were subject to a child protection plan in 2016/17 (n=83)

Became the subject of a child protection plan at any point in a year from 1 April 2016 to 31 March 2017	1,745
Were subject of a child protection plan in the year from 1 April 2016 to 31 March 2017	2,831

Around 62% of children, aged 16 and 17, who were subject to a child protection plan in the year from 1 April 2016 to 31 March 2017 became subject of a CPP in that period.

Children subject to child protection plans who have been previously subject to a child in need plan or a child protection plan

Sixty four local authorities could provide information on the number of 16 and 17 year olds who became subject of a child protection plan in the year from 1 April 2016 to 31 March 2017 and who have previously been subject of a child in need plan or a child protection plan.

Around 30% of children (461 out of 1,504) have been previously subject to CPP or CIN. The true number is likely to be higher – as many local authorities indicated that their response only covers children previously subject to CPP – as it is not possible to extract data on children who were previously subject to CiN plan. This is particularly worrying, as it does not allow us to analyse the escalation or risks when children are subject to a CiN plan.

16 and 17 year olds who became looked after

Where a child's safety can not ensured at home or where a child's needs cannot be met within the family, a child can become looked after by a local authority. In 2016/17, in total 3,901 16 and 17 year olds became looked after by 84 local authorities.

System at a glance: From vulnerability at 16 or 17 to getting help post 18

200 out of 1,000 16 and 17 year olds may be experiencing 5+ vulnerabilities in thier lives

16 and 17 years old

60
out of every 1,000 16 and 17 year olds are referred to Children's Services in England. (This equals 1 in every 16)

8
children are turned away without even being assessed

52
of those 60 that are referred go on to have an assessment

21
children are turned away after being assessed

31
of those assessed become a child in need, put on a child protection plan,or become a child in care

18 years old

24
lose all support once they turn 18

6
children are entitled to leaving care support supported after turning 18

1
child in need at age 16 or 17 is referred to adults services*

No further action from children services

*Less than 3% of closed cases of young people currently aged 16 and 17, once they reach 18.

Conclusion

The numbers discussed in this chapter, however big or small they may seem, may not be reflecting the true scale of need that 16 and 17 year olds experience. There are a number of different reasons for why this might be the case.

The duty on local authorities to safeguard and promote the welfare of children applies equally to children of all ages in all geographical areas. However, in practice many day-to-day decisions about who becomes a child in need, subject to a child protection plan or even looked after, may depend on a range of complex factors, with the age of a child being one of those.

For example, research into how professionals see and respond to adolescents, particularly older adolescents, shows that professionals do not always see and respond to them in the same way as to younger children. They may see them as being more able to cope on their own and requiring less help, or as being more resilient to abuse.[58, 59] In other cases, teenagers may be perceived as making choices, when they are sexually exploited or coerced and exploited by criminal networks. These behaviours are often not seen and assessed in the context of any traumatic experiences that the child may have experienced – for example abuse or neglect at home – and due to the lack of understanding of how traumatic experiences impact on a child or young person's ability to stay safe, make safe choices and even recognise situations of abuse.[60]

Nearly 70,000 of referrals to specialist CAMHS services are for young people aged 16 and 17

An offer of help may also depend on the geographical area where the child lives and what resources are available in that area. For example, research shows the link between deprivation

and the number of children becoming looked after.[61]

Children's services have recently seen huge cuts to funding, raising concerns that local authorities cannot respond to all but the most serious cases.[62] While many 16 and 17 year olds may be experiencing a serious level of risk in their lives, they may not always be able to recognise it or may not be prepared to disclose it, making their situation appear to be less serious. Studies show that where a child is exposed to negative experiences for a long time – as is the case with many vulnerable older adolescents – they may start 'normalising' their experiences as a coping mechanism, thus being less able to recognise abuse happening to them.[63]

Sixteen and 17 year olds are also more difficult to engage in services. Our research into missed mental health appointments found that 16 and 17 year olds are more likely to miss appointments than younger children.[64] Due to their ability to make their own decisions, their disengagement is often seen as the choice they are making ('voting with their feet') and therefore it is accepted in some cases, that support stops. This is in contrast to the response that would be expected in relation to a younger child. Services should to be at least designed with 16 and 17 year olds in mind, but preferably co-designed with older teenagers, and be available to them 'where they are'.

Our analysis of the Understanding Society data indicate the high level of need among 16 and 17 year olds. It is likely that the true number of children in need of support aged 16 and 17 is significantly higher than the number currently referred to children's services and receiving statutory support.

If the true scale of needs in older teenagers is underestimated, and underreported, even less is known about what services they receive and what outcomes they experience as they move into adulthood. Both issues are particularly significant to children in need who are aged 16 and 17.

Sixteen and 17 year olds are on the edge of childhood. Often this is the last chance for a child to receive additional support before they turn 18.

The current lack of statutory defined entitlements to pathway planning and support during the transition into adulthood – combined with wide geographical variation in thresholds for support – results in too many vulnerable young people being set up to fail, and making them reliant on public services and benefits throughout their adult life.[65] Our next chapter considers the issues with which 16 and 17 year olds present to statutory services.

60 out of every 1,000 16 and 17 year olds are referred to Children's Services in England. This equals 1 in every 16.

Chapter 3.

‘A lot of other people in my position will just start selling drugs, or selling themselves if they had to. Seriously it does get to that point when people haven’t got money.’

Young person, aged 17

The highest number of referrals into social services for 16 and 17 year olds come from the police, followed by education, local authority other services and health.

The issues highlighted in assessment forms for 16 and 17 year olds are more related to their health and behaviours than for younger children. The top six issues for 16 and 17 year olds were: mental health of child, mental health of parent, domestic violence, socially unacceptable behaviour, emotional abuse and drug use of the child.

There are also risks and issues that 16 and 17 year olds face that are noticeably absent from the list of factors including homelessness and material deprivation.

The issues that 16 and 17 year olds need help with

As outlined in the previous chapter, our analysis of Understanding Society showed that young people aged 16 and 17 experience a number of issues in different aspects of their lives. Poverty is the biggest issue they experience, followed by problems with their health and well-being. Many teenagers experienced a combination of risks and vulnerabilities across different aspects of their lives.

National statistics as outlined in the introductory section also point at the high level of risks and vulnerabilities in the 16 and 17 year old population.

Through data requests to local authorities we aimed to develop a better understanding of the issues 16 and 17 year olds who are assessed to be in need by local authorities experience, and also how they come to the attention of children's services.

Children in need aged 16 and 17 years old by source of referral

Sixty four local authorities provided information on where referrals to social care came from in the year from 1 April 2016 to 31 March 2017. It covers 32,299 referrals of 16–17 year olds and 323,770 referrals for children aged 0–15. This data indicates that although young people aged 16–17 are referred to children's services by the same agencies that refer younger children, there are some noticeable differences in referral rates.

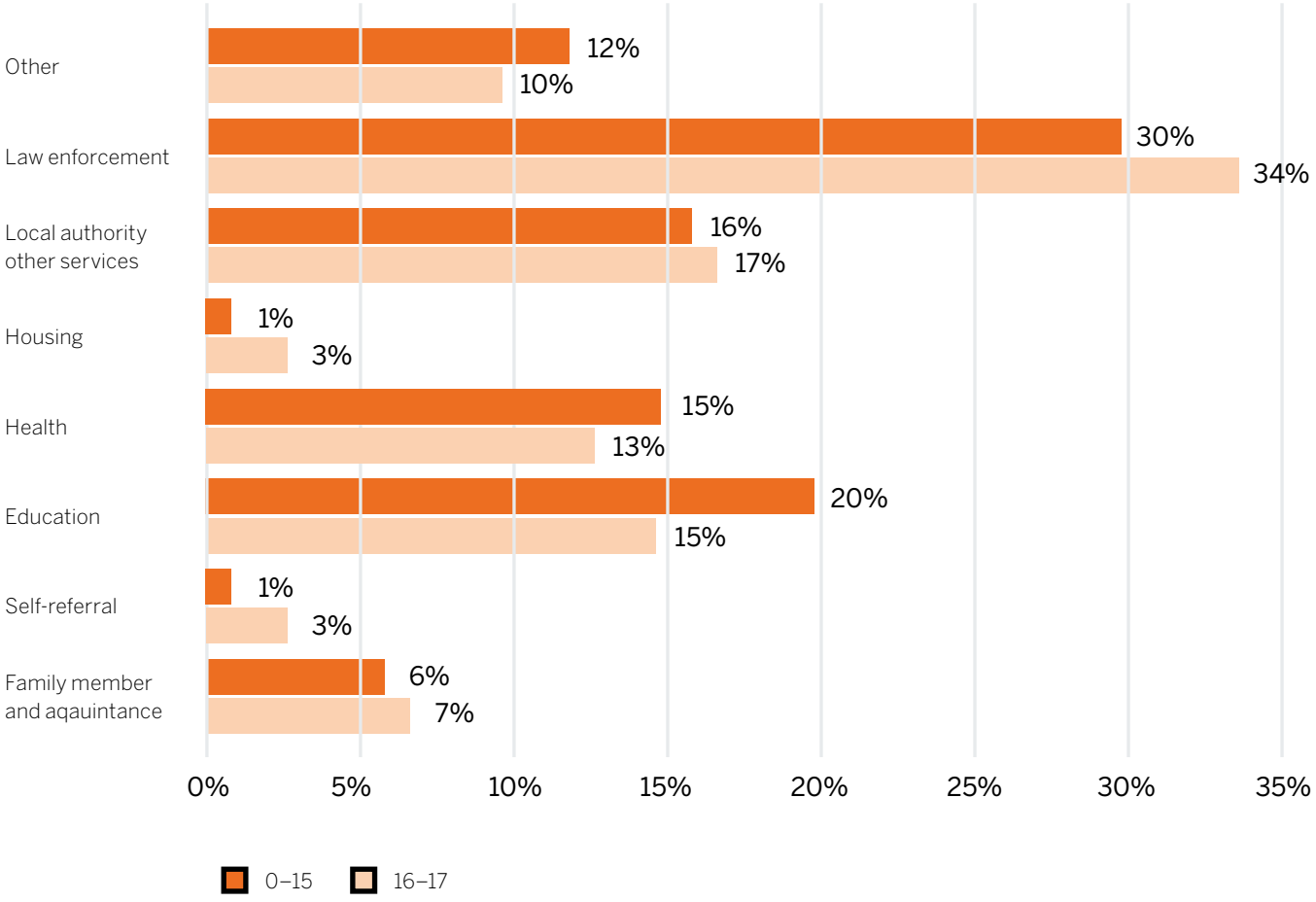
Sixteen and 17 year olds are more likely to self-refer, or be referred by housing, other local authority services, and law enforcement agencies in comparison to those aged 0–15. The highest number of referrals comes from the police, followed by local authority other services, then education and health. It is also important to note that although across health providers a higher proportion of referrals are for under 16s, this is not true for A&E referrals where there is an increase of referrals for 16 and 17 year olds.

This data confirms what we know from our own direct work with 16 and 17 year olds and research into the issues they face. For example, we know that being 16 or 17 is an age when children are becoming more at risk of homelessness as conflict with parents leads to children feeling forced out of home. Unlike younger children, 16 and 17 year olds can live independently and are more likely to seek help if the situation at home is challenging.

The increase in numbers of referrals coming from the police is also not surprising considering the high risk of running away, being coerced into criminal activity or being groomed for child sexual exploitation amongst this age group.

The lower proportion of referrals of 16 and 17 year olds referred from education providers is an issue that requires particular focus. Although in July to September 2017 87% of 16 and 17 year olds were in full time education

Figure 6: Children referred by sources of referrals and by age groups (n=64)



in the UK, in the same period of time around 5% of the 16 to 17 year old population were not in education, employment or training (66,000 of 16 and 17 year olds).[66] Young people who are not in education, employment or training are some of the most vulnerable, often out of sight of services, they may struggle to know how to access help.[67]

Children in need aged 16 to 17 by factors identified in assessments

Based on responses from 67 local authorities, an average of three factors are identified in assessments conducted by children's services. There is no significant difference in the number of factors identified in assessments of needs of 16 and 17 year olds compared to younger children. Yet it shows that when children are assessed it usually leads to identification of multiple issues that they may need help with.

The top six issues for 0–15 age group and 16–17 age group (category 'other' was excluded for both groups in this case) show that there are some significant differences in the top factors that are identified in assessments (Table 5).

The data shows that for 16 and 17 year olds, the top issues that come to attention are more related to their own health and behaviours, in particular mental health, socially unacceptable behaviour and drugs. For all age groups, the top factors point to witnessing domestic violence (DV) at home, parental mental health and a lack of positive relationships with family due to emotional abuse.

Figure 8 further in this chapter also shows that other issues related to a child's own health and behaviour appear to be identified more in assessments of 16 and 17 year olds.

Table 5: Top factors identified in assessments by age groups (n=77)

Issue 0-15	% in 0–15 factors	16–17 issues	% of 16–17 factors
Domestic violence (parent the subject)	12.5%	Mental health (child)	8.2%
Mental health (parent)	9.9%	Mental health (parent)	6.3%
Abuse or neglect – emotional abuse	8.4%	Domestic violence (parent the subject)	6.2%
Abuse or neglect – neglect	7.3%	Socially unacceptable behaviour	5.5%
Abuse or neglect – physical abuse	5.5%	Abuse or neglect – emotional abuse	5.5%
Domestic violence (child subject)	5.4%	Drug (child)	4.9%

Recently the Government consulted on the revised Working Together guidance. One of the changes proposed included the introduction of the contextual safeguarding concept into statutory guidance. This would be a welcome revision as it would recognise that young people may experience significant harm beyond their families, and that young people are vulnerable to abuse in a range of social contexts. However, in its current form the guidance does not provide sufficient detail or direction for local authorities to effectively implement a contextual safeguarding approach in their work.

The data analysis of risk experienced by adolescents referred to services confirms that it is important that contextual safeguarding is consistently recognised. The analysis also confirms that Working Together guidance needs to specifically look at the differences in issues and responses that are needed for young children and for adolescents. Currently it does not recognise the urgency and complexity of the additional needs of 16 and 17 year olds as they approach adulthood.

It is also important that the transition from adolescence to young adulthood is recognised in the guidance to ensure that where vulnerabilities are likely to persist post 18, appropriate decisions are made on how these needs will be further supported, and relevant links made with services for vulnerable adults.

Figure 7: Distribution of factors in assessments by age groups (n=77)

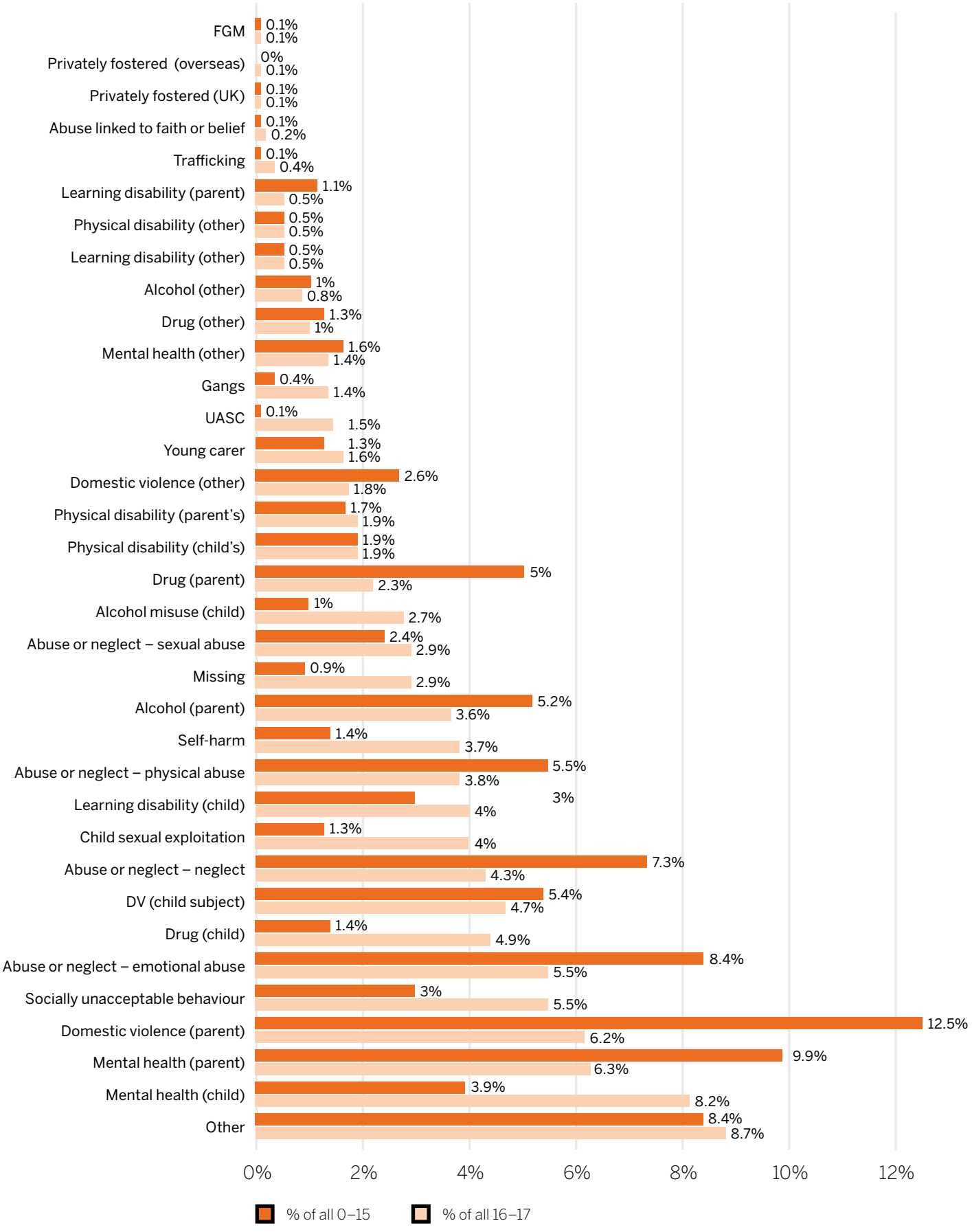
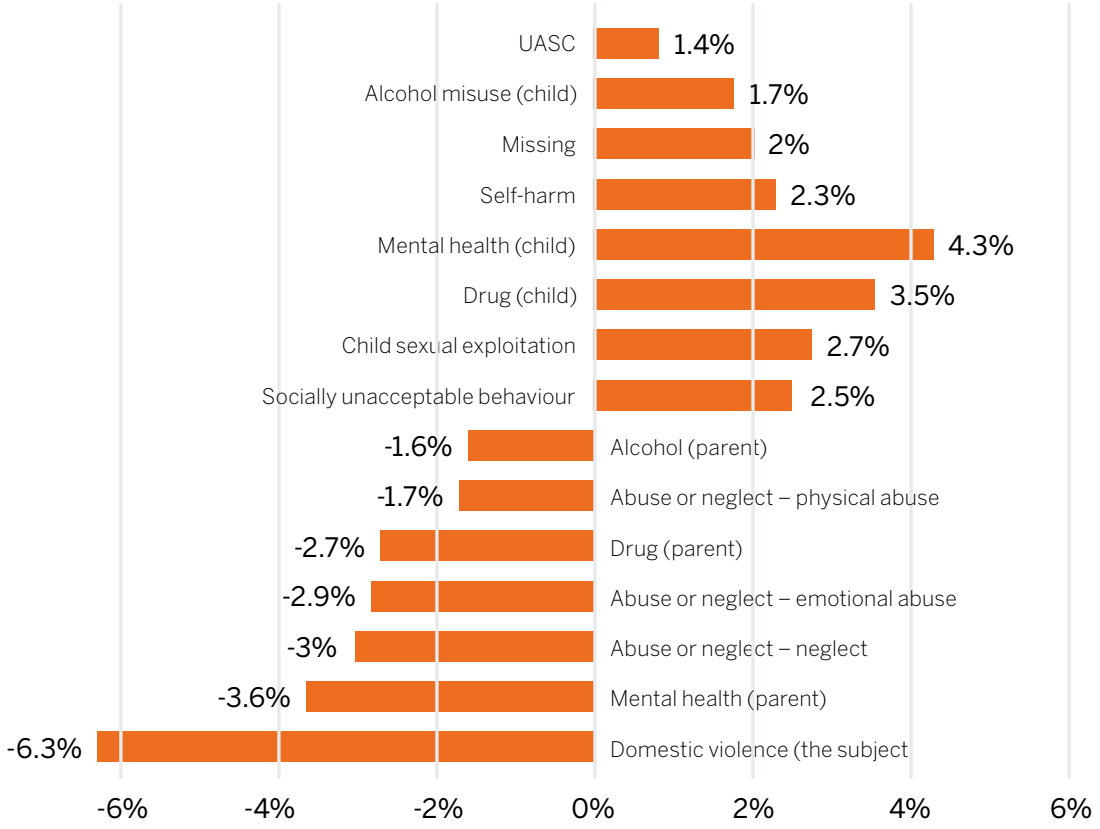


Figure 8: Difference in the proportion of issues identified in assessments of 16–17 year olds as compared to 0–15 year olds (n=77)



A more detailed look at the factors which are identified in assessments of 16 and 17 year olds identified areas where transition to adulthood has been raised as an issue of concern by us and other organisations. We know that 16 and 17 year olds are more likely to disengage from mental health support and fall through the cracks between children's and adult services.[67]

In our earlier work we have also raised the issue of the lack of transition support for young people who are experiencing or at risk of CSE.[68] The Government, responding to the Home Affairs Committee's recommendation about the need for the guidance on supporting transition to adulthood for 16 and 17 year olds identified at risk of CSE, made a commitment that such guidance will be produced – but it has yet to fulfil this commitment.[69]

Some of the issues may require further investigation and special attention. For example, our data shows (Figure 8) that the number of unaccompanied asylum seeking children (UASC) is higher among children aged 16 and 17 compared

to children under the age of 16. Indeed, the vast majority of unaccompanied asylum seeking children currently in local authority care in England (78%) are aged 16 and 17.[70] Local authorities have duties towards all children in their area regardless of their immigration status or nationality. If children are unaccompanied, local authorities should provide them with support and services under Section 20 or Section 31 of the Children Act 1989, giving then a looked after status.[71] In practice these young people experience many difficulties in accessing care in the first place, as well as difficulties as they transition to adulthood.[72] One key safeguarding risk for many 16 and 17 year old unaccompanied children we work with – including victims of modern slavery – is that their age and documentation are often disputed by local authorities, leaving them homelessness, destitute and at risk of exploitation.[73] The Children's Society has been advocating for better systems of decision making and support for this group of young children.

78%

of unaccompanied asylum seeking children currently in local authority care in England are aged 16 and 17

Conclusion

Analysis of factors identified in assessments when children are referred to services provides a helpful insight into the issues they face, and for 16 and 17 year olds specifically it highlights the escalation of their needs and the impact of risks outside the familial environment.

Yet there are also risks and issues that 16 and 17 year olds face that are noticeably absent from the list of factors. One such issue is homelessness.

We know from our research and interviews with young people at risk of homelessness – due to conflict with parents, a desire to escape violence, or substance misuse, or even due to overcrowding at home – that young people aged 16 and 17 can find themselves in situations where they need to find somewhere to live. Currently there are no reliable statistics to inform the resources or support needed to address this issue. The Government has made a commitment to address homelessness in the Homelessness Reduction Act 2017, yet this does not address the additional needs of 16 and 17 year olds. Risk of homelessness needs to be added to the list of factors that can be identified in assessments.

Another issue that comes through very strongly in interviews with young people is material deprivation and reliance on benefits. There is confusion about what they may be entitled to, the complexity of systems to navigate, and the lack of financial resources to meet basic needs, such as food and bus fares to get to places of study or work.

'What was going through my head at the time was: I've got no money; I'm going to die because I'm going to starve to death. I've got no way of living. I've been rejected for benefits, which I honestly thought I was entitled to because the way I see it is everybody should be able to have time. Everybody should have a little bit of time to just try and sort their head out.'

Young person, age 18

'Because I never thought I would be on benefits. I always – I grew up like I'm never going to be on benefits. I'm never going to be that kid. And I'm like I'm that kid. I never thought I would be, like...but I'm trying to find a job; I'm trying to find somewhere I can live; I'm trying to get off benefits.'

Young person, age 17

'Bus money. It is a lot. I think it's like £8 or something, or £12 for an adult. Yes. £12 for an adult week rider. Yes. That's going to take some of my money [benefit money]. And I think I start there [at college] next week on Tuesday so if my money doesn't come through then I don't know what I'm going to do. I'm going to probably have to walk it…It's like one hour walking.'

Young person, age 16

'Being on benefits when you're 16 and 17, it is the worst thing, the worst thing. I have been stuck in limbo staying in this flat for near two years, it's horrible.'

Young person, age 17

'That's what I mean like when I was at college I was supposed to like get a bursary for my bus fare and food and stuff. No one ever gave it me. I only get so much over two weeks, I was having to use that for my bus fare and food and stuff which obviously running short, couldn't afford the rent and everything else, and food for here which is what it's for but I don't know.'

Young person, age 17

Because the issue of financial support and managing finances is not specifically looked at in assessments – and is often seen and treated as separate from other issues that impact on the welfare of a child – it becomes a real barrier in access to services and day to day activities.

Chapter 4.

‘My best mate [name] he’s just turned 18 and I think you are not ready to be 18, he’s just not ready. He even said that, he went to the pub the other day and he just don’t feel right. He just don’t feel he should be there. He knows he’s allowed and it’s legal and he’s 18 but he just still feels like a kid’

Young person, aged 17

Young people who said that they did not feel supported by their family in most things at 16 and 17 were, at 18 to 19, over three times more likely to report ill health than those who said that they felt supported by their family at 16 and 17. They were also nearly three times more likely to report low life satisfaction and twice as likely to report being in poverty than those who said that they felt supported by their family at 16 and 17.

The limited evidence we have from local authorities shows that across all categories of low educational attainments there were more children in need aged 17 (including children on child protection plan) receiving poor GCSE results compared to looked after children, and all children in the area.

No local authorities had plans in place to support children in need in their transition from childhood to adulthood.

Making the transition into early adulthood

There is growing recognition that harmful or adverse experiences during childhood and adolescence have long term effects on the outcomes for young people. The strongest evidence to date has found significant links between Adverse Childhood Experiences (ACEs) and a number of negative physical and mental health outcomes in adulthood.[74] These events also impact on the well-being of the young people involved, and not only at the time that they are experiencing it – the negative effects on their well-being can still be felt years later.[75]

Our own research has looked at the effect of multiple disadvantage on children's well-being, finding that children facing seven or more problems were 10 times more likely to be unhappy than those with none.[76]

From stories we have heard from young people, we also know that experiences through childhood and adolescence have a long lasting emotional impact on young people's lives and can be detrimental to their life chances.

CASE STUDY – **SARAH**

- At the age of 12 Sarah was physically abused by her parents. She disclosed abuse to children's services but was not believed.
- Between the ages of 13/14 and 16 she was groomed for sexual exploitation. It is because of the risk of CSE that Sarah was put on a child protection plan. She was sexually assaulted when she was 14 and 15.
- At the age of 16 Sarah was raped. Police got involved and the perpetrator of the crime was put in prison. Her child protection plan was downgraded to a child in need plan.
- Sarah was experiencing problems in her relationship with her parents and she was also diagnosed with Post Traumatic Stress Disorder and Borderline Personality Disorder.
- At 19 she continues to receive help from mental health services. She would like to study but receives no additional support to enable her to participate in education. As a result she mostly has to spend time at home. This situation triggers suicidal thoughts.

Findings from Understanding Society into how vulnerability continues into adulthood

Alongside examining the scale of vulnerabilities faced by 16 and 17 year olds, we also examined the association that these vulnerabilities had on outcomes in the young people's lives later on.

When using survey data, it is important to remember that it usually represents a snapshot of what is happening in that young person's life at time of completion. The advantage of the Understanding Society data is that it follows up with the same young people every year. This enables us to track changes in their lives, including changes in the number of vulnerabilities they are facing and the impact these vulnerabilities have on their outcomes in early adulthood.

In the following analysis we followed young people's experiences through three waves of the Understanding Society data: Wave 2 (when the young people were aged 14 and 15) Wave 4 (the wave used in the initial Seriously Awkward report when the young people were 16 and 17) and Wave 6 from approximately two years later when the young people are in early adulthood (18, 19 and 20 years old).[77,78]

A detailed description of the methodology and analysis criteria can be found in the Technical Note.

Differences in vulnerabilities experienced by young people throughout their lives

Firstly, we compared the levels of vulnerabilities the young people reported at the different ages to establish whether there are any trends in the types of vulnerabilities experienced.[79]

Of the vulnerabilities that could be tracked through all three ages, the proportions of young people who experienced each vulnerability remained relatively stable between the three waves (see Table 6).

Only three vulnerabilities had an increase between each wave: low satisfaction with life, not feeling as capable as others and being drunk more than six times in the last four weeks.

However the last, being drunk is less surprising as in Wave 6 the young people are at least 18 and so of legal drinking age. Overall for the physical and mental health area more young people were experiencing vulnerability at 18 and 19 years old than when they were younger.

Yet slightly fewer young people reported being in poverty and material deprivation at 18 and 19 compared to at 16 and 17 years old. This is likely due to the young people being in employment or higher education at this age. Of the group, 55% were in full time education, 30% were in paid employment and 3% were on either an apprenticeship or government training scheme.

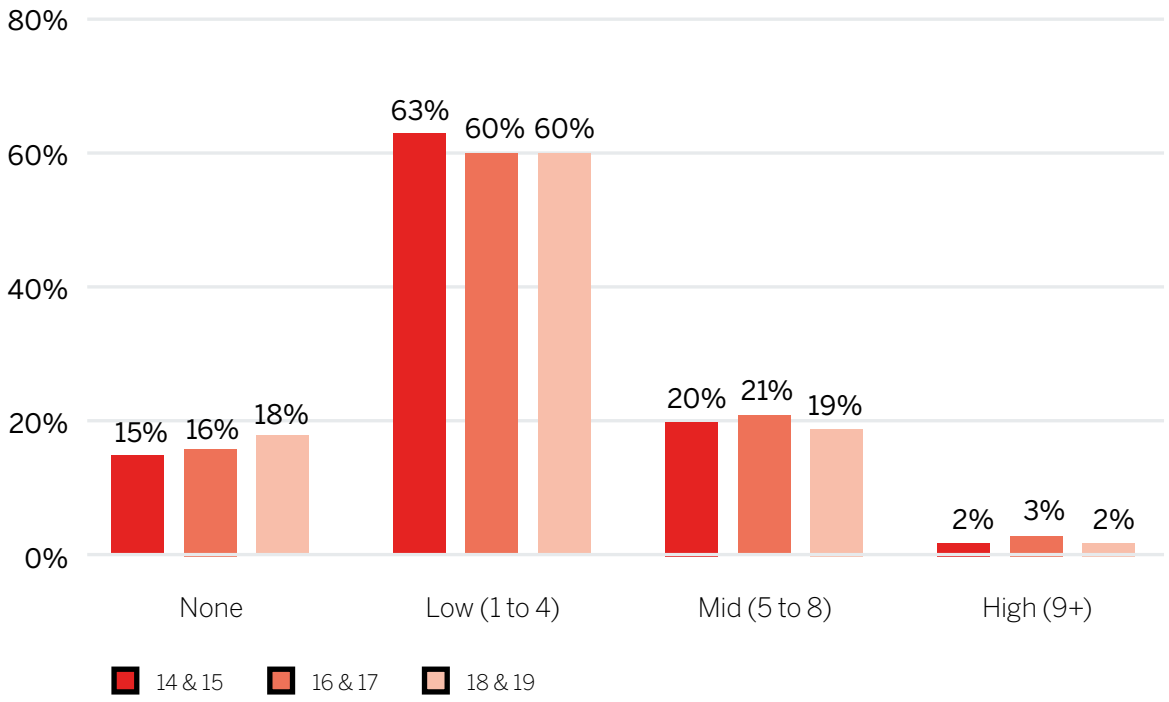
Table 6: Proportions of children experiencing each vulnerability across the waves

Overview of individual life areas	14 and 15 years old	16 and 17 years old	18, 19 and 20 years old
Familial and social support	**23%**	**35%**	**28%**
Not supported by family in most or all things	Not in wave[80]	28%	24%
Would not turn to family if upset	Not in wave	15%	12%
Cares for someone sick or disabled	Not in wave	5%	5%
Less than two close friends	4%	6%	6%
Low family score	2%	Not in wave	Not in wave
Low friends score	2%	Not in wave	Not in wave
Not supported with homework	20%	Not in wave	Not in wave
Physical and mental health	**51%**	**47%**	**48%**
Feels useless at times*	43%	36%	38%
Feels a failure*	10%	15%	14%
Have you recently lost much sleep over worry?*	Not in wave	16%	21%
Overall life satisfaction low*	4%	14%	21%
Don't feel as able as most people*	7%	11%	12%
Poor health*	11%	6%	6%
Doesn't feel likeable	4%	6%	5%
Poverty and material deprivation	**48%**	**56%**	**52%**
Cannot afford to replace worn out furniture*	36%	39%	33%
Cannot afford £10 savings per month*	33%	33%	27%
Household poverty (living in a household with less than 60% equivalised median income)	21%	19%	19%
Cannot keep home in a decent state of repair	16%	14%	13%
Problems paying housing	13%	14%	14%
Behind with bills	9%	10%	7%
Home not warm	8%	8%	7%
Risk-taking behaviours	**29%**	**15%**	**28%**
Out after 9 pm without telling anyone*	21%	16%	26%
Used illegal drugs five or more times*	8%	3%	7%
Drunk six or more times in the last four weeks*	1%	2%	6%
Truant	14%	Not in wave	Not in wave

* indicates a significant difference at 0.05 (Green indicates a decrease from previous wave, Yellow indicates no change, and Red indicates an increase from previous wave)

We also looked at how many of the young people experienced multiple vulnerabilities at different ages.

Figure 9: Proportion of young people facing a different number of vulnerabilities at Wave 2 (14 and 15), Wave 4 (16 and 17) and at Wave 6 (18 and 19) (n = 807)



The proportion of young people experiencing multiple vulnerabilities between waves was stable (Figure 9), with similar proportions of young people in each band. Although there is a slight increase in the proportion who reported no vulnerabilities between Waves 2, 4 and 6, no significant difference is found.

How consistent are these vulnerabilities in the lives of young people?

Once we established the scale of the issues facing young people in their lives, we also wanted to understand to what extent these vulnerabilities are constant in their lives. For example how many young people go through their adolescence experiencing no vulnerability, compared to those at the other end of the scale who spend their whole adolescence with a high number of vulnerabilities?

We found that, though the numbers experiencing different amounts of vulnerability is relatively stable between waves (with around 1 in 5 experiencing between 5 and 8 vulnerabilities and around 1 in 50 experiencing 9 or more), for individuals in the group there is significant transition in the level of vulnerability they experience. Table 7 summarises the proportions of young people who moved in and out of vulnerability bands between the three waves examined.

Table 7: Percentage of participants who experience transition between vulnerability levels over three waves

	Overall	No risks	Low risk (1 to 4)	Mid risk (5 to 8)	High risk (9+)
No change to level of risks experienced between 14/15 and 18/19	31%	17% (2.6%)	40% (25.4%)	16% (3.2%)	11% (0.2%)
An increase in the level of risks experienced between 14/15 and 16/17 but a decrease in risk by age 18/19	14%	20% (3%)	16% (9.9%)	4% (0.7%)	–
A consistent increase in the level of risk from age of 14/15 to 18/19	21%	63% (9.7%)	16% (10.3%)	6% (1.2%)	
An decrease in the level of risk experienced between 14/15 and 16/17 but an increase in risk by age 18/19	12%	–	11% (6.8%)	22% (4.3%)	28% (0.6%)
A consistent decrease in the level of risk from age of 14/15 to 18/19	22%		17% (10.4%)	52% (10.2%)	61% (1.4%)
n for Wave 2	807	123 (15.2%)	507 (62.8%)	159 (19.7%)	18 (1.4%)

(Red numbers indicate percentage against total for wave 2)

Overall, less than a third (31%) of the young people had the same level of vulnerabilities from the age of 14–15 until they were 18–19. Most of these were within the low risk band, with 25% of the whole group falling into this category.

No risk

Of the young people who had no vulnerabilities at the age 14–15, 17% never experienced vulnerability during the time frame, which means 3% of the total group reported never experiencing the vulnerabilities considered. The rest of the young people who had no vulnerabilities at the age of 14–15 experienced at least one vulnerability between the ages of 16 and 19, with the majority experiencing an overall increase in the number of vulnerabilities they are facing by the age of 19.

Low risk

The majority of young people fell within the low risk group (those experiencing 1 to 4 vulnerabilities). This group also showed the most stability, with 40% staying in the same band from 14 until 19 years old. For the rest of the children in this group, there was significant transition – with some children increasing in vulnerability over the time period and some decreasing, while others varied between increasing/decreasing at age 16–17 and then reverting back at age 18–19.

Mid risk and high risk

We found the children who started in the mid and high risk groups in Wave 2 had the greatest capacity to move out of vulnerability – with the majority in both decreasing in the time frame. For these children the findings indicate that their lives have improved as they are facing lower levels of adversity by the time they have reached young adulthood. However, as explained later in this chapter, certain factors experienced at the age of 16 and 17 increase the likelihood of vulnerabilities when young people are 18–20.

However, as the overall proportion of young people experiencing more than five vulnerabilities does not change between the three waves of data looked at, it means that although some young people's lives can improve, there are others who fill their place.

What is the impact of vulnerabilities on outcomes for young people?

In using longitudinal data our analysis was also able to look at the impact of specific vulnerabilities on a number of outcomes, including which vulnerabilities at age 16–17 had the greatest association with vulnerabilities at age 18–19.

The vulnerability at age 16–17 which had the most number of associated vulnerabilities at age 18–19 was low satisfaction with life. This is of interest, as the most frequent factor identified in children in need assessments from our FOIs for this age group related to the mental health of the young person themselves. This was also true for our analysis of the Understanding Society data, where the young people who scored badly on the questions around their perceptions of themselves and their lives (questions within the physical and mental health area) were more likely to be experiencing vulnerabilities at 18 and 19 years old.

Overall low satisfaction with life

Young people who said that they were not happy/satisfied with their lives at 16 and 17 years old were more likely to report the following at 18 and 19:

3.9 times more likely to still be unhappy with their life

3.8 times more likely to feel like a failure

2.6 times more likely to have been drunk six or more times in the last four weeks

2.5 times more likely to be NEET

2.3 times more likely not to turn to family if upset

2.2 times more likely to feel unlikable

2.1 times more likely to feel useless

2.1 times more likely to report poor health

2.0 times more likely to recently have lost sleep over worry

1.9 times more likely to be in a household in poverty

1.9 times more likely to have used illegal drugs 5+ times

1.8 times more likely to not feel as able as most people

1.7 times more likely to say that they do not feel supported by their family

Poor physical health

Another vulnerability which had a significant number of associated vulnerabilities for the young people at age 18–19 were the young people who said their health was poor. This too is reflected in the Children in Need data – child's disability or illness (N2) was the 4th highest category (when known) reported for 16 and 17 year olds in the CIN census. From the Understanding Society data, young people with poor health at 16 and 17 were more likely to experience the following at 18 and 19:

5.6 times more likely to still be experiencing poor health

3.5 times more likely to have low satisfaction with life

3.2 times more likely to feel unlikeable

3.1 times more likely to be NEET

3.0 times more likely to be in a household in poverty

2.2 times more likely to feel like a failure

2.0 times more likely to be caring for someone sick or disabled

1.9 times more likely to not feel as able as most people

1.7 times more likely to say that they do not feel supported by their family

1.7 times more likely to recently have lost sleep over worry

1.7 times more likely to been in a household struggling with bills

Not supported by family in most or all things

5.1
times more likely to still not feel supported by their family

3.4
times more likely to not turn to their family if upset

3.4
times more likely to experience poor health

2.9
times more likely to have low satisfaction with life

2.3
times more likely to feel like a failure

2.2
times more likely to feel unlikeable

2.0
times more likely to live in a household in poverty

1.8
times more likely to recently have lost sleep over worry

1.7
times more likely to not feel as able as most people

Caring for someone sick or disabled within household

29.0 times more likely to still be caring for someone sick or disabled

4.0 times more likely to have be experiencing material deprivation

2.3 times more likely to been in a household struggling with bills

2.0 times more likely to report having less than two close friends

1.9 times more likely to be in a household that is not adequately heated over winter

1.8 times more likely not feel as able as most people

1.7 times more likely to be NEET

Household poverty

3.5 times more likely to still be in a household in poverty

2.6 times more likely to have used drugs five or more times in the last year

2.2 times more likely to be NEET

2.1 times more likely to been in a household struggling with bills

1.8 times more likely to have be experiencing material deprivation

1.8 times more likely to be in a household that is not adequately heated over winter

Used illegal drugs five or more times

57.6 times more likely to still to have used drugs five or more times in the last year

3.5 times more likely to have been drunk six or more times in the last four weeks

2.2 times more likely to be in a household that is not adequately heated over winter

1.9 times more likely to have low satisfaction with life

1.7 times more likely to say that they do not feel supported by their family

Our analysis shows that young people who reported low life satisfaction, poor physical health and not feeling supported by family in most or all things, progress to having the highest number of risks and vulnerabilities when they are 19 or 20 years old.

Our analysis also confirmed what has been reported by other pieces of research: that young people affected by poverty at the age of 14 and 15 continue to experience poverty in early adulthood.[81] Those who use alcohol are also likely to use drugs, and that vulnerability intensifies into adulthood.

Another outcome that was evident in a number of vulnerabilities with the highest association with later vulnerabilities was the prevalence of these young people reporting that they were not in education, employment or training at the age of 18 or 19. Of the whole group 12% reported that they were NEET at 18 or 19 years old. However young people experiencing specific vulnerabilities at 16 and 17 were more likely to report being NEET.

Not in education, employment or training

The vulnerabilities experienced at age 16 and 17 that had the highest rates of young people not in education, employment or training at the age of 18 and 19 were:[82]

- **Poor health** – young people who said that their health was poor were **3.1** times more likely to be NEET than the young people whose health was good.
- **Low satisfaction with life** – young people who were unhappy with their life were **2.5** times more likely to be NEET than the young people who were happy with their lives.
- **Household poverty** – young people in households in poverty were **2.2** times more likely to be NEET than their peers who were not experiencing poverty.
- **Feeling useless** – young people who said that they felt useless were also **2.2** times more likely to be NEET than their peers who did not say they felt useless.
- **Caring responsibilities** – young people who said that they cared for someone sick or disabled were **1.7** times more likely to be NEET.

Vulnerability of children in need in early adulthood

In recent years there has been increasingly more research published exploring the links between adverse childhood experiences and the impact they may have on heath, well-being and economic status in later life.[83] There have also been a number of pieces of research looking into outcomes into adulthood for young people with experiences of being in care.

Yet overall there has been very little research focussing on children on the edge of the care system and their lives in adulthood. This was an issue that we set out to explore, and to a degree this is addressed through our analysis of Understanding Society. However, we also wanted to better understand the outcomes of those young people formally assessed as children in need and those on CPPs.

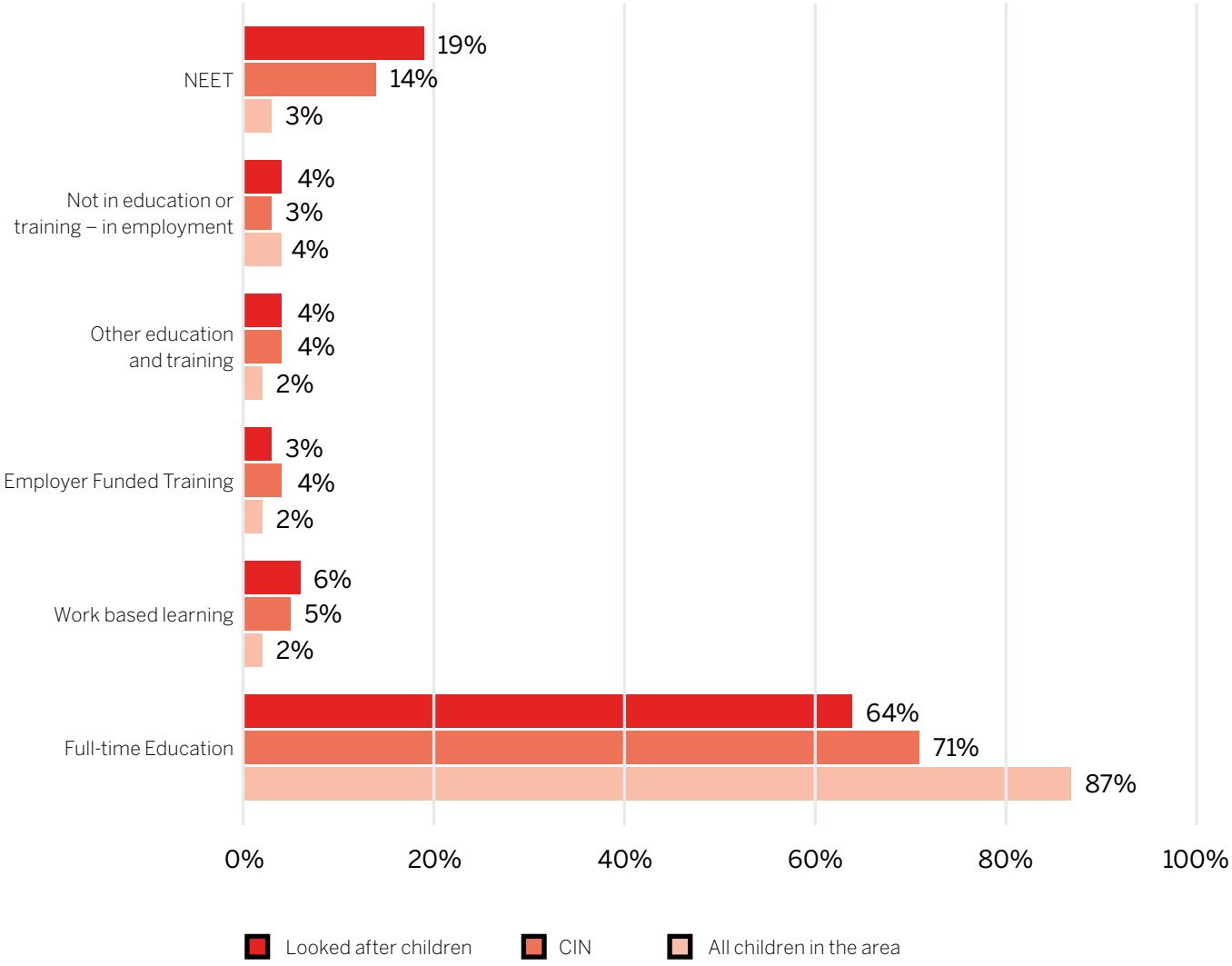
In our second FOI we asked local authorities about a number of issues that young people experience when 16–17 years old (such as education status), as well as issues experienced by 18–20 year olds who had been children in need or looked after children when aged 16 or 17. Very limited data was shared with us through responses to the FOIs, as presented further in this chapter.

Where the data covers children in need, the number includes children on child protection plans. It is important to note that some local authorities could only provide information about children who were children on child protection plans and not children in need overall.

Young people aged 16 and 17 by their education status

Twenty local authorities could provide responses about how many young people aged 16 and 17 participate in education and training, broken down by the status of the child in relation to children's services eg where they were a child in need. The data shows that participation in education, employment and training is similar for looked after children and children in need, compared to all children in the area. Although the majority of them were in full time education in 2016/17, these groups are more likely to be reported NEET and less likely to be in full time education.

Figure 10: 16 – 17 year olds by education status and by groups (n=20)



These findings reflect our Understanding Society analysis, which found a number of vulnerabilities at 16 and 17 are associated with young people more likely to be NEET as 18 and 19 year olds.

Low educational attainment at the age of 17

We also asked local authorities for information about the educational attainment of children who were known to children's services. Educational attainment is one of the determining factors of how successful an individual is going to be finding employment in the future, and of economic stability.

From our direct work with young people we know that education and not doing well in exams due to disruptive earlier education is one of the factors that impacts greatly on their lives at 16 and 17 years old.

'I wish I could go back to being 15 again in school and I would get my head down and actually do my grades. I was one of those "Oh, I am not going to miss school", I left school and I miss it. I wish I went back and actually stuck my head down.'

Young person, age 19

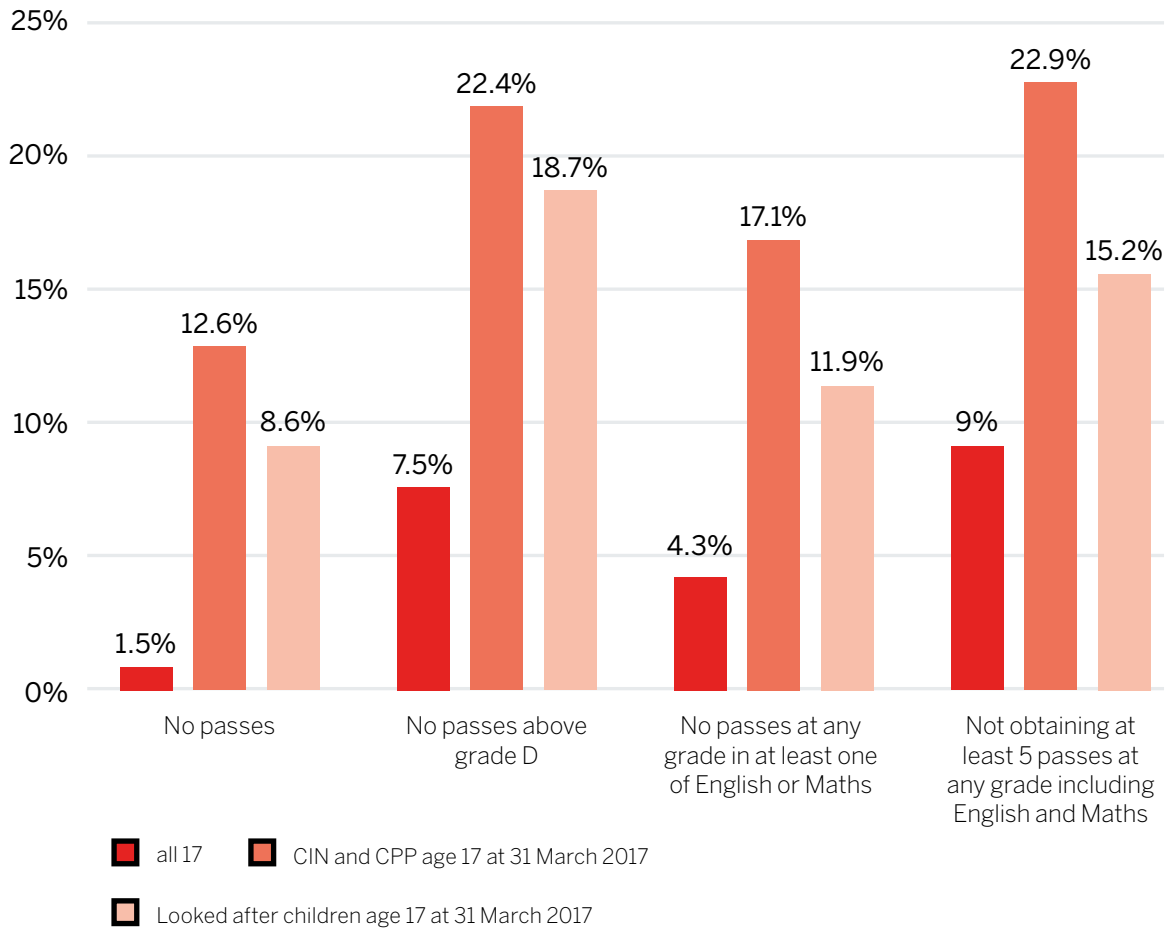
'Well, in my school it is pick your options, GSCE option, in Year 9. So you pick two in Year 9, two in Year 10 and GCSE in Year 11. And obviously in Year 9 I missed a lot because I had really bad depression and anxiety and it was too much of a struggle to get out of bed in the morning and actually go and then my crying. So I never wanted to go in so I missed quite a lot.'

Young person, age 19

Statistics published by the Department for Education shows that school-aged children in need experience a number of issues in education. For example, in 2016 the overall absence rate for children in need was 9.81 percent, compared to 4.6 percent for all children and 3.9% for looked after children. Children in need were also more likely to be classified as persistent absentees and experience higher permanent exclusion rates than all children and looked after children.[84] Considering that many children in need age 16 and 17 have also been children in need before turning 16, it comes as no surprise that their educational attainments and status are poor.

Fourteen local authorities could provide us with information about low educational attainments by different groups in response to a question about GCSEs or equivalent low educational outcomes for children who were 17 on 31 March 2017. Across all categories there were more children in need aged 17 (including children on child protection plan) receiving poor exam results compared to looked after children, and all children in the area.

Figure 11: Educational low attainment at the age of 17 (n=14)



Young adults aged 18–20 who claim benefits

Claiming benefits is another issue that indicates the level of poverty young people are experiencing as they move into adulthood. Only four local authorities could provide data about young adults aged 18–20 who claimed benefits in 2016–17 and who were children in need or looked after children when aged 16 or 17.

Table 8: Number of 18–20 year olds who claim benefits who were known to children's services when 16–17 year olds (n=4)

Number of 18-20 who claimed benefits	Number of them who were CIN at 16 –17	Number of them looked after at 16–17
1,272	160	121
	13%	10%

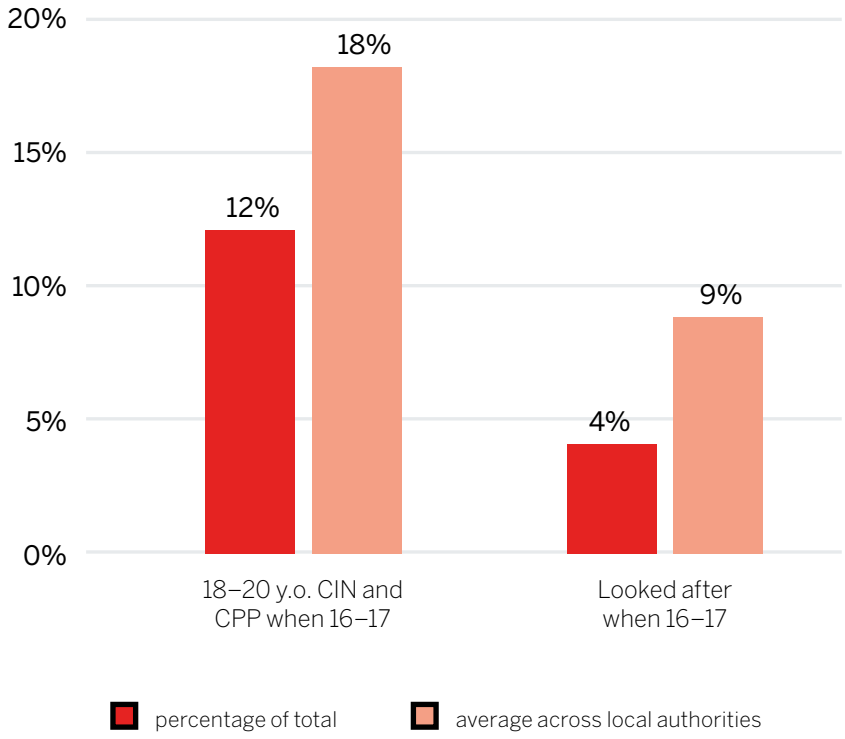
This sample is too small to draw any national conclusions, but it does highlight that children in need may be relying on state support as they transition to adulthood to a similar extent as former looked after children do. Considering that children in need aged 16 and 17 nationally make up around 5% of the population of that age, it shows that they may be overrepresented among young adults claiming benefits. This is reflected in our analysis of the Understanding Society data, which shows that young people experiencing high level of vulnerability at 16 and 17 are more likely to be NEET between the ages of 18 and 20. Yet the plights of children in need will often go unnoticed as once they reach 18 they are not entitled to any additional support.

Young adults aged 18–20 who present as homeless

Nineteen local authorities provided data that we could use to analyse the proportion of young adults aged 18 to 20 who present as homeless and were known to children's services when aged 16 or 17. The data show that in 19 local authorities, out of all 18–20 year olds who presented as homeless, children in need made up around 12% and looked after children around 4%. Yet the proportions varied greatly from one area to another: the average percentage across the areas was 18% for former CIN and 9% for former looked after children.

These findings are not unexpected, given that children in care are a priority need for homelessness support – but the percentage who presented as homeless that were known to children's services across the board is worrying.

Figure 12: Number of 18–20 year olds who presented as homeless and who were known to children's services aged 16–17, (n=19, total 18–20 year olds n=1,963)



Findings: Reasons for closure of CIN cases for 16–17 year olds

Through our data collection we wanted to explore whether, despite the lack of statutory provision ensuring that children in need have support as they transition to adulthood, their vulnerability is recognised in other ways and they may be transferred to adult social services for continuing support.

We asked local authorities for reasons for CIN closures for 16 and 17 year olds. Data shows that for the majority of 16 and 17 year olds, the two key reasons for stopping being a child in need are:

- Services closed for other reasons including that the child is no longer in need
- Case closed after assessment, no further action

Table 9: Breakdown of reasons for closure of CIN cases of 16–17 year olds 16 y.o. (84 LAs, ~16,000 reasons for closure; 17 y.o. 81 LAs, ~ 13,000 reasons for closure)

	Adopted	Died	Child arrangement order	Special guardianship	Transferred to other LA	Transferred to adult social services	Services ceased other	Case closed
16 year olds	**0.1%**	**0.1%**	**0.1%**	**0.3%**	**2.3%**	**1.8%**	**54.1%**	**41.2%**
17 year olds	**0.1%**	**0.2%**	**0.0%**	**0.1%**	**2.0%**	**0.8%**	**53.5%**	**43.3%**

Only a small number of cases are closed and transferred to adult services: less than 2% of cases of 16 year olds and less than 1% of cases of 17 year olds. Not having support as children in need move into an adult life makes is a concerning issues. In the following section we have compared the support that a former child in need may receive with the support that is provided to care leavers of the same age. These are composite case studies based on experiences that young people told us about. We recognise that for care leavers the support will differ depending on where they live and their individual stories, but there are certain levels of support that they are entitled to as they move into adult life.

	Dorothy, aged 18–19 , a former child in need		Lucas, aged 18–19, a care leaver	
Relationships	**Needs**		**Needs**	
	Estranged from family, no support.		Estranged from family, no support.	
	Support		**Support**	
	None		Has an allocated PA from children's social services who coordinates and advocates for the young person to get access to all services he needs, visits young person regularly every month. She will support him until Lucas turns 25.	
Mental health and well-being	**Needs**		**Needs**	
	Young person feels depressed and anxious about her life and self-harms.		Young person has depression.	
	Support		**Support**	
	GP makes a referral to adult mental health services. There is a long waiting time.		His transition from CAMHS to AMHS is coordinated by his named health professional. As a care leaver he is a priority for health services.	
Resources	**Needs**		**Needs**	
	Dorothy moves into an independent flat provided by the council. Dorothy is not a priority for council housing but was lucky to get a flat.		Lucas moves into an independent flat provided by the council. As a care leaver he is a priority need group for homelessness support.	
	Dorothy is unemployed but looking for jobs. She would like to study, but understands that it is unrealistic as she doesn't have good GCSE results or support to get back into education.		Lucas is unemployed but looking to get back into education or training.	

	She struggles to have enough money to pay her council tax and bills. Dorothy has some council tax support but it does not cover the full amount. She gets into debt.			
	Support		**Support**	
	She applies for Universal Credit, a benefit that covers her rent and leaves her with around £250 a month to live on.		His PA helped him make and application for Universal Credit a benefit that covers his rent and leaves him with around £250 a month to live on.	
	Dorothy has no money to furnish her flat so she applies to local charities to get some second hand furniture and appliances.		As a care leaver Lucas received £2,000 to furnish his first home.	
	Dorothy gets no additional financial support.		Children's services paid his passport costs.	
			Children's services pay for his driving licence and driving lessons.	
			He continues getting his birthday vouchers.	
			His PA helps him with options of getting back into education and help him with managing bills.	
			Local authority exempts Lucas from paying council tax.*	

*At the time of publication of this report over 60 councils in England and several councils in Wales have accepted the recommendations of The Children's Society's campaign to exclude care leaver from paying council tax till they are 25. The Scottish First Minister also made a commitment to introduce such exemption nationally. Full details of The Children's Society's campaign A Fairer Start for Care Leaver available here: www.childrenssociety.org.uk/what-you-can-do/campaign-for-change/a-fairer-start-for-care-leavers

Risks				
	Needs		**Needs**	
	Dorothy has been approached by some local drug dealers to use her flat to store drugs in exchange for some small payment.		Lucas gets drunk and violent from time to time. On one occasion while visiting a local pub the police are called.	
	She is threatened with sexual violence.		Lucas has been cautioned by the police.	
	The local gang are known to police. But they see Dorothy as becoming part of the gang and a potential offender.			
	She is no longer seen as vulnerable to sexual exploitation as a CSE flag that was placed on police systems has been removed once she turned 18.			
	Support		**Support**	
	None		When he mentions the situation to his PA she advocates for him to get some support from substance misuse services for adults.	

Transition policies for children in need

We also asked local authorities whether they have a policy on how transition to adulthood is planned for children in need.

The majority of responses stated that they have statutory responsibilities in relation to children with disabilities, care leavers or young carers and as a result, there are specific transition policies for these groups.

A small number of responses (4) stated that a policy is being developed and will be published in due course.

Some stated that although there are no formal procedures, these cases are considered on an individual basis to establish what support may be provided.

Young people interviewed explained that they need support with different areas of their lives but transition planning is not happening.

'So probably a month prior to my 18th birthday [key worker] said "I am going to come in to have meeting with you and the person who supports you in your supported accommodation." She came and probably after 15 minutes she left. She literally just said "We have completed this and we have completed that, you are 18 now we have to sign you off. Bye." And that was literally it. The person from my supported accommodation said "Is that what she's been like for the long period of you getting child in need?" And I was "Yes". I have only seen this woman about twice and the other one I saw about three times. I don't think that's enough. I was put forward for a child in need because I had mental health needs at the time and she was supposed to be helping me with self-harm, mental health, different things like self-esteem. I think we did it once. And that was it for her to come in and sign me off and say yes we have completed that.'

Young person, age 19

'When I get my own tenancy I want to actually learn myself, in my own space, how to cook without burning myself and stuff like that.'

Young person, age 18

'It's not you're not doing nothing, you're not living. It's just, you're just surviving.'

Young person, age 17

'I want, I just want to be living, I don't want to be struggling.'

Young person, age 18

'I honestly, I haven't got a clue what the benefits will be like [at 18]. I think it'll be worse. A lot worse, obviously because they're going to help 16 and 17s more than they are you know 18 to 30s.'

Young person, age 17

'I was 17, I didn't live with my [parent] at the time because I had problems...in the family home. I was just staying between different friends' houses. I'll be honest with you: I'm still doing that now. I don't have a home.'

Young person, age 18

Conclusion

Our analysis of the Understanding Society data clearly demonstrates that risk factors and vulnerabilities appear and escalate in the lives of young people from the age of 14 onwards into young adulthood.

Data collected from local authorities suggests that children in need and children on child protection plans may be experiencing similar issues to those experienced by care leavers. Yet due to the lack of statutory requirements and the lack of understanding of the future outcomes for this group of children, very few of them receive support that enables them to flourish.

The limited amount of data shows how important it is that this group of children gets on the radar of services and concerted efforts are made to record data to build the bigger picture of the needs of young adults who were on the edges of the care system. Efforts should also be made to understand how support may need to be provided and how much it would cost to provide that support.

This report is just the starting point for understanding the issues facing children in need, and the additional support they require. Over the coming year we will continue to fill this evidence base. We will not be able to do it on our own and would like to work with other voluntary sector organisations, as well as with local authorities, to develop solutions and bring the voices of these young people and adults to decision makers.

Chapter 5.

‘I took an overdose and…I was trying to end it because I thought in my head what was the point in living? Because why aren’t the Government helping us?’

Young person, aged 18

The Government needs to ensure that vulnerable 16 and 17 year olds have the support they need to have a positive move into adulthood.

All children’s experiences of moving to adulthood are different. But from interviews with young people we spoke to, a clear message comes through: that if you do not have a supportive family with the resources needed to keep you safe and guide you, then being 16 and 17 years old is a very challenging and scary time. And turning 18 is really daunting. The views and thoughts of some of these young people are presented in this section.

Young people aged 16 and 17 are at the last stage of what is legally childhood, and for many young people it’s their last hope of someone helping to sort out the issues they are facing. For most children in need aged 16 and 17 this is not happening. The policy and practice does not recognise that they are different from younger children and therefore require a different kind of support.

Views of young people

Young people we spoke to told us that they need more support at the age of 16 and 17 and as they move to adult life.

'When it came to the day I was moving into supported housing I literally had no money. I tried explaining that [to my support worker] that I got no money for food and don't get paid until next month and I have to wait four weeks. And she said "There is nothing I can do because you work." So I couldn't get free bus pass, money for food, nothing was offered to me. I had to ask people [in supported housing to make referral to a food bank].

Young person, age 19

'The rules for 16 and 17. I'd literally, I'd be like I'd address it because it's not fair. You know when you're 16 to 17 now you've come out of school you're not a kid but you're not an adult so you need... it's the time to make mistakes basically.'

Young person, age 17

'You are leaving a child in need for three months, anything could have happened. Because at that point of time I told [my support worker] while I was homeless I was feeling suicidal. Kind of this was proper struggling with my mental health and then to leave someone like that for three months with absolutely no support, knowing that they no one to turn to, no family, anything could have happened in that space of time.'

Young person, age 18

'When you are a child in need, all you need is a bit of financial support, like help managing your bills, your rent, and food. And just someone to talk to, someone who is going to help you with problems, because when you are a child in need it is because you are not with your parents anymore.'

Young person, age 18

'We are still kids, we all still need help. Just because we've lived with our parents longer than people in care did, doesn't make any difference. We are still left on our own not knowing what to do. So I do not known why it's so big a gap between support? I think it is ridiculous to be palmed off at 18. I'm 18. I'm still a child. I'm left just to fend on my own without any support. So why is it not extended to a bigger age gap? Because it should be.'

Young person, age 18

Recommendations

We believe the following changes and next steps need to happen to ensure that vulnerable 16 and 17 year olds receive help they need and ensure that support is extended into their early adulthoods.

Improving response to 16 and 17 year olds referred to services: Assessment of needs

Our research showed that 16 and 17 year olds may have needs that are different to younger children – and that having these needs assessed holistically is their last chance in childhood to secure some support. But there are many gaps in how their needs are assessed and in the support that is provided that needs to be addressed.

1. Sixteen and 17 year olds who are referred to services should not be dismissed without an assessment of their needs, as even where they are not at risk of harm they are likely to experience a number of disadvantages that will persist into adulthood.

2. The assessment of needs for this age needs to focus on risks, mental health needs, relationship with family and risk of poverty, and any plans put in place should address all of these issues comprehensively. Young people should be given clear information and coordinated support to resolve the issues identified.

3. Some additional categories need to be added to the list of factors in assessments of 16 and 17 year olds: risk of homelessness and access to resources.

Improving response to 16 and 17 year olds referred to services: provision of support to 16 and 17 year olds referred to services

Our report shows that provision of support for 16 and 17 year olds who are children in need in most cases does not take into consideration that their needs may be different from children under the age of 16. They may be living independently, moving from school into employment or training, or claiming benefits. They are facing making difficult day-to-day decisions about their lives and the future. Provision of guidance and support that addresses different areas of their lives and helps them plan for the future is really important.

4. Child in need and child protection plans for children aged 16 and 17 should last until they are 18. Transition planning should be made a statutory requirement in every child in need and child protection plan for children aged 16 and 17. Young people should be given clear information and coordinated support to resolve the issues identified.

5. The Government should allocate additional resources to local authorities in order to allow them to meet their Section 17 duty and support the transition of children in need into adulthood.

6. The Government must require all local authorities to outline the support they are going to provide for vulnerable older teenagers, to enable them to make a successful move into independent adult life. This must, at a minimum, address their health, housing, employment and education needs.

7. Children in need cases should not be closed because a child does not engage. All options need to be explored in consultation with other organisations involved in a child's life.

Support for children known to services as 16 and 17 year olds as they turn 18

Currently there is no statutory provision of support for children who were children in need or children on a child protection plan as they move into adulthood. This issue needs to be addressed.

8. Children should not be cut off from support where they are still in need of statutory intervention to thrive and flourish in adulthood.

9. Local authorities should design and plan services for children in need around transition, and should consider the extension of key services – for example mental health services, homelessness support, support with access to education, employment and training – up to the ages of 25. This should be done in partnership with the voluntary sector and central government, learning from examples of what works in practice both in England and Wales and internationally.

Building knowledge about the needs of children in need age 16 and 17 and outcomes into early adulthood

Our research identified big gaps in what we known about the needs of 16 and 17 year olds in our population, and specifically about the needs of children in need of that age. Considering that the evidence suggests that these young people are likely to have poor outcomes in early adulthood in many areas of their lives, it is important that their needs are researched further than where data is currently collected, so that it allows for a focus on the needs of this group of children. Better monitoring of outcomes for young adults who were known to children's services as 16 and 17 year olds needs to be put in place to inform response to this group of children.

10. The Government must use the children in need review to propose changes for how 16 and 17 year olds who are children in need are supported into adulthood, to ensure that they are able to reach their full potential. This must address their education, health, housing, and employment needs as well as addressing safeguarding issues. Where they identify gaps in the evidence base, the review should set out an approach to delivering the additional research and analysis needed.

11. The census of children in need should allow for the gathering of data that would help understand the needs of 16 and 17 year olds who are referred to services. As a minimum, risk of homelessness and the lack of financial support from families must be added to the factors that can be identified in assessments.

12. Children in need census data needs to be reported by age groups allowing specific focus on 16 and 17 year olds to reflect that older teenagers are different and require additional support which can help inform future national and local policy priorities and services.

13. The Government, local authorities and voluntary sector need to come together to jointly develop the solutions that ensure all young people who require support through late adolescent years are offered consistent and appropriate pathways to adulthood. This will include identifying examples of what works in practice, in England and Wales. Learnings from local authorities that show promising approaches to transition should be collected and shared nationally.

14. Further research needs to be carried out to understand the financial costs associated with this issue, including the long-term costs to society of failing to provide appropriate support to young people who need it, as well as the cost of possible changes and solutions.

Where data is collected on experiences at the age of 17 – for example educational attainment, homelessness and benefits – it should include whether children are known to services to build a bigger picture about their needs and to inform future policy changes about this group of children and their transition to adulthood.

The Children's Society will be continuing its focus on finding solutions for transition to adulthood for vulnerable adolescents. Following this report we will be undertaking a qualitative piece of research involving adolescents aged 16 and 17 and young adults who were known to children's services, to establish what support makes the difference. We would welcome working in partnership with local authorities to test and develop new solutions that can have a lasting and positive impact on the lives of vulnerable young people.

Appendix – Technical note

Identification of participants to assess scale of vulnerability faced by 16 and 17 year olds

In this analysis two waves of the Understanding Society data were used: Wave 4, which was used in the initial Seriously Awkward report, and Wave 6 from approximately two years later. Wave 4 was used in order to be consistent with our previous report, while Wave 6 was chosen as it was the most recent available data at time of analysis which had a distinct cohort of children from the original group in Wave 4. In both cases the samples were unweighted. The base sample sizes of 16 and 17 year olds in each were:

- Wave 4 = 1,603
- Wave 6 = 1,443

There was an almost equal divide between male and female participants, with 51% male to 49% female in both waves.

Identification of participants for longitudinal analysis of vulnerability

The second exploration of the Understanding Society data involved tracking changes in vulnerabilities over time for individual participants. For this analysis, we examined three waves of the Understanding Society data, again using the starting point of Wave 4 when the young people were 16 and 17.

In the first Seriously Awkward report the data analysed came from the adult survey. However as the adult survey starts at 16, to get an indication of what was happening in the lives of the young people earlier in their lives we looked at the children's survey. Due to the interview schedule used by Understanding Society to collect the data, alternate waves were selected for inclusion in our analysis to ensure that the maximum number of participants could be included – for example in Wave 3, half of the participants fell within the child cohort and half the adult. Appendix Figure 1 displays the approximate ages of participants in each wave of data collected at time of analysis.

Appendix Figure 1. Approximate age of participants in wave and related year

	Children's survey			Adult's survey			
Wave	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Wave 1	13 and 14 years old						
Wave 2		14 and 15 years old					
Wave 3			15 and 16 years old				
Wave 4				16 and 17 years old			
Wave 5					17 and 18 years old		
Wave 6						18, 19 and 20 years old	

Once the waves that we wanted to include were identified, we used the personal identifier number assigned to each participant in order to identify which participants could be tracked from age 14 or 15 in Wave 2, through Wave 4 and into Wave 6.

There is a natural attrition of participants between waves as families choose to no longer take part, and as we are now tracking the young people through effectively five waves of data (though only analysing three time points) the sample size reduced from the initial 1,603 that were identified in Wave 4 to 807 who could be consistently traced between Waves 2 to 6. There is nearly an equal spit in gender within the sample, with 53% reporting to identify as female to 47% identifying as male.

Identifying vulnerabilities

As part of the first stage of Seriously Awkward we identified and analysed 24 factors within the Understanding Society data which we know from our research programmes and direct practice with children impact negatively on young people's lives. The analysis does not contain an exhaustive list of criteria that determine the extent to which young people aged 16–17 are vulnerable, however the issues covered present a broad enough spectrum to determine the prevalence of factors. The choice of these particular variables is covered in the first seriously awkward report.

In the new analysis of the scale of vulnerabilities (Chapter 2) we were able to track 21 of the factors that were originally included within both Wave 4 and Wave 6. For the longitudinal analysis (Chapter 4), 21 of the factors were included in each wave, however Wave 2 did not include the specific variables on caring responsibility, family support or whether the young person would turn to their family if upset. Therefore comparable variables were selected from what is available from the data set: 'Low satisfaction with family', whether there was support with homework, and 'Low satisfaction with friends'. The question around loss of sleep was also not available for Wave 2, however a further risk variable of truancy was included to bring the total number of vulnerabilities to 21.

In both sets of analysis respondents were grouped according to the number of vulnerability factors they reported, from none up to nine or more.

Thematic group	Vulnerability	Waves	Question
Familial and Social Support	Not supported by family in most or all things	4,6	Do you feel supported by your family, which is the people who live with you?
	Would not turn to family if upset	4,6	Suppose you felt upset or worried about something and you wanted to talk about it. Who would you turn to first within your family?
	Cares for someone sick or disabled	4,6	Is there anyone living with [NAME] who is sick, disabled or elderly whom [NAME] looks after or gives special help to (for example, a sick, disabled or elderly relative/husband/wife/friend etc)?
	Less than two close friends	2, 4, 6	How many close friends would you say you have?
	Low Family score	2	How do you feel about your family?
	Low Friends Score	2	How do you feel about your friends?
	Not supported with homework	2	Does anyone at home help with homework?
Physical and Mental Health	Feels useless at times	2, 4, 6	Please say whether you strongly agree, agree, disagree, or strongly disagree, that the following statements apply to yourself. I certainly feel useless at times.
	Feels a failure	2, 4, 6	Please say whether you strongly agree, agree, disagree, or strongly disagree, that the following statements apply to yourself. All in all, I am inclined to feel I am a failure
	Have you recently lost much sleep over worry?	4, 6	Have you recently lost much sleep over worry?
	Overall life satisfaction low	2, 4, 6	Please choose the number which you feel best describes how dissatisfied or satisfied you are with the following aspects of your current situation/your life overall.
	Don't feel as able as most people	2, 4, 6	I am able to do things as well as most other people.
	Poor health	2, 4, 6	In general, would you say [NAME]'s health is [excellent to poor]
	Doesn't feel likeable	2, 4, 6	I am a likeable person

Thematic group	Vulnerability	Waves	Question
Poverty and Material Deprivation	Cannot afford to replace worn out furniture	2, 4, 6	Do you have enough money to replace any worn out furniture?
	Cannot afford £10 savings per month	2, 4, 6	Do you have enough money to make regular savings of £10 a month or more for rainy days or retirement?
	Household poverty (living in a household with less than 60% equalised median income)	2, 4, 6	What is your monthly total household net income? (no deductions)
	Cannot keep home in a decent state of repair	2, 4, 6	Do you have enough money to keep your house in a decent state of repair?
	Problems paying housing	2, 4, 6	Many people find it hard to keep up with their housing payments. In the last 12 months, have you ever found yourself behind with your rent/mortgage?
	Behind with bills	2, 4, 6	Sometimes people are not able to pay every household bill when it falls due. May I ask, are you up to date with all your household bills such as electricity, gas, water rates, telephone and other bills – or are you behind with any of them?
	Home not warm	2, 4, 6	For the next question please just answer yes or no. In winter, are you able to keep this accommodation warm enough?

Thematic group	Vulnerability	Waves	Question
Risk Taking Behaviour	Out after 9pm without telling anyone	2, 4, 6	Some young people who still live at home keep their parents informed about where they are. In the past month, how many times have you stayed out after 9pm at night without your parents knowing where you were?
	Used illegal drugs five or more times	2, 4, 6	Since your last interview, how many times have you used or taken any illegal drugs?
	Drunk six or more times in the last four weeks	2, 4, 6	On how many occasions (if any) during the last four weeks have you been intoxicated or drunk from drinking alcohol – for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?
	Truant	2	Have you ever played truant

Calculating Odds Ratios

To calculate the likelihoods expressed in Chapter 4 we used odds ratios to compare outcomes at 18 and 19 between young people reporting each vulnerability compared to their peers that did not. For example, children who reported in Wave 4 that they did not feel supported by their family were 5.1 times more likely to report that they did not feel supported by their family at 18 and 19 compared to the young people who did feel supported by their family at 16 and 17.

References

[1] Pona, I., Royston, S., Bracey, C., Gibbs, A. 2015. Seriously Awkward: How vulnerable 16-17 year olds are falling through the cracks. The Children's Society. London

[2] Section 17 of the Children Act 1989

[3] The Children Act 1989

[4] Calum J. R. Webb & Paul Bywaters. 2018. Austerity, rationing and inequity: trends in children's and young peoples' services expenditure in England between 2010 and 2015, Local Government Studies, DOI: 10.1080/03003930.2018.1430028

[5] The Children's Society. Action for Children, NCB. 2016 Loosing in the long run. Trends in early intervention funding.

[6] The UK population of 16 and 17 year olds rounded to the nearest '000 based on ONS population estimates mid 2016.

[7] University of Essex. Institute for Social and Economic Research, NatCen Social Research and Kantar Public, [producers]: Understanding Society: Waves 1-6, 2009-2015 [computer file]. 8th Edition. Colchester, Essex: UK Data Service [distributor], November 2016. SN: 6614

[8] Rees, G. et al 2010. Safeguarding young people: responding to young people aged 11 to 17 who are maltreated. The Children's Society. London

[9] Pona, I., Royston, S., Bracey, C., Gibbs, A. 2015. Seriously Awkward: How vulnerable 16-17 year olds are falling through the cracks. The Children's Society. London

[10] Pona, I., Royston, S., Bracey, C., Gibbs, A. 2015. Seriously Awkward: How vulnerable 16-17 year olds are falling through the cracks. The Children's Society. London

[11] Pona, I., Crellin, R. 2015. Getting the house in order. Keeping older homeless teenagers safe. The Children's Society. London

[12] Pona, I., Baillie, D. 2015. Old Enough to know better? Why sexually exploited older teenagers are being overlooked. The Children's Society. London

[13] ONS (2017) Young adults living with parents.

[14] Pona, I., Baillie, D. 2015. Old Enough to know better? Why sexually exploited older teenagers are being overlooked. The Children's Society. London

[15] UK Missing Persons Bureau, Missing Persons Data Report, 2015/2016 available from http://www.nationalcrimeagency.gov.uk/publications/876-missing-persons-data-report-2015-2016-1/file [last accessed 11 January 2018]

[16] National Crime Agency. County Lines Violence, Exploitation & Drug Supply 2017 National Briefing Report November 2017 available from http://www.nationalcrimeagency.gov.uk/publications/832-county-lines-violence-exploitation-and-drug-supply-2017/file [last accessed 11 January 2018]

[17] Experimental Statistics 1: New data on police recorded violent and sexual offences, year ending March 2015. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/experimentalstatistics1newdataonpolicerecordedviolentandsexualoffencesyearendingmarch2015#violent-offences-by-age-and-sex-of-the-victim

[18] The Children's Society. 2016. Briefing on attrition rates in reported cases of sexual offences against children under 18

[19] NHS Digital. 2017. Mental Health Bulletin: 2016-17 Annual Report: http://digital.nhs.uk/catalogue/PUB30160

[20] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and well-being in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

[21] Public health England (2016). Data Intelligence summary: alcohol consumption and harm in under 18 year olds. Available from : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542889/Alcohol_consumption_and_harms_in_under_18s.pdf (last accessed 31 January 2018)

[22] Public health England (2017) Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2016 to 31 March 2017 available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664945/Young-people-statistics-report-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf [last accessed 31 January 2018]

[23] Linda Burgess Chamberlain.2009. The Amazing Teen Brain: What Every Child Advocate Needs to Know ABA Child Law Practice, published by the American Bar Association, Center on Children and the Law.

[24] Ofsted (2011) Ages of concern: learning lessons from serious case reviews.

[25] Bellis MA, Lowey H, Leckenby N, et al. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health 2014c; 36: 81-91.

[26] Data from DWP Households Below Average Income: 1994/95 to 2015/16 and is for the UK. Poverty definition is below 60% of median income after housing costs

[27] Universal Credit data from DWP Stat-Xplore dataset as at Dec 2017. JSA data from NOMIS dataset as at Dec 2017. Income Support data from DWP benefits quarterly statistical summary tables as at May 2017. ESA data from DWP Stat-Xplore dataset as at May 2017. All data is for Great Britain.

[28] Pona, I., Crellin, R. 2015. Getting the house in order. Keeping older homeless teenagers safe. The Children's Society. London

[29] Section 17 of the Children Act 1989

[30] Department for Education. 2017.Characteristics of children in need: 2016 to 2017 England

[31] National Audit Office. 2016. Care leavers' transition to adulthood.

[32] Department for Education. 2018. National Statistics Children looked after in England including adoption: 2016 to 2017

[33] Ofsted . 2015. Children in need and child protection: quality of early help and social work assessments https://www.gov.uk/government/publications/children-in-need-and-child-protection-quality-of-early-help-and-social-work-assessments [last accessed 1 Feb 2018]

[34] National audit office. 2016. Children in need of help and protection. https://www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf [last accessed 1 Feb 2018]

[35] Association of Directors of Children's Services.2016. Safeguarding pressures phase 5

[36] Danielle Turney, Dendy Platt, Julie Selwyn and Elaine Farmer. 2011. Social work assessment of children in need: what do we know? Messages from research School for Policy Studies, University of Bristol https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182302/DFE-RBX-10-08.pdf [last accessed 1 Feb 2018]

[37] Community care. 11 Oct 2016. Child in need or child protection? The never-ending issue of thresholdshttp://www.communitycare.co.uk/2016/10/11/child-need-child-protection-never-ending-issue-thresholds/ [last accessed 1 Feb 2018]

[38] Association of Directors of Children's Services. 2016. Safeguarding pressures phase 5

[39] Kadra Abdinasir. 2017. Stick with us. Tackling missed appointments in children's mental health services. The Children's Society. London

[40] https://www.gov.uk/national-minimum-wage-rates

[41] Nikki Luke, Ian Sinclair and Aoife O'Higgins. 2015 The Educational Progress of Looked After Children in England Technical Report 2: Relating Care to Educational Attainment and Progress
Rees Centre, Department of Education, University of Oxford http://www.nuffieldfoundation.org/sites/default/files/files/EducationalProgressLookedAfterChildrenTechnical%20Report%202_Nov2015.pdf [last accessed 1 Feb 2018]

[42] Department for Education (2010 updated 2015). Children Act 1989: transition to adulthood for care leavers. Volume 3: statutory guidance for local authorities on helping care leavers aged 16 and 17 prepare for adulthood.

[43] Department of Health. 2014. Care and Support Statutory Guidance Issued under the Care Act 2014

[44] The original report looked at wave 4 of the understanding society data, which was collected between 2012 and 2013.

[45] Pona, I., Royston, S., Bracey, C., Gibbs, A. 2015. Seriously Awkward: How vulnerable 16-17 year olds are falling through the cracks. The Children's Society. London

[46] The most recent data set at time of analysis was wave 6, which was collected between 2014 and 2015 and released in November 2016.

[47] Good Childhood Report 2017

[48] This is a statistically significant difference

[49] This is 3% of the UK population round to the nearest '000.

[50] Using most recent wave 6 (2014/15 data), this data covers the whole of the UK however to be consistent with the Children in Need data population estimates are based on numbers in England.

[51] All figures reported to the nears '000

[52] (n = 1104 of wave 6 16 - 17 year olds which is similar to wave 4) Figures calculated for 16 and 17 year olds in England

[53] National audit office. 2016. Children in need of help and protection. https://www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf [last accessed 1 Feb 2018]

[54] English indices of deprivation 2015

[55] Association of Directors of Children's Services.2016. Safeguarding pressures phase 5

[56] Hadley Centre for Adoption and Foster Care Studies, Coram Voice. 2015. Children and Young People's Views on Being in Care. A Literature Review.

[57] Pona, I., Crellin, R. 2015. Getting the house in order. Keeping older homeless teenagers safe. The Children's Society. London

[58] Rees, G. et al 2010. Safeguarding young people: responding to young people aged 11 to 17 who are maltreated. The Children's Society. London

[59] Gorin, S. and Jobe, A., 2012. Young people who have been maltreated: Different needs—Different responses?. British Journal of social work, 43(7), pp.1330-1346.

[60] Mitchell, F., 2012. Recognising adolescent abuse and neglect: Estimates, conceptualisations, and responses. University of Stirling Stirling.

[61] Bywaters, P., G. Brady, T. Sparks, E. Bos, L. Bunting, B. Daniel, B. Featherstone, K., Morris, and J. Scourfield. 2016. "Exploring Inequities in Child Welfare and Child Protection Services: Explaining the 'Inverse Intervention Law'." Children and Youth Services Review 57: 98–105. doi:10.1016/j.childyouth.2015.07.017. Bywaters, P., Bunting, L., Davidson, G. et al. .2016 The relationship between poverty, child abuse and neglect: A rapid evidence review.

[62] The Children's Society. Action for Children, NCB. 2016 Loosing in the long run. Trends in early intervention funding.

[63] Beckett H et al. It's wrong... but you get used to it: A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England. 2013. University of Bedfordshire, Office of the Children's Commissioner.

[64] Kadra Abdinasir. 2017. Stick with us. Tackling missed appointments in children's mental health services. The Children's Society. London

[65] Social Finance. 2016. New Insights into improving outcomes for at-risk youth.

[66] http://researchbriefings.files.parliament.uk/documents/SN06705/SN06705.pdf

[67] Impetus. Newcastle City Council. 2016. New Insights into improving outcomes for at-risk youth. Newcastle Experience.

[68] Kadra Abdinasir. 2017. Stick with us. Tackling missed appointments in children's mental health services. The Children's Society. London

[69] Pona, I., Baillie, D. 2015. Old Enough to know better? Why sexually exploited older teenagers are being overlooked. The Children's Society. London

[70] The Children's Society's Old Enough To Know Better? Report showed that currently children who are at risk of sexual exploitation or are sexually exploited at the age of 16 and 17 in most cases do not receive any support as they transition to adult life at the age of 18, despite their vulnerability remaining. The Home Affairs Committee's interim report on its Prostitution Inquiry (published 1 July 2016) adopted The Children's Society's recommendation that the Government should issue a guidance specifying how this vulnerable group of children should be support post 18. The Government, responding in December 2016, agreed that it was vitally important that all children aged 16 and 17 who were being exploited, or were at risk of exploitation, were protected and supported by the police and other agencies, and that this work continues past their 18th birthday. The Government intended the issue to be addressed in the practice guidance on tackling CSE. Yet the new DFE guidance on Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (published February 2017) does not address the issue of transition.

[71] DfE LAC stats for England - for children in care in March 2017: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf [last accessed 8 February 2018]

[72] DfE Statutory guidance - 'Care of unaccompanied migrant children and child victims of modern slavery': https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf [last accessed 8 February 2018]

[73] The Children's Society (2015) 'Not just a temporary fix: Durable solutions for separated migrant children': https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/not-just-a-temporary-fix-durable-solutions-for-separated [last accessed 8 February 2018]

[74] The Children's Society and Refugee Council (2012) 'Still at Risk: A review of support for trafficked children': https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/publications-library/still-risk-full-report [last accessed 8 February 2018]

[75] Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., Jones, L. and Dunne, M.P., 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health, 2(8), pp.e356-e366.

[76] Corcoran, M. and McNulty, M., 2018. Examining the role of attachment in the relationship between childhood adversity, psychological distress and subjective well-being. Child abuse & neglect, 76, pp.297-309.

[77] The Good Childhood Report, 2017.

[78] As we are now tracking the young people through effectively 5 waves of data (though only analysing 3 time points) the sample size reduced from the initial 1603 that were identified in Seriously Awkward to 807 who could be consistently traced over all waves. There is nearly an equal spit in gender within the sample.

[79] Due to differences in interview timings the ages vary in wave 6

[80] Due to the nature of the data set, not all vulnerabilities were recorded in the Wave 2 data, where possible a comparable alternative was included.

[81] In the three wave analysis 21 of the factors were included in each wave, however Wave 2 did not include the specific variables on caring responsibility, family support or whether the young person would turn to their family if upset, so comparable variables were selected; 'Low satisfaction with family', whether there was support with homework, and 'Low satisfaction with friends'. The question around loss of sleep was also not available for Wave 2, however a further risk variable of truancy was included to bring the total number of vulnerabilities to 21

[82] Department for Work and Pension. 2017. Income Dynamics: Income movements and the persistence of low incomes Data for 2010–2015

[83] To a statistically significant level

[84] Bellis MA, Lowey H, Leckenby N, et al. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health 2014c; 36: 81-91

[85] Department for Education. 2017. Outcomes for children looked after by local authorities in England, 31 March 2016. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602087/SFR12_2017_Text.pdf [last accessed 9 February 2017]

Right now in Britain there are children and young people who feel scared, unloved and unable to cope. The Children's Society works with these young people, step by step, for as long as it takes.

We listen. We support. We act.

There are no simple answers so we work with others to tackle complex problems. Only together can we make a difference to the lives of children now and in the future.

Because no child should feel alone.

For more information on this report, please contact:

Iryna Pona, Policy and Research Manager
The Children's Society
e: iryna.pona@childrenssociety.org.uk

Dr Alexandra Turner, Researcher
The Children's Society
e: alexandra.Turner@childrenssociety.org.uk

© The Children's Society 2018. The copyright of all material appearing in this publication belongs to The Children's Society. It may not be reproduced, duplicated or copied by any means without our prior written consent. All images posed by models.
Photo © Laura McCluskey, Stella Scott

Charity Registration No. 221124

PCR0145a/0318