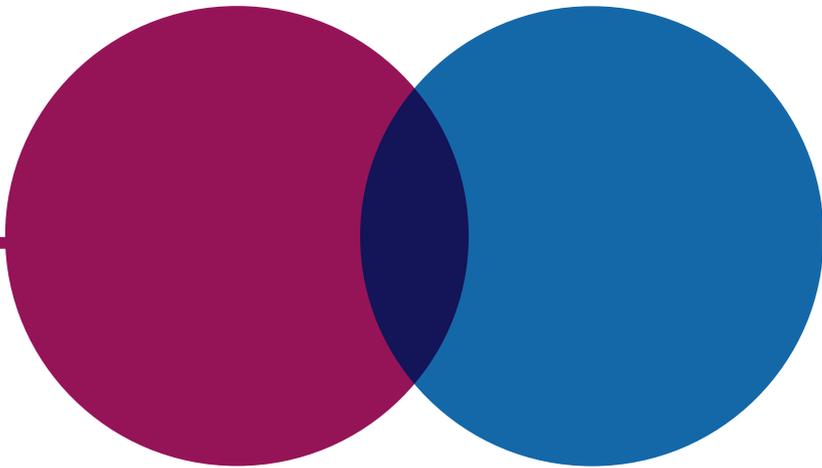




National Audit Office



REPORT

Support for vulnerable adolescents

Cross-government

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National Audit Office

Support for vulnerable adolescents

Cross-government

Report by the Comptroller and Auditor General

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of Commons in accordance with Section 9 of the Act

Gareth Davies
Comptroller and Auditor General
National Audit Office

8 November 2022

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Key facts

£2bn

spending on various additional programmes which support families, vulnerable adolescents and children, announced at the 2021 Spending Review

£23bn

estimate of the annual social cost of adverse outcomes for children who have ever needed a social care worker

7.3m

adolescents aged 9- to 19-years-old in England mid-year 2020

26%

increase in the number of 9- to 17-year-olds in care between 31 March 2014 and 31 March 2021, which is higher than the increase in the total number of children in care (18%)

82%

reduction in the number of children cautioned or sentenced between 2010-11 and 2020-21

142%

increase in referrals of children to secondary mental health services between 2016-17 and 2021-22

72%

of children sentenced in 2019-20 were assessed as having mental health concerns and 71% had communication concerns

81%

of children cautioned or sentenced for an offence had ever been persistently absent from school according to government research published in 2022

6.3%

of 16- to 19-year-olds were not in employment, education or training (NEET) in 2021, an improvement from the 9.2% NEET in 2000

Summary

- 1** There are approximately 7.3 million 9- to 19-year-olds in England. There is no single definition of adolescence; it covers more than one educational phase as well as growing maturity and independence. We include, for the purpose of this report, this wide age group as it captures the period when children start to be exposed to risks from outside the home through to their leaving education and entering the adult world.
- 2** Some adolescents are vulnerable to seriously adverse, avoidable outcomes such as physical or mental harm (including exploitation), leading to entry to the care system; contact with the criminal justice system; periods of not being in education, employment or training (NEET); or severe mental health difficulties. If these adolescents do not receive effective support, from whatever source, at the right time, their problems may become entrenched and require intense and expensive support to reverse or mitigate any harm.
- 3** When vulnerable adolescents are not identified and provided with effective and timely support the costs to society can be significant. The government does not know the full costs of these adverse outcomes. In 2021 the Independent Review of Children's Social Care estimated the lifetime social cost of adverse outcomes for all children who have ever needed a social worker at £23 billion a year. This estimate covers all children who have ever needed a social worker, includes the cost of children's services and makes an estimate of the consequences, but it does not include costs for those children who have never had a social worker. It nevertheless provides an indication of the scale of the cost of adverse outcomes for society.
- 4** Universal services, such as attendance at school, are the first line of public support for all young people. However, for some this will not be enough and specific programmes will be needed to provide additional support or interventions to promote their welfare, help them achieve better life outcomes and avoid costly intervention and support later. Support is largely delivered through local bodies, which work in partnership to identify, protect and safeguard children. Each local authority area has a statutory multi-agency safeguarding partnership, which comprises the local authority, NHS integrated care board and chief officer of police. The three partners work with other local bodies, including schools, colleges, GPs, probation services and providers of childcare, to protect the welfare of children in their area.

5 Several government departments have lead policy responsibilities that address the challenges facing vulnerable adolescents and those around them, for which they fund specific programmes to be delivered by local bodies. Because of the complexity and variety of the challenges involved, departments do not treat vulnerable adolescents as one group with a single, specific cross-government policy programme. The relevant responsibilities are:

- the Department for Education (DfE) is responsible for policy for children's services and education. It has a cross-cutting priority outcome objective to "support the most disadvantaged and vulnerable children and young people through high-quality education and local services so that no one is left behind". There are six other departments which support this outcome and have policies and programmes designed to support vulnerable children, including adolescents;
- the Department for Levelling Up, Housing & Communities (DLUHC) provides the majority of funding for children's social care as part of the wider local government finance settlement, and councils decide how this is spent on children's services. The Department leads the Supporting Families programme, alongside DfE;
- the Department of Health & Social Care (DHSC) sets guidance and policy for health bodies including children and young people's mental health services (CYPMHS);
- the Home Office (HO) is responsible for protecting vulnerable communities, by preventing and reducing crime;
- the Ministry of Justice (MoJ) is responsible for family courts, support for children who have offended and sponsors the Youth Justice Board;
- the Department for Work & Pensions (DWP) leads work on improving employment outcomes for benefit claimants and the Reducing Parental Conflict programme; and
- the Department for Digital, Culture, Media & Sport (DCMS) sets policy on the voluntary sector, responding to online harms and provides central government funding to support the provision of youth services.

Scope of the report

6 Because of the potential costs to adolescents and society arising from serious adverse outcomes, we examined the information government uses to understand these issues and how well government bodies are working together to plan and deliver support to vulnerable adolescents who are at serious risk of avoidable adverse outcomes. Our report sets out evidence on the complexity of challenges facing vulnerable adolescents, the cumulative impact of adverse outcomes for adolescents and society, and the challenges for government to provide effective support and deliver value for money.

7 This differs from our more usual approach in which we would examine the value for money of a specific government programme or intervention. Our report does not consider the quality of locally delivered services, such as children’s social care or policing.

8 This summary provides our key findings, our conclusion and our recommendations, which build on research and improvement work already under way in government. Our audit approach is set out in Appendix One.

Key findings

Understanding the adverse outcomes faced by vulnerable adolescents

9 For the adverse outcomes we examined, government’s data show that:

- adolescents make up the largest number and are the fastest growing cohort of children in care. At 31 March 2021, there were 53,790 adolescents in care between the ages of 9 to 17, making up 67% of the total care population;
- 49,511 children aged 10–17 were arrested in 2020-21 for notifiable offences, down from 201,718 in 2010-11;
- referrals to secondary mental health services for 0–18-year-olds have increased from 482,640 in 2016-17 to 1,169,515 in 2021-22, with 17.4% of 6- to 16-year-olds having a probable mental health disorder in 2021; and
- 6.3% of 16- to 19-year-olds were not in employment, education or training (NEET) in 2021, an improvement from the 9.2% NEET in 2000.

(paragraphs 1.10, 1.22, 1.26 and Figure 3).

10 Adverse outcomes are often overlapping rather than self-contained.

Data available to government show, for example, that:

- 21.3% of 16- to 24-year-old NEETs had a mental health condition in 2021;
- 72% of children sentenced in 2019-20 were assessed as having mental health concerns and 71% as having communication concerns; and
- research published in 2022 found that 81% of children cautioned or sentenced for an offence had ever been persistently absent from school.

(paragraphs 1.30 and 1.32, Figure 9).

11 Adverse outcomes for adolescents vary across the country and by ethnicity.

For example, hospital admissions for under-18s with mental health conditions varied between local authorities from 21 to 251 per 100,000 in 2020-21. The proportion of children in youth custody who are white has reduced, while the proportion from minority ethnic backgrounds increased dramatically between 2010-11 and 2020-21. When asked about the causes of variation, national and local bodies told us that provision can be inconsistent, different localities have different challenges and the solutions that work in one place may not be applicable in another, leading to different outcomes (paragraphs 1.19 and 1.28, Figure 8).

12 The government does not fully understand the reasons for the dramatic fall in adolescents' formal contact with the criminal justice system in the past decade.

Between 2010-11 and 2020-21, the number of children cautioned or sentenced reduced from 85,300 to 15,751 (82%) and the number of first-time entrants to the youth criminal justice system reduced from 46,012 to 8,848 (81%). This means fewer children are receiving a criminal record with the adverse effects on their life chances, such as job opportunities in later life. While the government has carried out work to understand these falls, it does not have the information to fully understand what is driving this change. The MoJ considers changes to police activity and the efforts, including diversionary activity by youth justice services, to reduce the numbers of children who have offended entering the criminal justice system, contributed to the falls. By contrast, the latest demand analysis forecasts a long-term increase in the number of children in custody with the number of 15- to 17-year-olds in Young Offender Institutions now projected to double by 2025, compared with 2021. This projected increase is driven by court recovery from the COVID-19 pandemic, the impact of the Police, Crime, Sentencing and Courts Act 2022 and government's plans to recruit around 23,000 additional police officers (paragraphs 1.17 to 1.19 and Figure 3).

13 Central government has a limited knowledge of whether the same adolescents are known to or receiving support from different local services but has started to try to join up data.

Different departments will record individual data for different purposes and data sets are not consistently joined up. For example, the HO told us that most of its data are focused on the offence rather than the person, making it hard to understand the person and circumstances that lead to the offending. This in turn makes it harder to understand how risks escalate and how support can be better targeted. Current initiatives to address the fragmentation of data sources include:

- the DfE and MoJ combined data in 2020, which improved their understanding of the link between offending and social care and educational background; and
- the MoJ-led Better Outcomes through Linked Data (BOLD) programme aims to show how linking and improving government data can improve the support provided for those with complex needs. BOLD will run until March 2024 and its findings will be used to deliver changes to how government supports those in need (paragraphs 2.17 to 2.21).

Government's approach to supporting vulnerable adolescents

14 We have calculated that the 2021 Spending Review announced £2 billion of additional spending, on various additional programmes which support families, vulnerable adolescents and children. The funding announced at the Spending Review was provided to seven departments over a number of years for specific initiatives proposed by departments. This is in addition to the ongoing funding for universal services, such as schools, and the £10.2 billion spent on children's services by local authorities in 2020-21. In addition, outside the 2021 Spending Review announcement there are other existing programmes which provide additional prevention and support services to vulnerable adolescents such as Violence Reduction Units (£170 million over four years 2019-2020 to 2022-23), the Youth Endowment Fund (£200 million since 2019 over 10 years) and SAFE (Support, Attend, Fulfil, Exceed) taskforces (£60 million over three years). Departments told us that it is not possible to provide a precise figure for total spending on vulnerable adolescents as government does not report expenditure by recipient age group (paragraphs 2.8 and 2.10 and Figure 12).

15 Two recent independent reviews of new multi-agency safeguarding arrangements found that while there has been some progress, arrangements are disjointed, fragmented and not yet fit for purpose. Individual services, such as children's social care, police services and schools can be effective in their own domains but need to be coordinated to address the full range of adverse outcomes identified in this report. New multi-agency safeguarding partnerships started in 2019, aimed at joining up the work of local bodies. Issues identified in two recent reviews included poor coordination between services, a lack of appropriate and timely information-sharing around cases, and services that are difficult to navigate for professionals, let alone adolescents and their families. Both reviews have been clear that there is much to do to build on existing good practice and implement effective multi-agency working (paragraphs 2.2 and 2.11 to 2.13).

16 Local bodies implementing policies led by different departments are navigating complex requirements which can lead to confusion at the local level. Central government told us it expects local partners to join up and it aims to incentivise this through programme design. However, the Independent Review of Children's Social Care found there is complexity and duplication in central government's governance and funding response to harms from outside the home, particularly at a local level, and that this creates confusion among local bodies about who is accountable. The multiple programmes from government often impact the same local authority teams, who themselves are then in some cases working with the same young people. Local bodies and other stakeholders told us the short-term nature of funding makes it difficult to sustain projects and allow for long-term planning. Our previous reports have shown that financial uncertainty, both short-term and long-term, creates risks for value for money as it encourages short-term decision-making and undermines strategic planning (paragraphs 2.13 to 2.15 and 2.26, Figure 13).

17 While departments work together on programmes and initiatives there is no overall strategic assessment of whether vulnerable adolescents' needs are being addressed. Departments use mechanisms such as 16 multi-departmental boards to manage projects which cut across different department responsibilities, such as the Family Hubs and Start for Life Programme Board, co-led by DfE and DHSC. However, there is no joined-up assessment of the extent to which cumulative government interventions have succeeded in improving outcomes for vulnerable adolescents. Vulnerable adolescents may need support from more than one organisation or government programme, which underlines the need for a coordinated and collaborative approach between policy teams and delivery bodies. There has been no overall analysis of the policies and programmes that support vulnerable adolescents to identify gaps and overlaps in support and inform policy development. Without a strategic approach to planning there is a risk of gaps and overlaps in support (paragraphs 2.28 to 2.30 and 2.37, Figure 14).

18 There are gaps in the evidence of what works to support vulnerable adolescents. There is a body of evidence of what works to prevent offending behaviour by children. For example, the Youth Endowment Fund has produced a toolkit showing a range of initiatives that are effective at preventing serious violence. However, there is less evidence on interventions that prevent other adverse outcomes, such as how best to support adolescents at risk of being taken into care. Stakeholders also told us that less is known about how to scale projects up, sustain them over longer periods of time and incentivise adoption of well-evidenced good practice. There are examples of government providing funding to local bodies on the condition they draw on evidence of what works, but this is not universal. In addition, it is not clear how or where all the evaluation will be brought together to provide coherent advice and support to local places (paragraphs 2.34 to 2.37).

Conclusion on value for money

19 Identifying and supporting vulnerable adolescents to reduce the risk of adverse outcomes is complex. But if it is done successfully, the potential savings in damage to lives and costs to other public services are very great. We have calculated that the government has announced the spending of approximately £2 billion through seven different departments on various additional programmes which support families, vulnerable adolescents and children. Our examination suggests that there are gaps in government's understanding of the relationship between risk factors and adverse outcomes for vulnerable adolescents and what works to support them. Government departments work together on certain programmes and interventions, such as Supporting Families, or targeted spending such as the Violence Reduction Units, but there is no overall strategic approach, so government does not know whether there are gaps or overlaps in the support for vulnerable adolescents. Local services are putting in place arrangements to join up their efforts but there are signs that this is not yet effective. These gaps in knowledge and lack of a strategic approach mean it is not possible for government to know whether it is currently providing value for money and addressing the needs of adolescents as effectively as it could.

Recommendations

20 Central government needs to know whether the programmes it funds and the extra £2 billion it has committed are well targeted to reducing the long-term damage to vulnerable adolescents and costs to the country. To do this it will need a shared strategic, data-led view of the complex set of problems it is trying to address, and a strong evidence base to determine the most efficient and effective ways of addressing them, which may involve challenging the existing programmatic approach across government.

21 We recommend that those central government departments involved should, through formal governance, work together to:

- a** **build on recent data-sharing exercises to understand better the relationship between risk factors and adverse outcomes for vulnerable adolescents;**
- b** **address the gaps in the evidence base of what interventions work to support vulnerable adolescents;**
- c** **agree some cross-government objectives and outcome measures for supporting those vulnerable adolescents most in need of support**, along with data sources and methods of tracking progress, by June 2023; and
- d** **set out how they will support local bodies to improve local safeguarding arrangements and respond to the two recent reviews which found they were not yet adequately joined-up or effective.**

Part One

The challenges that adolescents face

1.1 This part of the report looks at the principal adverse outcomes that adolescents may face if they do not get the support they need. It covers:

- who are vulnerable adolescents?
- the cost of adverse outcomes for adolescents;
- the challenges that adolescents may face if the risks that make them vulnerable are not addressed;
- how adverse avoidable outcomes affect different groups of adolescents; and
- the overlapping nature of adverse outcomes.

Who are vulnerable adolescents?

1.2 There are approximately 7.3 million 9- to 19-year-olds in England.¹ In 2019 the Office of the Children's Commissioner (OCC) estimated that there were 2.3 million children at risk due to family circumstances.² Of these, 0.7 million were receiving identified support and 0.8 million were known to social services but a further 0.8 million were thought to be invisible to social services.

1.3 Young people can be vulnerable for a wide variety of reasons and their vulnerability can change over time and through circumstances. Research for the OCC in 2017 found there is little consistency in how government uses or defines the term 'vulnerable'.³ We have been told that government does not have a single definition on the basis that it considers the concept to be too broad to be manageable or meaningful. It has used a definition of vulnerability for specific sets of circumstances, notably the COVID-19 pandemic.

¹ Office for National Statistics, Mid-2020 population estimate.

² Children's Commissioner, *Childhood vulnerabilities in England 2019*, July 2019.

³ Children's Commissioner, *On measuring the number of vulnerable children in England*, July 2017.

The cost of adverse outcomes for adolescents

1.4 The cost of not dealing with seriously adverse outcomes is high.

The Independent Review of Children's Social Care estimated the lifetime social cost of adverse outcomes for all children who have ever needed a social worker at £23 billion per year.⁴ While this estimate covers all children and encompasses the cost of social care and makes an estimate of the consequences, it does not include costs for those children who have never had a social worker.

The £23 billion comprises:

- £5.8 billion in well-being impact, from depression and anxiety, alcohol and drug misuse and mortality;
- £4 billion in lost productivity from foregone employment and earnings, increased absenteeism and early retirement;
- £12.5 billion in costs of public services, including healthcare, criminal justice, children's social care, social care, homelessness and education; and
- £1 billion in other social costs, including costs to the victims of crime.

The challenges that vulnerable adolescents may face

1.5 Vulnerable adolescents may face avoidable adverse outcomes if their needs are not addressed. For our study, we have considered the principal adverse outcomes that may be experienced by adolescents and may be avoidable with the right support. These are:

- risk of physical or mental harm (including exploitation), leading to entry to the care system;
- contact with the criminal justice system;
- periods of not being in education, employment or training (NEET); or
- severe mental health difficulties.

1.6 If vulnerable adolescents do not receive the support they need to avoid these adverse outcomes their problems may become entrenched and require intense and expensive support to reverse or mitigate the harm done.

⁴ The Independent Review of Children's Social Care, *Paying the Price: The social and financial costs of children's social care*, November 2021.

Physical and mental harms that may lead to contact with the social care system

1.7 Adolescents may be more exposed to what are termed ‘extra-familial’ harms than younger children, as they spend more time socialising outside the home and family setting. The extra-familial harms that adolescents may experience outside the home include sexual exploitation, peer-on-peer abuse, serious violence, trafficking and modern-day slavery, radicalisation and criminal exploitation. Adolescents may also find themselves homeless, which may include situations where the place they are living is considered unsuitable.

1.8 The children’s social care system protects children who are at risk of physical and mental harms. In extreme cases, local authorities may use their statutory powers to place children in need on protection plans or even take them into care. The most common category of need for an adolescent in care at 31 March 2021 was ‘abuse or neglect’. The most common factors identified at a ‘child in need’ assessment for 9- to 19-year-olds were concerns around parental mental health, the parent being the victim of domestic violence and the child’s mental health.

1.9 Being taken into care is not in itself an adverse outcome. For many it will offer greater stability and safety. However, social work professionals and courts seek to keep children out of the care system unless it is necessary for their help and protection. For some types of harms, the care system may not be an appropriate response and the individual may receive other types of support.

1.10 Adolescents make up the largest number and are the fastest growing cohort of children in care. At 31 March 2021, there were 53,790 adolescents in care between the ages of 9 and 17, making up 67% of the total care population. Between 31 March 2014 and 31 March 2021 the number of 9- to 17-year-olds in care increased by 26%, which is higher than the increase in the total number of children in care (18%).⁵ The number of 12- to 14-year-olds in care increased the most (29%) of any age group over the period (**Figure 1**).

1.11 The number of children *entering* care increased between 2013-14 and 2020-21 for those aged 11, 16 and 17 by 2%, 18% and 34% respectively, although for all other ages it has reduced. In 2020-21 the under-1s made up the highest proportion of all who entered care (20%, equivalent to 5,610 children) followed by older teenagers (**Figure 2** on page 16).

1.12 The Department for Education (DfE) reported in May 2022 that increases in the number of Unaccompanied Asylum-Seeking Children (UASCs) and the length of time a child spends in care are likely to contribute to the increasing age of children in care. UASCs tend to be older, with only 13% aged under 16 at 31 March 2021.⁶ Population changes and increases in the number of UASCs have contributed to the increase in the number of children in care. For example, the increase in numbers of UASCs accounts for 17% of the rise in children in care between 31 March 2014 and 31 March 2021.

⁵ Calculation based on rounded numbers.

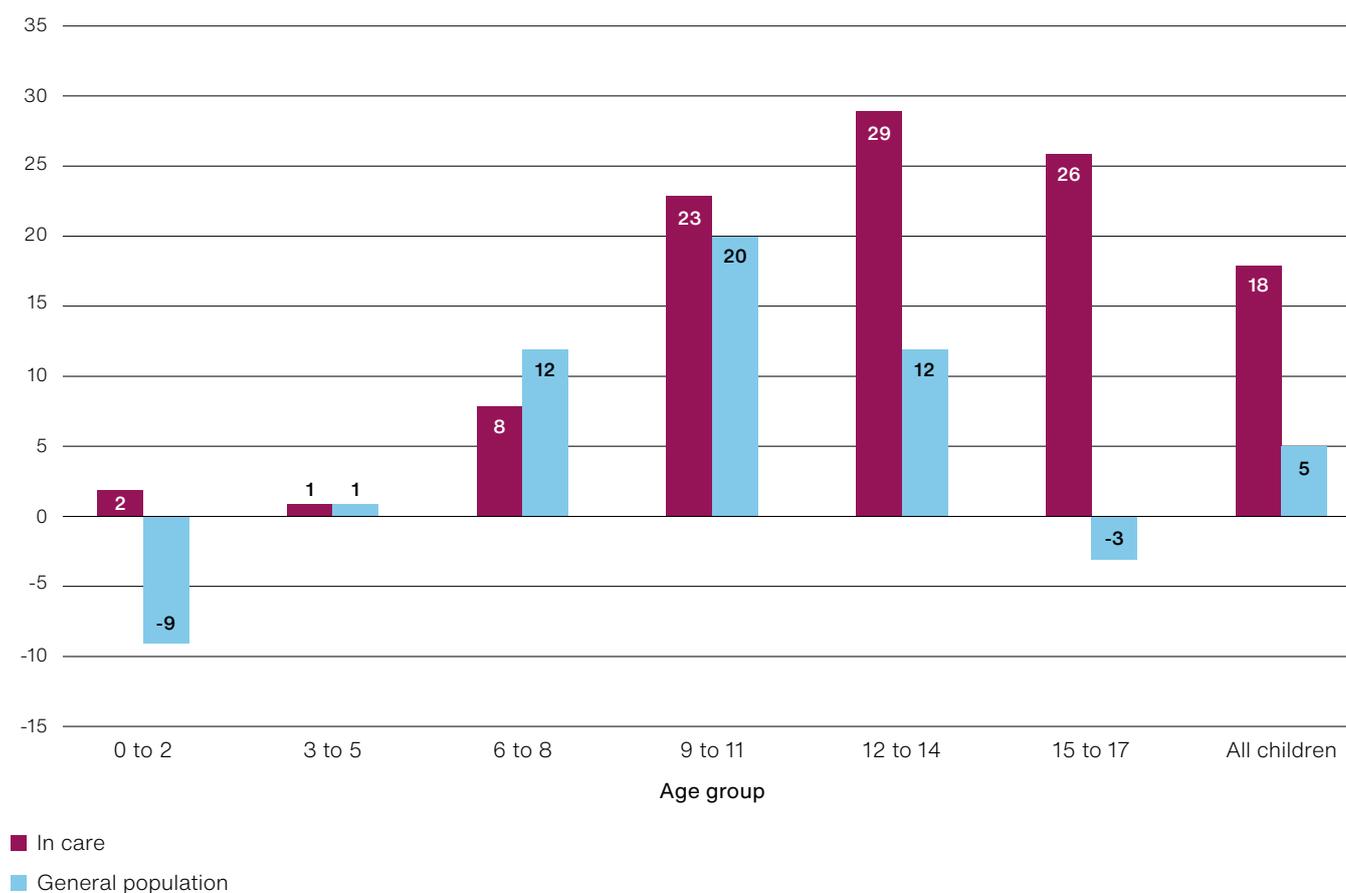
⁶ Department for Education, *Drivers of activity in children’s social care*. May 2022.

Figure 1

The percentage change in the number of children in care, and in the general population, in England from 2013-14 to 2020-21

Overall the number of children in care increased by 18% from 2013-14 to 2020-21, which is more than the increase in the population of children (5%). The number of 12- to 14-year-olds in care increased the most (29%) of any age group over the period

Change in the number of children (%)

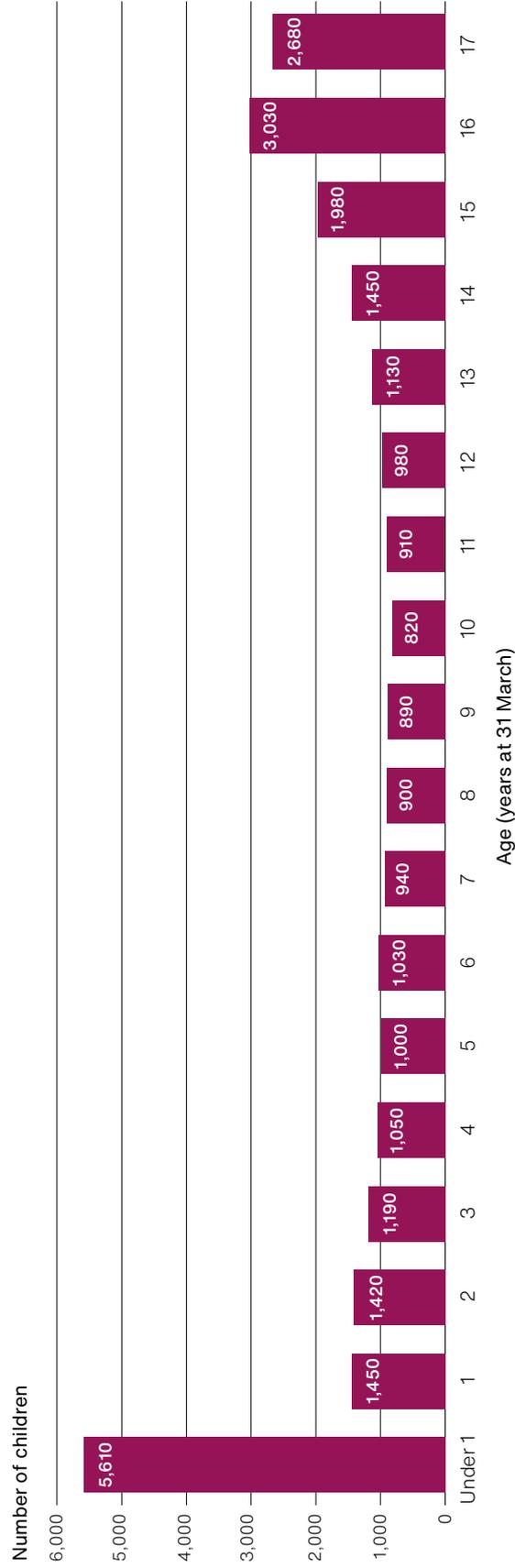
**Notes**

- Figures exclude children looked after under an agreed series of short-term placements.
- The children in care data show the number of children in care at 31 March and uses children's ages at the 31 March. The population estimates are for mid-year 2013 and mid-year 2020.
- Figures are rounded to the nearest 10 in the data on children in care.
- All children in the general population group comprises those aged 0–17. All children in the in care group comprises those aged 0–17 with the exception of a very small number of adolescents aged 18 and 19.

Source: National Audit Office analysis of data on looked-after children supplied by the Department for Education and Office for National Statistics mid-2013 and mid-2020 population estimates

Figure 2
Children entering care in England by age, 2020-21

Of all the children who entered care in 2020-21, the largest group by age were those under 1, followed by those aged 16, 17 and 15



Notes

- 1 Figures exclude children looked after under an agreed series of short-term placements.
- 2 Figures have been rounded to the nearest 10.
- 3 No children entered care over the age of 17 in 2020-21.
- 4 Some of these were unaccompanied asylum-seeking children.

Source: National Audit Office analysis of data on looked-after children supplied by the Department for Education

1.13 Taking adolescents into care is particularly costly. There is often a lack of suitable foster placements, requiring expensive alternatives. Older children are placed in secure units, children's homes or semi-independent accommodation more often than younger children. For example, at 31 March 2021, 57% of children in these placement types were aged 16 and 17. Local authorities spent £1.7 billion on providing care in residential settings in 2020-21 (representing 32% of the £5.3 billion spent on children in care).⁷ Annual placements in residential accommodation cost an average of £200,000 per year.

1.14 It is difficult to get an accurate picture of the number of children experiencing sexual and criminal exploitation due to the hidden nature and under-reporting of these crimes. In 2021-22 there were 10,553 recorded rapes of a child under 16. There were also 1,229 recorded crimes of abuse of a child through sexual exploitation. These crimes have increased since 2020-21. In 2020-21, 19% of episodes of need experienced by 9- to 19-year-olds, had a factor relating to exploitation identified at assessment.^{8,9}

Criminal exploitation and contact with the justice system

1.15 Adolescents and young people can be both the victims and perpetrators of crimes. Adolescents are at a higher risk of exploitation that occurs outside the home than younger children, such as exploitation related to gangs and county lines.¹⁰

1.16 There are many bodies and teams involved in supporting adolescents in contact with the youth justice system. These include the police, probation officers, youth courts, children's social services, charities, NHS Liaison and Diversion services and youth justice services (YJS). YJS operate at a local authority level and bring together multi-agency teams working in education, health, the police and probation who have a duty to support adolescents throughout the youth justice system. They run prevention programmes offering support to those identified as being at risk of falling into crime, support those who are sentenced and monitor the effectiveness of any cautions.

1.17 In England and Wales, the youth justice system covers those children aged between 10 and 17.¹¹ The majority, 98% of those in custody in March 2022, were over 15 and just 2% were 14 and under. All children aged between 10 and 14 are placed in secure children's homes or secure training centres, while the majority of those aged over 15 are placed in youth offender institutions (YOIs).

7 Net current expenditure.

8 An episode of need starts when a child is referred to children's social services. It excludes those whose referral resulted in no further action or whose assessment resulted in no further action.

9 Nineteen per cent refers to episodes that had factors identified at assessment. Children can have more than one factor identified. Exploitation factors are: child sexual exploitation, gangs, trafficking, and sexual abuse by an adult on a child.

10 County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries usually by children or vulnerable people who are coerced into it by gangs.

11 Some 18-year-olds remain in youth custody if they only have a short period of their sentence to serve, to avoid disrupting their regimes.

1.18 From 2010-11 to 2020-21, the number of 10- to 17-year-olds in contact with the criminal justice system has gone down (**Figure 3**). Between 2010-11 and 2020-21, the number of children cautioned or sentenced reduced from 85,300 to 15,751 (82%) and the number of first-time entrants to the youth criminal justice system reduced from 46,012 to 8,848 (81%). This means fewer children are receiving a criminal record with the adverse effects on their life chances, such as job opportunities in later life. While the government has carried out work to understand this fall, it does not have the information to fully understand what is driving this change. However, the Ministry of Justice (MoJ) latest demand analysis projects a long-term increase in the number of children in custody with the number of 15- to 17-year-olds in YOIs forecast to double by 2025 compared with 2021. The MoJ told us the projection is uncertain, driven by factors including court recovery from the COVID-19 pandemic, the impact of the Police, Crime, Sentencing and Courts Act 2022 and government's plans to recruit around 23,000 additional police officers.¹²

1.19 Changes to police activity and the efforts, including diversionary activity by YJS, to reduce the numbers of children who have offended entering the criminal justice system contributed to the overall number of proven offences committed by children falling over the decade, and meant the proportion of those offences which were violent increased (**Figure 4** on page 20). The overall number of 'violence against the person' offences fell from 35,552 to 12,437, but as a proportion of all proven offences they increased from 21% to 32%. Violence against the person was the most common proven offence type across all children in custody in 2020-21. While the number of children in youth custody across all ethnicities has reduced (by 73%) between 2010-11 and 2020-21, the proportion from ethnic minority backgrounds has increased (from 32% to 53%).

1.20 Local authorities spent £0.2 billion (net current expenditure) on youth justice in 2020-21 while central government spending on the youth justice system is expected to exceed £0.1 billion in 2022-23. The Youth Violence Commission estimated the total economic and social cost of serious youth violence across England and Wales in the year 2018-19 was between £0.7 billion and £1.3 billion.¹³ This incorporates the costs associated with the police, criminal justice system, health service, victim services, physical and emotional harm and lost economic output.

¹² Comptroller and Auditor General, *Children in custody: secure training centres and secure schools*, Session 2021-22, HC 1257, National Audit Office, April 2022.

¹³ Youth Violence Commission: *Final Report*, July 2020.

Figure 3
 Number of children in contact with the criminal justice system, in England and Wales, 2010-11 to 2020-21

The number of arrests for notifiable crimes, first-time entrants to the criminal justice system, proven offences and children cautioned or sentenced fell between 2010-11 and 2020-21

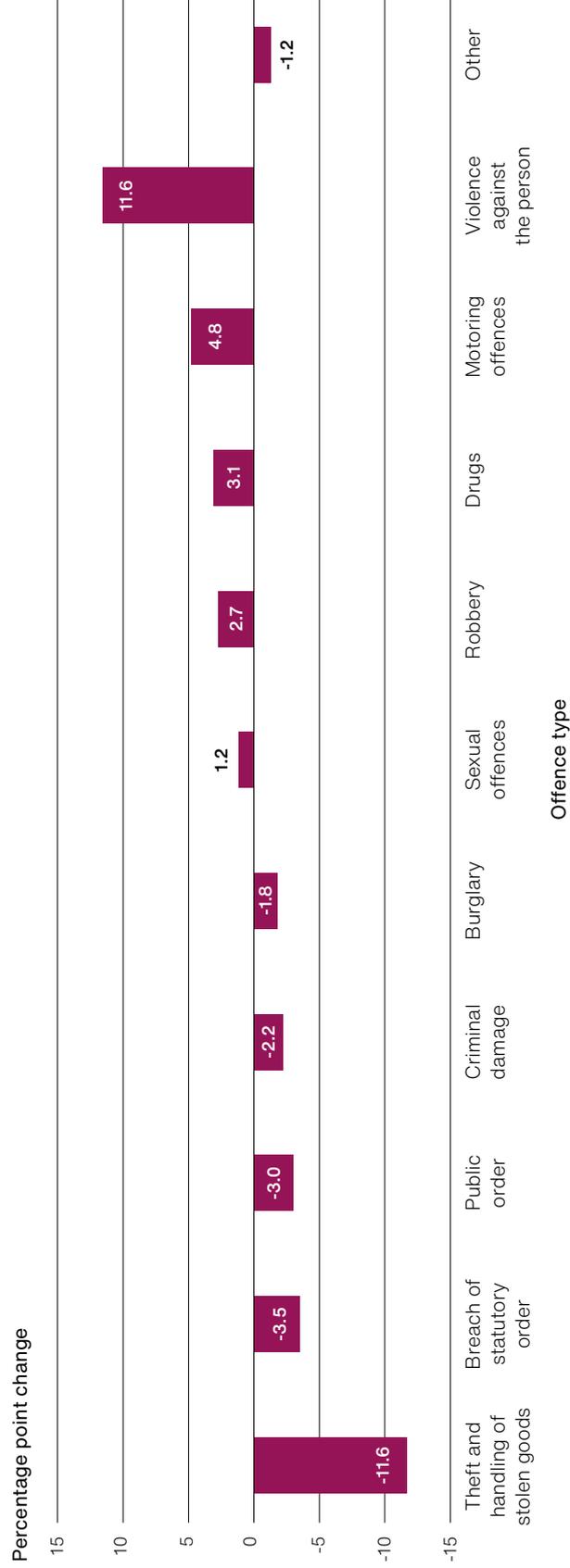


Notes

- 1 The youth justice data published by the Youth Justice Board cover England and Wales. The criminal justice system in Wales is non-devolved and under the control of the UK Parliament and government at Westminster.
- 2 The data covers children aged 10-17.

Figure 4 Change in the type of offences that children are proven to have committed, as a proportion of total proven offences, in England and Wales, 2010-11 to 2020-21

Violence against the person, motoring offences, drugs, robbery and sexual offences accounted for a larger proportion of all proven offences in 2020-21 than they did in 2010-11



Notes

- Offences listed under 'other' include, arson, breach of bail, breach of conditional discharge, death or injury by dangerous driving, fraud and forgery, not known, other, racially aggravated offences and vehicle theft/unauthorised taking.
- The youth justice data published by the Youth Justice Board covers England and Wales. The criminal justice system in Wales is non-devolved and under the control of the UK parliament and government at Westminster.
- The data covers children aged 10-17.

Not in education, employment or training (NEET)

1.21 A young person is classed as being NEET if they are not in education, employment or training. Public Health England has reported that being unemployed is linked to premature death, deterioration of mental health, increases in the risk of suicide and increased engagement in unhealthy behaviours such as smoking.¹⁴ It cites those risks associated with being unemployed at a young age include a reduced chance of being employed in a good career later in life, lower job satisfaction and lower wages more than 20 years on.

1.22 Since 2011 the percentage of 16-, 17-, 18- and 19-year-olds who are NEET has been falling (**Figure 5** overleaf). There has been an improvement in the overall percentage of 16- to 19-year-olds who are NEET, from 9.2% in 2000 to 6.3% in 2021.¹⁵ Government's *Plan for Jobs*, published in 2020, sets out its policies and initiatives to help get young people into work or to access training and education. NEETs aged 18 and over can get financial support from Universal Credit. Most 16- and 17-year-olds will not be eligible for this financial support but there are exceptions. For example, 16- and 17-year-olds can claim for Universal Credit if they are responsible for a child. Young people aged 16 to 24 who are on Universal Credit can also get support to help them find work from job centres and charities.

1.23 The Centre for Early Childhood estimates the cost to government of supporting people aged between 16 and 24 who are NEET in benefit payments in 2018-19 was £2.3 billion.¹⁶ There are also wider costs that the government incurs because of people being NEET, including tax losses, reduced economic output, lost productivity and the welfare impact on the individual and their family.

Mental health difficulties

1.24 Children and young people's mental health services (CYPMHS) is a broad term for services that work with children and young people who have difficulties with their emotional or behavioural well-being.¹⁷ CYPMHS services include universal services such as those provided by GPs and school nurses; targeted and specialist services; and highly specialised services provided in hospital for those with rapidly declining health. Services are provided by a range of organisations including NHS mental health and community trusts, the private and the voluntary sectors, local authorities and schools. Young people can be referred to CYPMHS for various reasons including anxiety and depression, grief, suicidal thoughts, psychosis, eating disorders and self-harm.

14 Public Health England, *Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET)*, Health Equity Evidence Review 3, September 2014.

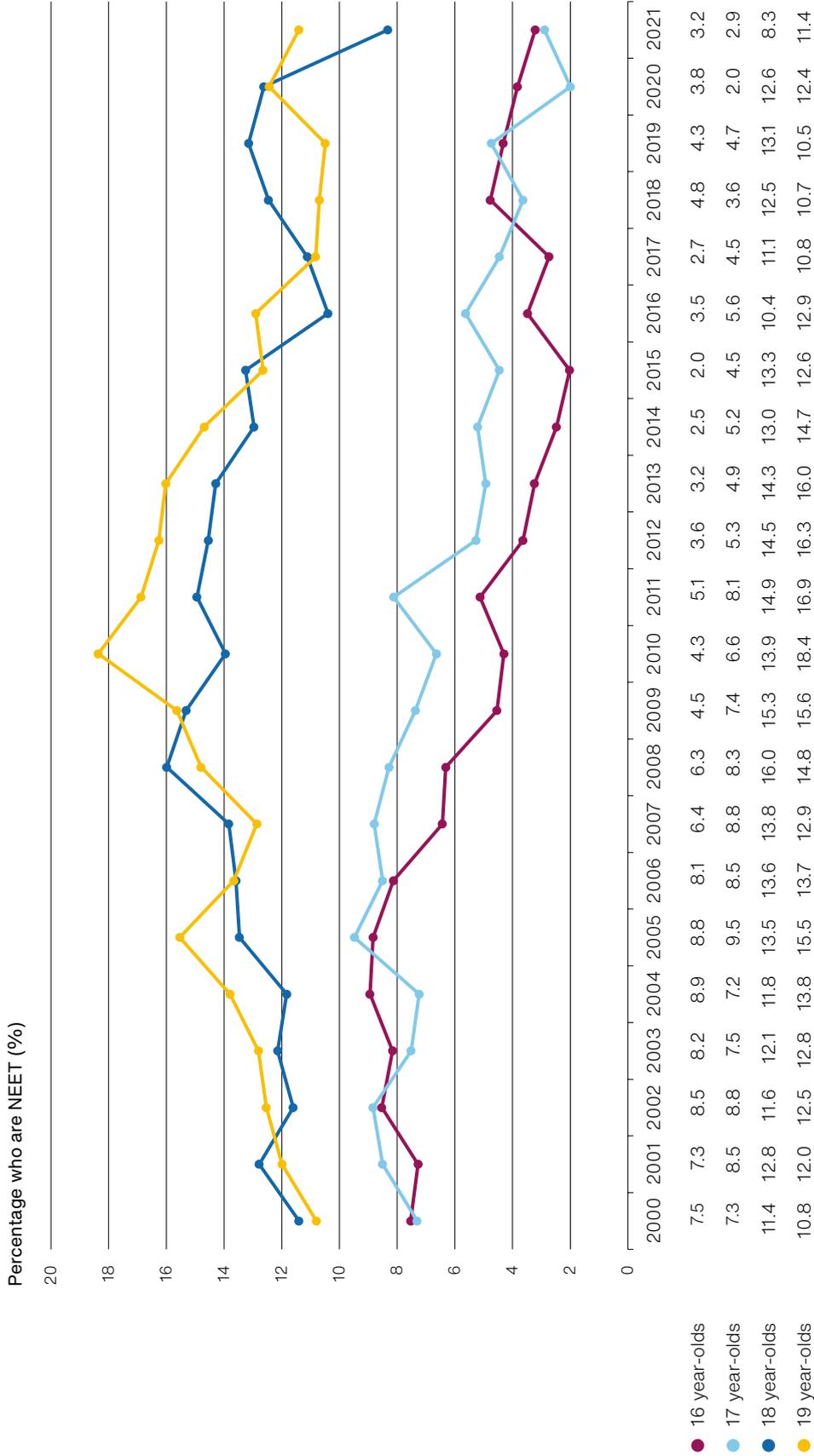
15 The percentage NEET data are for Quarter 4 (October-December).

16 Royal Foundation Centre for Early Childhood, *Big Change Starts Small*, June 2021.

17 The terms 'children and young people's mental health services' (CYPMHS) and 'child and adolescent mental health services' (CAMHS) are often used interchangeably.

Figure 5
Young people who are not in education, employment or training (NEET) in England, from 2000 to 2021

The percentage of 16-, 17-, 18- and 19- year-olds who are NEET has been falling since 2011



Notes

- 1 The data are for Quarter 4 (October – December) each year.
- 2 The underlying data are from the Labour Force Survey which is conducted by the Office for National Statistics.

Source: National Audit Office analysis of Department for Education, NEET age 16 to 24: 2021, March 2022

1.25 Mental ill-health affects all aspects of a child's life including physical well-being, performance at school and relationships. Poor mental health can put a child at risk of harm to themselves or others. It is not clear what causes some children to develop mental health difficulties but experiencing physical or emotional trauma can increase their risk. Research shows that 50% of mental health problems are established by age 14 and 75% by age 24. Mental health issues also become more severe if left untreated and links have been found between those with mental health problems and adverse outcomes such as unemployment and homelessness.¹⁸

1.26 There are indications that young people's mental health is worsening, with an increase in the number of adolescents with mental health problems and an increased demand for services in recent years.

- A survey found 17.4% of 6- to 16-year-olds in England had a probable mental health disorder in 2021.¹⁹ This was a similar rate to 2020 but an increase from 11.6% in 2017. The survey also found that almost 40% had experienced a deterioration in mental health since 2017 and 13.5% of 11- to 16-year-olds felt their lives had been made 'much worse' by COVID-19 restrictions.
- Adolescents and those over 80 years old have the highest proportions in contact with secondary mental health services across all ages (**Figure 6** overleaf).
- Referrals to secondary mental health services for 0- to 18-year-olds have increased by 142% from 482,640 in 2016-17 to 1,169,515 in 2021-22 (**Figure 7** on page 25).²⁰ In April 2022 the most common source of referrals was primary health care services (23%), local authority services (17%) and self-referrals (13%).
- In England the average waiting time in 2020-21 for children to start CYPMHS treatment ranged from 6 days to 81 days with an average of 32 days. Some children had to wait a very long time to start treatment, with 5% waiting for more than 12 weeks.²¹

18 See Department for Education, *NEET aged 16 to 24: 2021*, March 2022; Ministry of Housing, Communities & Local government, Support Needs Dashboard, available at: <https://app.powerbi.com/view?r=eyJrJoiNTcyMjE4OWItMTFjYS00ZjBjLTg1M2MtMjFhODc4ZmYwYTk1liwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLT10YTJjZm5OTVhOCj9>

19 NHS Digital, *Mental Health of Children and Young People in England 2021 – wave 2 follow-up to the 2017 survey*, September 2021.

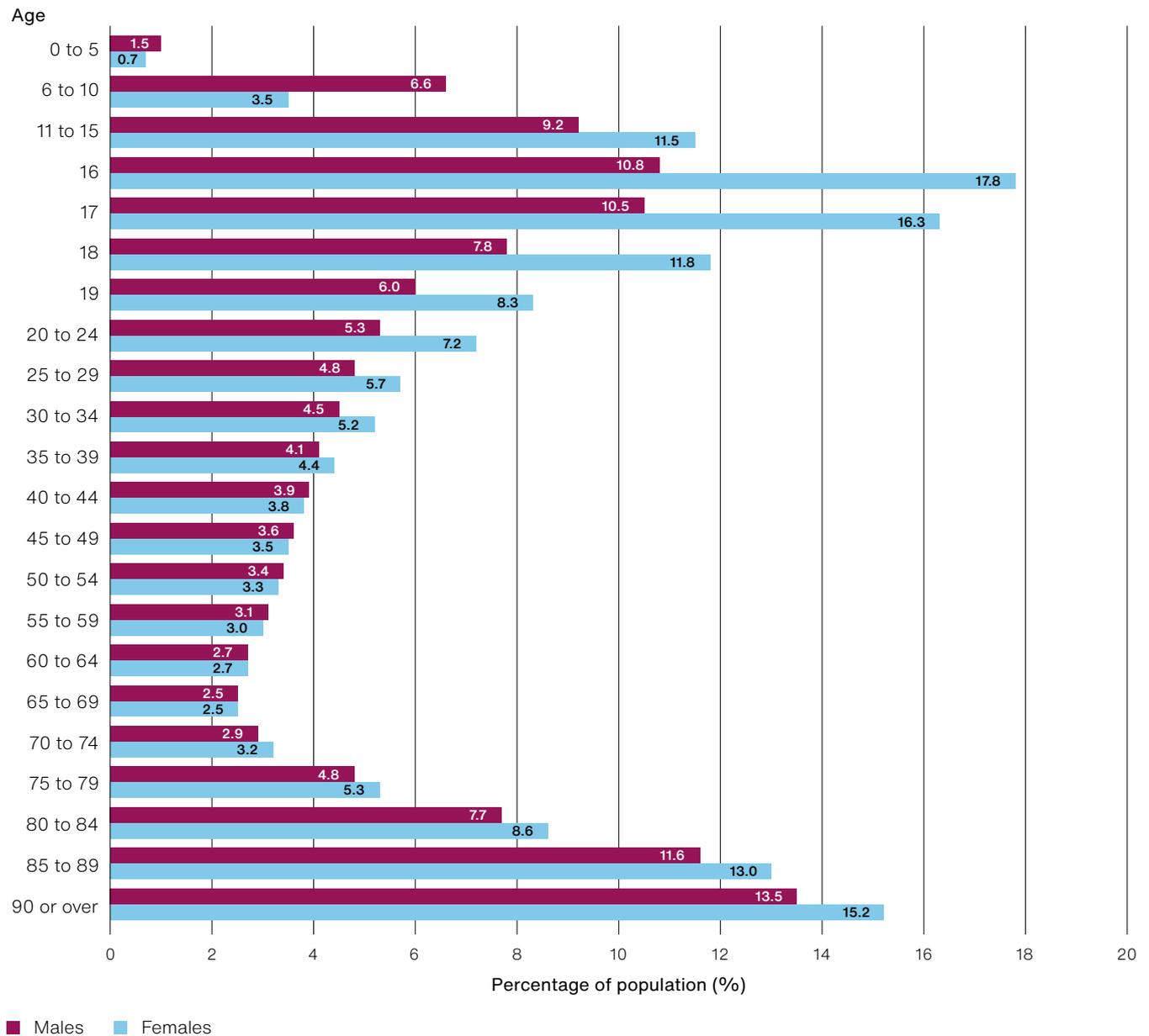
20 'Secondary care' are services which generally will need a referral from a GP and cover general community and hospital care. In 2018-19 and 2019-20 there was an increase in the total number of providers submitting data. It increased from 110 providers submitting data in 2017-18 to 178 providers submitting data in 2018-19 and in 2019-20 there was a further increase to 302 providers submitting data. This means that any comparisons of years from 2018-19 onwards for mental health or learning disability and autism services statistics with prior years' statistics should be made with caution.

21 Receiving two contacts from CYPMHS is used as an indication of entering treatment.

Figure 6

Proportion of population known to be in contact with secondary mental health services by gender and age group in England, 2020-21

Adolescents and those over 80 years old have the highest proportions in contact with secondary mental health services across all the ages



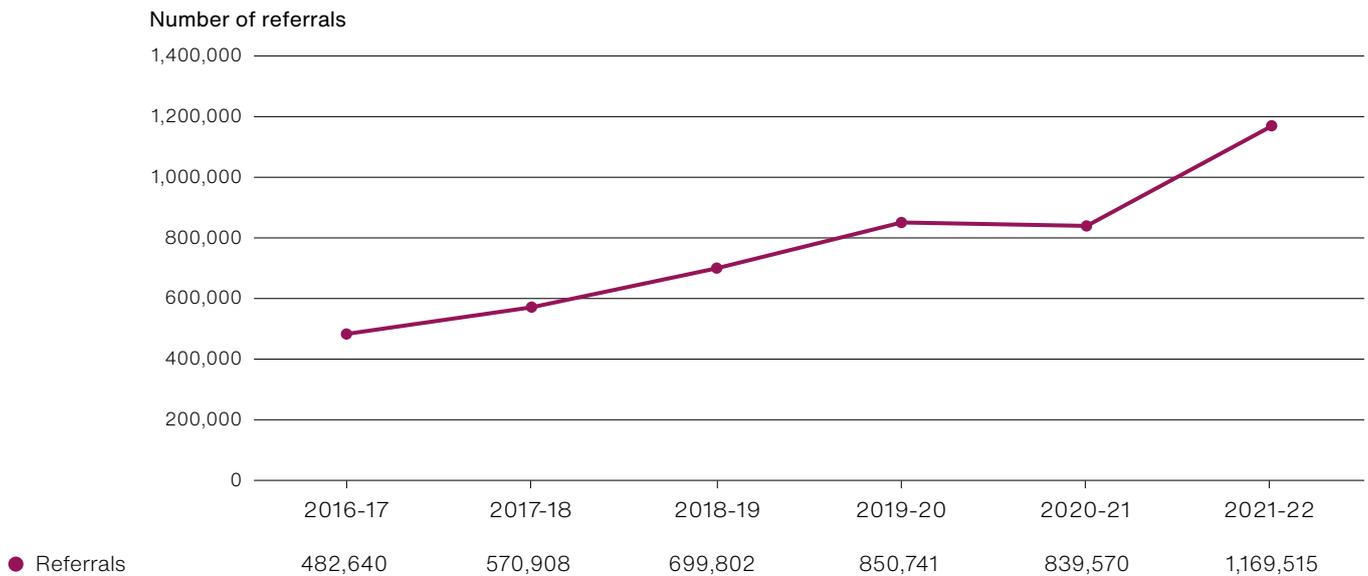
Notes

- Shows people in contact with NHS-funded secondary mental health, learning disabilities and autism services. This does not include people solely in contact with services commissioned as part of the Improving Access to Psychological Therapies (IAPT) programme which provides talking therapies to people aged 18 years and above. Similar talking therapies available for people aged under 18 are included in the figures shown in the graph.
- NHS Digital publishes data for the individual ages 16, 17, 18, 19, and the rest of the data are for grouped ages.

Source: National Audit Office analysis of NHS Digital, Mental Health Bulletin 2020-21 Annual Report, November 2021

Figure 7

Referrals to secondary mental health services for 0- to 18-year-olds in England, 2016-17 to 2021-22

The number of referrals of children to secondary mental health services has increased since 2016-17**Notes**

- 1 Referrals to NHS-funded secondary mental health, learning disabilities and autism services in England.
- 2 The data are for the year ending March.
- 3 The number of referrals in each year is calculated by summing NHS Digital's monthly data. The measure we have used is *MHS32a – the number of referrals starting in the reporting period, aged 0- to 18*.
- 4 In 2018-19 and 2019-20 there was an increase in the total number of providers submitting data. It increased from 110 providers submitting data in 2017-18 to 178 providers submitting data in 2018-19 and in 2019-20 there was a further increase to 302 providers submitting data. This means that any comparisons of years from 2018-19 onwards for mental health or learning disability and autism services statistics with prior years' statistics should be made with caution.

Source: National Audit Office analysis of NHS Digital's Mental Health Services Monthly Statistics

1.27 In 2021-22 Clinical Commissioning Groups (CCGs) in England spent £922 million on CYPMHS (excluding learning difficulties and eating disorders), a 44% increase on 2020-21. The NHS's 2020 long-term plan committed to spending at least an additional £2.3 billion per year to expand mental health services and support by 2023-24, and that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spend. It also committed to invest in additional support for the most vulnerable children and young people in, or at risk of being in, contact with the youth justice system.

How avoidable adverse outcomes affect different groups of adolescents

1.28 The rate of adolescents experiencing adverse outcomes varies greatly by local authority and it is possible that adolescents will experience different outcomes depending on where they live (**Figure 8**). Provision can be inconsistent between areas: places will face different challenges; local areas take different approaches and run different schemes and programmes; and some areas receive funding to tackle certain aspects of support for adolescents while others do not.

Figure 8

Local authorities with the highest and lowest rates of adverse outcomes in England, 2021

The rate of children experiencing adverse outcomes can vary greatly by local authority

Adverse outcomes	Lowest rate	England average	Highest rate
Juvenile first-time entrants to the criminal justice system per 100,000	North Tyneside (57)	169	Nottingham (348)
Hospital admissions for under-18s with mental health conditions per 100,000	Croydon (21)	88	North Somerset (251)
Percentage of 16- and 17-year-olds who were not in education, employment or training (NEET) or not known	Hammersmith and Fulham (1.4)	5.5	Nottinghamshire (13.8)
Rate of adolescents in care per 100,000	Wokingham (314)	892	Blackpool (2,544)

Notes

- 1 The data on hospital admissions and rate of children in care are for the year ending March 2021. The data on first-time entrants to the criminal justice system are for the year ending December 2021. The data for NEETs are for the period from December 2020 to February 2021.
- 2 City of London, Isle of Wight and the Isles of Scilly have been excluded due to their small population sizes.
- 3 The data on the rate of juvenile first-time entrants to the criminal justice system are suppressed for any area with fewer than 10 juvenile first-time entrants and subsequently the rate per 100,000 in these areas is not published. This means there may be local authorities with lower rates per 100,000 than North Tyneside.
- 4 The rate of adolescents in care per 100,000 has been calculated by the National Audit Office using Office for National Statistics mid-year 2020 population estimates and data on children in care obtained from the Department for Education. The data comprise adolescents aged 9–17, with the exception of a very small number of adolescents aged 18 and 19 included in the care data.

Source: National Audit Office analysis of Youth Justice Board, Youth Justice Statistics: 2020 to 2021, January 2022; Department for Education, NEET age 16 to 24: 2021, March 2022; data on looked-after children supplied by the Department for Education; Office for National Statistics mid-2020 population estimates; Office for Health Improvement & Disparities, Public Health Profiles

1.29 Some ethnic groups experience certain adverse outcomes more than others. The underlying reasons driving disproportionate outcomes are not fully understood:

- In 2021, an NHS survey of 6- to 16-year-olds suggests that more white adolescents have a probable mental health disorder than those from some ethnic minority groups.²² The responses indicate that 20.1% of those of white ethnicity have a probable mental health disorder, compared with 9.7% from ethnic minority groups.
- In the years 2017–2019 the ethnic groups with the highest percentage of 16- to 24-year-olds who are NEET are Pakistani (14.3%), Bangladeshi (12%) and White (11.7%).²³
- Children from black and mixed/multiple ethnic groups were overrepresented in the numbers of children in care at 31 March 2021.²⁴ The percentage of children in care by ethnicity was: White 75% (60,420), Mixed or Multiple Ethnic 10% (8,270), Asian or Asian British 4% (3,530), Black, African, Caribbean or Black British 7% (5,520), Other 3% (2,570), and refused or unknown 1% (560).²⁵

The overlapping nature of adverse outcomes

1.30 The adverse outcomes that children and vulnerable adolescents face often overlap, meaning they may experience more than one (**Figure 9** on pages 28 and 29). For example, Office for National Statistics (ONS) research in 2022 found 18% of young adults who received custodial sentences had been in care.²⁶ The research shows that some 15.1% of children who have been in care subsequently received a custodial sentence, compared with 1.5% among all children. DfE data show 21.3% of 16- to 24-year-old NEETs had a mental health condition in 2021 (compared with 8.3% of all 16- to 24-year-olds).²⁷

22 NHS Digital, *Mental Health of Children and Young People in England, 2021 wave 2 follow up to the 2017 survey*, September 2021.

23 Office for National Statistics, *Young people not in employment, education or training (NEET) by ethnicity*, December 2020.

24 The Office for National Statistics 2011 Census shows the proportion of 0- to 17-year-olds in England and Wales by ethnicity are: White – 79.3%; Mixed/multiple – 5%; Asian – 9.6%; Black – 4.7%; Other – 1.2%.

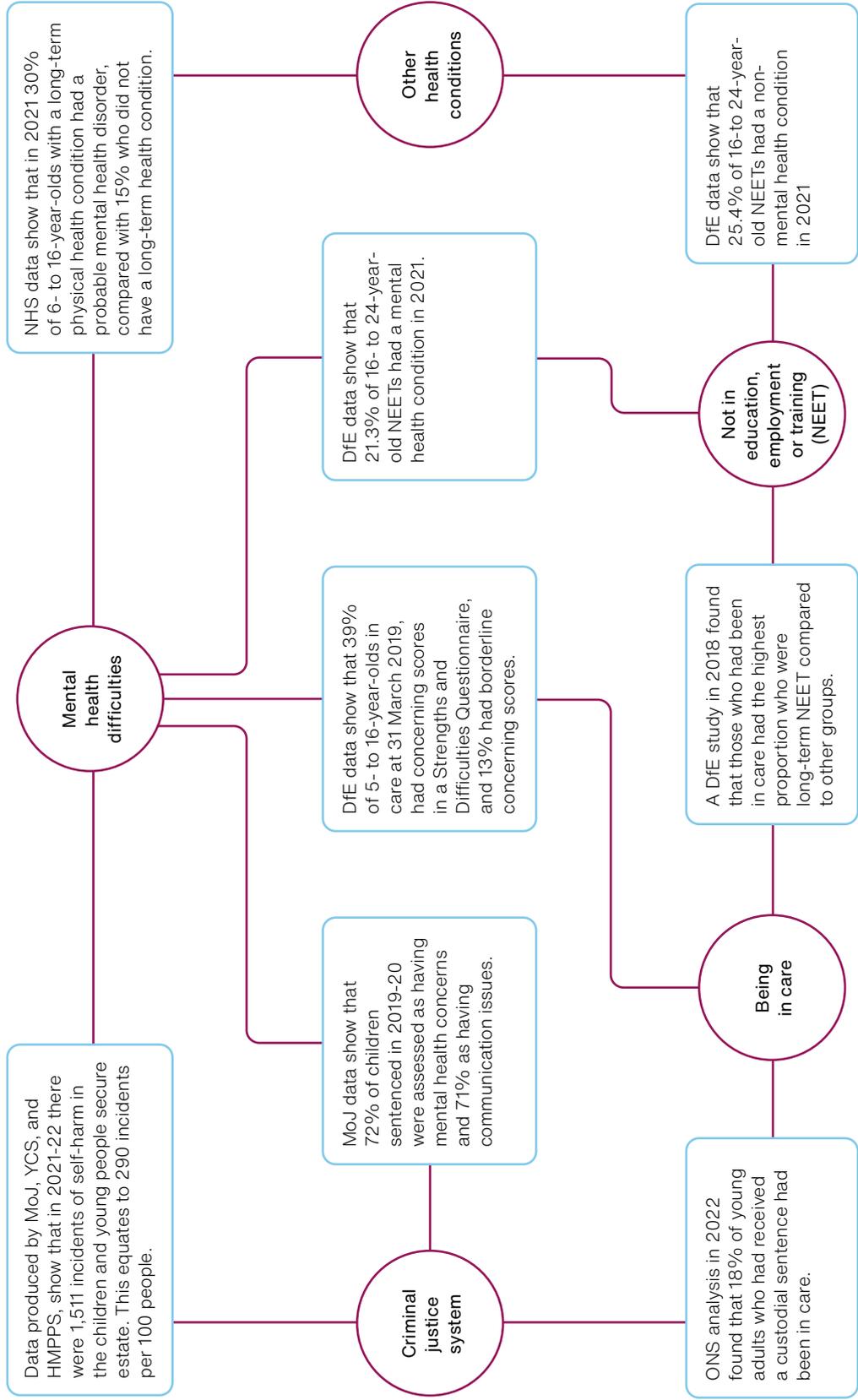
25 Department for Education, *Children looked after in England including adoptions*, November 2021.

26 Office for National Statistics, *The education and social care background of young people who interact with the criminal justice system*, May 2022.

27 Department for Education, *NEET aged 16 to 24: 2021*, March 2022.

Figure 9 Connections between adverse outcomes, experienced by children, identified from government data and in government reports and analysis

It is not uncommon for children who experience adverse outcomes to experience more than one



○ Adverse outcome
□ Connection between adverse outcomes

Figure 9 *continued*

Connections between adverse outcomes, experienced by children, identified from government data and in government reports and analysis

Notes

- 1 Abbreviations used: DfE (Department for Education), HMPPS (Her Majesty's Prison and Probation Service), MoJ (Ministry of Justice), NEET (not in education, employment or training), ONS (Office for National Statistics), YCS (Youth Custody Service).
- 2 Strengths and Difficulties Questionnaires generate a score for a child's emotional and behavioural health.
- 3 See the original report for details of its methodology.

Source: National Audit Office analysis of the published reports and data sets listed below. NHS Digital, *Mental health of children and young people in England, 2021, wave 2 follow-up to the 2017 survey*; Department for Education, *NEET aged 16 to 24: 2021*, March 2022; Department for Education, *Characteristics of young people who are long-term NEET*, February 2018; Department for Education, *Children looked after in England (including adoption) year ending 31 March 2019*; Ministry of Justice, *Assessing the needs of sentenced children in the Youth Justice System*, May 2020; Ministry of Justice, His Majesty's Prison and Probation Service, and Youth Custody Service, *Safety in the children and young person secure estate: update to March 2022*; Office for National Statistics, *The education and social care background of young people who interact with the criminal justice system*, May 2022

1.31 In 2018-19, before the COVID-19 pandemic, 14% or more than 412,000 pupils were persistently absent from state-funded secondary schools, missing 10% or more sessions.²⁸ Government analysis shows that school absence can be linked to multiple adverse outcomes:

- In 2021 an NHS survey found that those 6- to 16-year-olds with a probable mental health disorder were twice as likely to have missed 15 days of school in autumn 2020 than those unlikely to have a mental health disorder.²⁹
- A DfE study in 2018 found that pupils with certain characteristics were over-represented in a long-term cohort of NEET pupils.³⁰ These included being absent 10% or more of the time in key stage 3 or key stage 4.
- The Timpson review in 2019 highlighted that children with a history of exclusion are more likely to be both victims and perpetrators of crime.³¹

These analyses do not tell us whether these risk factors are the underlying cause of the adverse outcome, but they show that a link of some kind has been identified.

28 Department for Education, *Pupil absence in schools in England*, March 2022. One session is equal to half a day.

29 NHS Digital, *Mental Health of Children and Young People in England 2021 – wave 2 follow-up to the 2017 survey*, September 2021.

30 Department for Education, *Characteristics of young people who are long-term NEET*, February 2018.

31 Edward Timpson, *Timpson Review of School Exclusion*, CP 92, May 2019.

1.32 In 2022 DfE and the Ministry of Justice (MoJ) published analysis on the educational and social care backgrounds of pupils who had been in contact with the criminal justice system.³² They found that those who had been in contact with the criminal justice system had a higher prevalence of factors relating to lower engagement with the education system than all pupils. They found that of the 77,300 pupils that had been cautioned or sentenced for an offence:

- 81% (62,400) had ever been persistently absent from school, whereas 44% of the whole pupil population had ever been persistently absent from school; and
- 71% (55,000) had ever been suspended from school, whereas 15% of the whole pupil population had ever been suspended from school.³³

It is important to note that the percentage of pupils ever suspended from school or ever persistently absent from school who were also cautioned or sentenced for an offence was low. Just 9% (62,400) of the 718,600 pupils who had ever been persistently absent from school had been cautioned or sentenced for an offence, and 23% (55,000) of the 238,400 pupils who had ever been suspended from school had been cautioned or sentenced for an offence.³⁴

32 Department for Education and Ministry of Justice, *Education, children's social care and offending descriptive statistics*, March 2022.

33 The total cohort of children within this analysis includes all pupils who finished key stage 2 (KS2) in 2007/08, 2008/09 or 2009/10 and were aged 10 at the start of these academic years, amounting to approximately 1.63 million pupils. See the original research for details of its methodology.

34 These numbers have been rounded.

Part Two

The government's approach to supporting vulnerable adolescents

2.1 This part covers:

- roles and responsibilities for supporting vulnerable adolescents;
- spending on support for vulnerable adolescents;
- join-up at a local level; and
- how well government is joining up its approach to identifying and supporting vulnerable adolescents.

Roles and responsibilities

2.2 The primary responsibility for providing local services to support vulnerable or at-risk adolescents sits with local bodies. While policy, funding and direction can come from central government it is local organisations which will deliver services. Individual services, such as children's social care, police services and schools can be effective in their own domains but need to be coordinated to address the full range of adverse outcomes identified in this report.

2.3 Local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. These responsibilities are set out as statutory guidance by the government in *Working Together to Safeguard Children*.³⁵ Safeguarding and promoting the welfare of children is defined for the purposes of the guidance as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

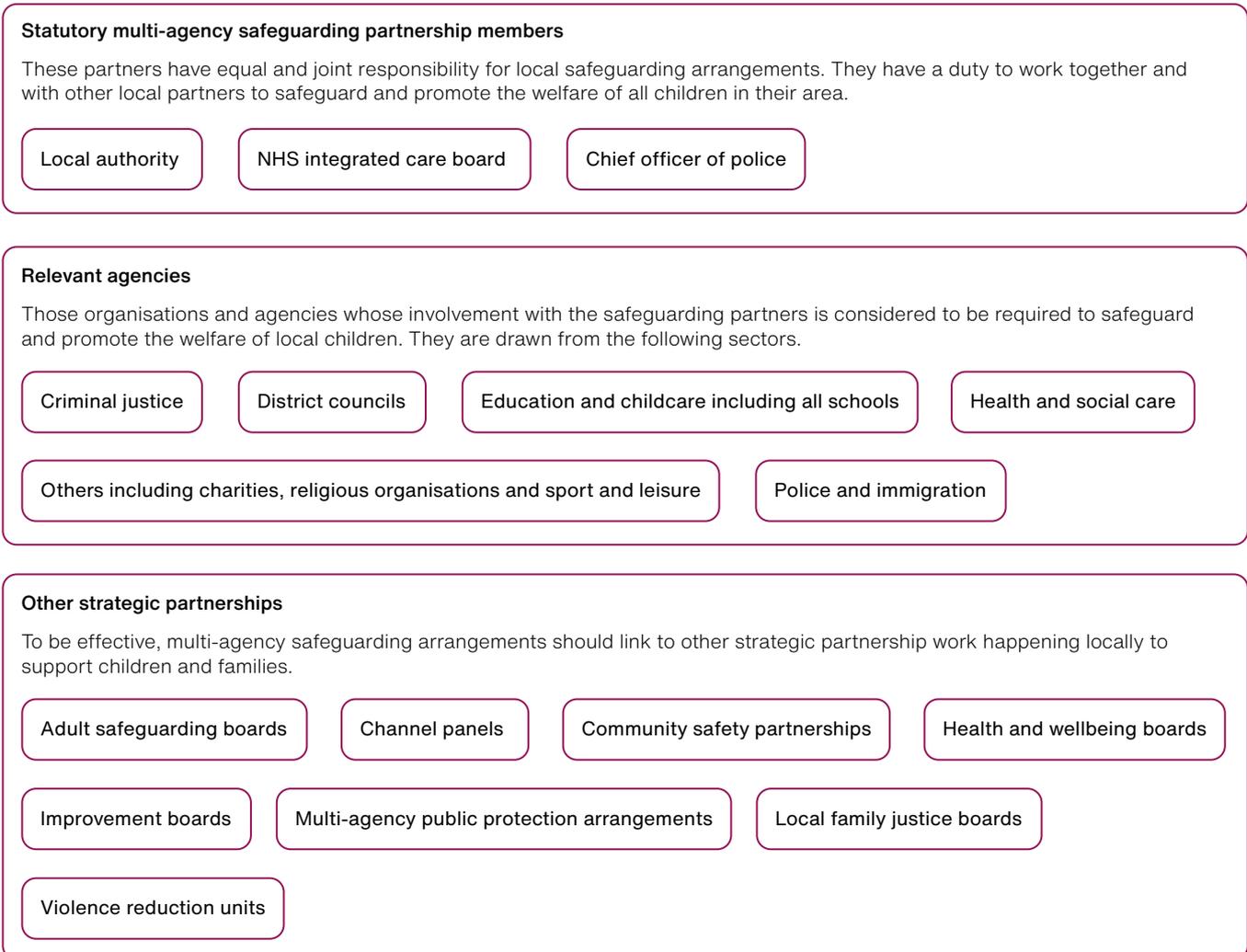
³⁵ HM Government, *Working Together to Safeguard Children*, July 2018.

2.4 Since the 2019 abolition of local safeguarding children boards, the responsibility to join up locally belongs to a multi-agency safeguarding partnership, which comprises the local authority, NHS integrated care board and chief officer of police. To fulfil their role these three partners must work with other local bodies and organisations including all schools (**Figure 10**). These arrangements were designed to support and enable local organisations and agencies to work together in a system, and with other partners locally, to safeguard and promote the welfare of all children in their area.

Figure 10

Local arrangements for multi-agency safeguarding partnerships, in England

The local landscape is complex. Multi-agency safeguarding partnerships work with local relevant agencies and public boards to support children and families



Source: National Audit Office analysis of HM Government, *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children*, July 2018

2.5 At a central government level, the Department for Education (DfE) is responsible for children's services and education, including helping disadvantaged children and young people to achieve more and making sure that local services protect and support children. It has a cross-cutting priority outcome to "support the most disadvantaged and vulnerable children and young people through high-quality education and local services so that no one is left behind". It is also responsible for the legal and policy frameworks within which local authorities provide protection and support for children. Reflecting the responsibilities placed on health bodies and police as safeguarding partners, policy and guidance on multi-agency safeguarding arrangements is jointly developed by DfE with the Department of Health & Social Care (DHSC) and Home Office (HO).

2.6 The DfE's priority outcome relies on the contribution of six other departments and the work of local bodies to achieve its objective of protecting the most disadvantaged and vulnerable children and young people, as set out in its Outcome Delivery Plan (ODP).³⁶ These departments all have their own objectives, policies and programmes which impact the lives of vulnerable adolescents.

2.7 Departmental approaches to supporting adolescents range from providing universal services, to more targeted interventions on known individuals. The trigger for providing support is different for each department, and to some extent the type of intervention. For example, departmental interventions may include universal support (such as DfE policy on education or Department for Digital, Culture, Media & Sport (DCMS) youth services provision), targeted interventions (such as Department for Levelling Up, Housing & Communities' (DLUHC's) Supporting Families programme or the Department for Work & Pensions' (DWP's) Reducing Parental Conflict programme) and intense support (such as Ministry of Justice (MoJ) work with those at direct risk of offending).

³⁶ The ODP sets out a supporting role for other departments including DCMS, DHSC, DWP, HO, DLUHC and MoJ.

Spending on support for vulnerable adolescents

2.8 Funding made available to local authorities is largely unringfenced following the government's policy that local authorities are best placed to allocate funding based on their local communities' needs, priorities and statutory duties. In 2020-21, local authorities spent £10.2 billion (net current expenditure) on children's and young people's services. This included spending on social care services and preventative services:

- £5.33 billion on children in care;
- £2.70 billion on safeguarding and young people's services;
- £1.11 billion on family support services;
- £0.45 billion on Sure Start children's centres;
- £0.32 billion on services for young people (including spending on substance misuse and teenage pregnancy services);
- £0.15 billion on youth justice; and
- £0.10 billion on other children and families' services.

2.9 The government's Working Together guidance states that providing early help is more effective in promoting the welfare of children than reacting later. **Figure 11** shows that the proportion of spending by local authorities on preventative services has decreased since 2012-13, while expenditure on statutory social care services has increased.

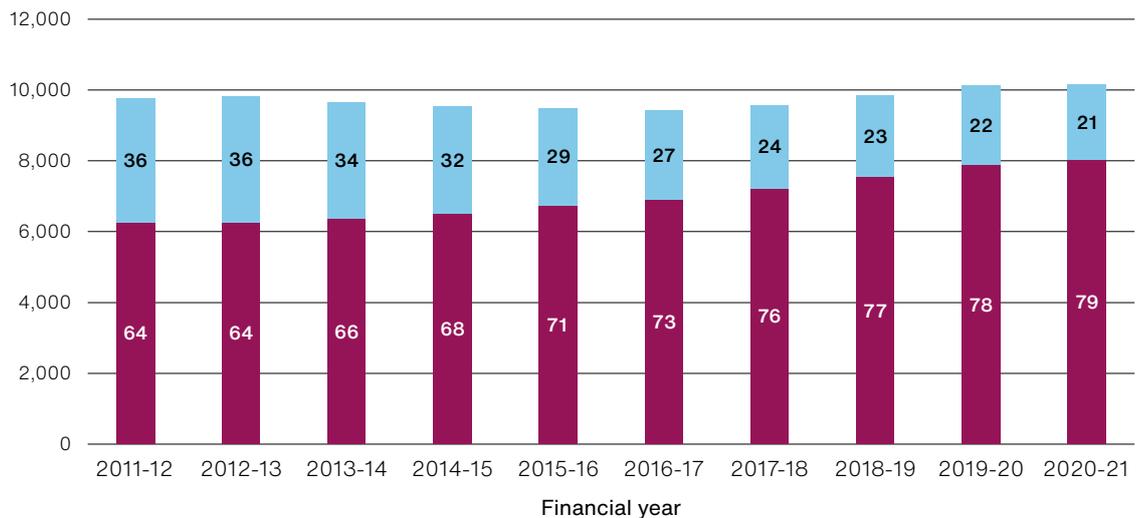
2.10 In addition to these core services for all children, we calculate that the 2021 Spending Review announced £2 billion of additional spending on various additional programmes which support families, vulnerable adolescents and children (**Figure 12** on page 36). These services and programmes are at different stages and cover seven separate government departments and the Youth Justice Board (YJB). In addition, there are other programmes which provide additional prevention and support services to vulnerable adolescents such as Violence Reduction Units (£170 million over four years 2019-20 to 2022-23), the Youth Endowment Fund (£200 million since 2019 over 10 years) and SAFE (Support, Attend, Fulfill, Exceed) taskforces (£60 million over three years). Departments told us that it is not possible to provide a precise figure for spending on vulnerable adolescents as government does not report expenditure by recipient age group.

Figure 11

Local authority spending on children and young people's services in England, 2011-12 to 2020-21

The proportion of total spend on statutory services has increased from 64% in 2011-12 to 79% in 2020-21, while the proportion spent on preventative services has fallen from 36% in 2011-12 to 21% in 2020-21

Local authority spending in 2020-21 real terms (£m)



■ Statutory (£m)	6,268	6,267	6,372	6,514	6,756	6,907	7,232	7,563	7,891	8,032
■ Preventative (£m)	3,510	3,577	3,300	3,026	2,743	2,531	2,343	2,288	2,242	2,134

Notes

- 1 Figures relate to net current expenditure.
- 2 Statutory spend comprises the total spending on looked-after children plus total spending on safeguarding children and young people's services. Preventative spending is calculated as total spending less statutory spending.
- 3 We have deflated cash figures to 2020-21 prices using HM Treasury's GDP deflator series published in June 2022.

Source: National Audit Office analysis of section 251 outturn data, 2011-12 to 2020-21

Figure 12

Funding announcements at the 2021 Spending Review that include support for vulnerable adolescents

Funds, that include support for vulnerable adolescents as part of the programme aims, total £2 billion

Department	Programme/initiative	Period	Funding (£m)
DLUHC	Supporting families	Next three years	695
DfE	Holiday activities and food programme	Over the SR period	600
DCMS	Youth services in England	Next three years	560
MoJ	Further measures for early intervention to tackle youth offending	Over three years by 2024-25	60
DWP	Youth offer	Next three years	60
DfE, DLUHC, DWP, DHSC, PHE, MoJ, HO	Family hubs transformation pilot	2021-22 and 2023-24	20
DfE, HO, DHSC, DWP, MoJ, YJB, DCMS	Alternative provision specialist taskforces	2021-22 and 2023-24	16
Total announced			2,011

Notes

- 1 Abbreviations used: DCMS (the Department for Digital, Culture, Media & Sport), DfE (the Department for Education), DHSC (the Department of Health & Social Care), DLUHC (Department for Levelling Up, Housing & Communities), DWP (the Department for Work & Pensions), HO (the Home Office), MoJ (the Ministry of Justice), PHE (Public Health England), SR (Spending Review), YJB (the Youth Justice Board).
- 2 We have excluded £1.8 billion allocated over the 2021 Spending Review period to help schools to deliver evidence-based approaches to support the most disadvantaged pupils and more learning hours for 16- to 19-year-olds, as this was as a consequence of the COVID-19 pandemic.
- 3 From October 2021 the Health Improvement Division in PHE moved into the newly formed Office for Health Improvement and Disparities within the DHSC.
- 4 The Family hubs transformation project and the Alternative provision specialist taskforces are projects under the Shared Outcomes Fund. Round 2.

Source: National Audit Office analysis of government announcements

Joining up locally

2.11 New local multi-agency safeguarding partnerships started in earnest from September 2019. In *The Case for Change*, the Independent Review of Children's Social Care noted in June 2021 there was a disjointed picture locally and that multi-agency arrangements did not take a multidisciplinary approach to working with children and families.³⁷ It noted that health services, the police and other agencies rightly have significant responsibilities towards children and individually make a major contribution to promoting children's welfare but that each service had its own footprint, objectives, accountability arrangements and inspectorates. It found that this led to a system that was confusing and difficult to navigate for professionals, children and families and highlighted inconsistent leadership and commitment by all partners (including central government) to support and fund multi-agency safeguarding. In his May 2021 update for the DfE the author of the new safeguarding partnerships arrangement, Sir Alan Wood, recognised that some good practice had started but highlighted issues with the implementation of arrangements.³⁸ He found variation in the extent to which non-statutory partners, and particularly schools and other educational bodies, were engaging in safeguarding arrangements. His review said that central government departments needed to demonstrate more effectively a culture of joined-up working to support local implementation of the new arrangements.

2.12 The Child Safeguarding Practice Review Panel, set up to commission reviews of serious child safeguarding cases, has consistently highlighted cases in which poor coordination between services, including insufficient joined-up leadership and a lack of appropriate and timely information-sharing around cases, were a contributing factor. In its most recent May 2022 report following the murders of Arthur Labinjo-Hughes and Star Hobson it concluded that despite the intentions of recent reforms, multi-agency arrangements for protecting children were not yet fit for purpose everywhere and were more fractured and fragmented than they should be. It recommended stronger arrangements and that a new ministerial group be created to oversee the implementation of these new arrangements.

2.13 In our local visits we were told some adolescents experience disjointed services and there is a lack of information-sharing around the circumstances of cases, lack of assessments or lack of professionals to provide support. We heard that adolescents often get passed between services and may not be getting the care they need in that time. This may also mean adolescents need to retell their stories each time this happens, which can be traumatic. There are an array of local services and we heard that professionals and children often find it confusing to navigate the services on offer and know which to use. The Care Review also found different parts of the children's social care, justice and health systems are responding differently to the same teenagers, leading to confusion, gaps and, ultimately, worse outcomes for these children.

37 Josh MacAlister, *The Independent Review of Children's Social Care, The Case for Change*, June 2021.

38 Sir Alan Wood CBE, *Wood Report, Sector expert review of new multi-agency safeguarding arrangements*, May 2021.

2.14 Local areas told us they have developed multi-disciplinary teams and seconded colleagues from partner bodies to implement programmes for supporting vulnerable adolescents. The multiple programmes from government often impact the same local authority teams, who themselves are in some cases working with the same young people.

2.15 We also heard that central government’s funding for locally delivered programmes is very complex, with lots of small pots of short-term funding. While this is not within departments’ control, our previous reports have shown that financial uncertainty, both-short and long-term, creates risks for value for money as it encourages short-term decision-making and undermines strategic thinking. We were also told the funding processes lead to local areas having uneven access to funding, based on the area’s ability to bid for funding, rather than reflecting local need, although some central programmes, such as Violence Reduction Units, do reflect an assessment of local need in so far as it relates to their policy responsibilities. Fragmented funding is not unique to supporting adolescents and our 2018 report on *Local authority financial sustainability* found the funding landscape for local authorities was characterised by one-off and short-term funding initiatives.³⁹ In 2021 we found this position has remained unchanged.

How central government has joined up its approach to supporting vulnerable adolescents

2.16 Paragraphs 2.5 to 2.7 show that multiple departments have a role in policy-setting and allocating funding to initiatives and programmes to identify and support vulnerable adolescents with similar characteristics. Paragraphs 2.11 to 2.15 show the importance of local services and their multi-agency arrangements in effective delivery of support to vulnerable adolescents. The following paragraphs assess how government approaches the task of supporting vulnerable adolescents. We have drawn on our previous work on *Accountability to Parliament for taxpayers’ money* and *Improving operational delivery in government*.⁴⁰ We would expect an effective approach to include:

- using data and information to understand the nature and scale of the problem;
- coordination of objectives, accountability, governance and funding arrangements across government bodies;
- joining up programmes and activities; and
- drawing on an understanding of what works and why.

³⁹ Comptroller and Auditor General, *Financial sustainability of local authorities 2018*, Session 2017–2019, HC 834, National Audit Office, March 2018.

⁴⁰ Comptroller and Auditor General, *Accountability to Parliament for taxpayer’s money*, Session 2015-16, HC 849, National Audit Office, February 2016; and National Audit Office, *Improving operational delivery in government: A good practice guide for senior leaders*, March 2021.

Using data to understand the nature and scale of the problem

2.17 Our previous work has demonstrated the importance of sharing data between organisations and services to help identify issues and risks and understand how to improve services. It is also important to build an understanding of the characteristics and needs of different types of service users to inform decisions about how best to address the diversity of user needs.

2.18 Government data sets are not consistently joined-up, which makes it difficult to understand the risks that adolescents are exposed to in a holistic way. There has been some systematic work across government to join up data sets to understand the link between risk factors and adverse outcomes and how these risk factors and adverse outcomes overlap. Without this work government cannot have a joined-up picture of the nature and scale of the adverse impacts faced by adolescents, particularly where there are overlapping adverse outcomes. For example, the HO told us that most of its data are focused on the offence and is not joined up with data on other characteristics of the person, which makes it harder to understand how risks escalate. The small numbers of children in some vulnerable groups, and the specific data, increases the risk of identifying individuals when sharing and linking data.

2.19 The fragmented nature of data also makes it harder to follow the adolescent's journey through different government services and understand whether they are getting the support they need. For example, NHS England told us that it is unable to track what happens to adolescents that are assessed as not meeting the threshold for mental health support following a referral because it does not have data on those receiving services outside the NHS. One local area highlighted how the inability to follow the child's journey through the systems makes it harder to understand whether money is being spent effectively.

2.20 The government is undertaking a number of cross-government data-sharing projects, aimed at improving the join-up of data on children and young people to help inform more evidence-based policy-making and to improve the lives of vulnerable children and families.⁴¹ For example, the DfE and MoJ shared data in 2020 to understand the educational and children's social care background of children who have been cautioned or sentenced for an offence. The DfE told us that the data-sharing exercise with MoJ helped it to understand the characteristics of adolescents involved in serious violence, including the link between low school attendance and involvement in serious violence. It was used as evidence to inform the development of the SAFE programme, which aims to reengage in education those children at risk of serious youth violence.⁴²

41 The data improvement project is known as Data Improvement Across Government (DIAG).

42 SAFE stands for Support, Attend, Fulfil, Exceed.

2.21 The cross-government data-sharing project also includes plans to link the national pupil database with four health data sets, as well as to explore the feasibility of linking the police national computer database with HO crime data.⁴³ The MoJ-led Better Outcomes through Linked Data (BOLD) programme aims to show how linking and improving government data improve the support provided for those with complex needs. BOLD will run until March 2024 and its findings used to deliver changes to how government supports those in need. These projects were funded by HM Treasury's Shared Outcomes Fund.

Coordinating objectives, accountability and governance across government bodies

Agreeing shared objectives and goals

2.22 Our previous work across government has shown that there needs to be clarity on intended outcomes, who contributes and how, so that everyone aligns on these goals. Our work shows that having a shared understanding of desired outcomes can help organisations manage potential trade-offs between conflicting objectives and priorities. If this alignment is not in place, it can encourage organisational behaviour that hinders overall effectiveness and outcomes for users of the service.⁴⁴

2.23 The DfE, supported by other departments, has an objective to support the most disadvantaged and vulnerable children and young people. Departments have their own outcome targets, which reflect their departmental objectives and contribute to cross-cutting government strategies around issues such as mental health or drugs. However, there is no overarching outcome measure across government that brings these individual targets together in a collective goal to support vulnerable adolescents.

2.24 The HO acknowledged that cross-departmental goals can sometimes pull in different directions. For example, keeping adolescents in school reduces the risk of them becoming involved in serious violence, which helps the HO achieve its goal of reducing crime. However, it may work against the DfE objective of providing high-quality education for all if children with challenging behaviour are kept in school. The DfE told us that it works in the best interest of the child and school exclusion should only be used, when necessary, as a last resort and should not mean exclusion from education. The Office of the Children's Commissioner told us that the lack of any agreed outcome measures makes it difficult for government to know where to focus its efforts and measure progress.

⁴³ This sharing uses pseudonymised data, which removes information that directly identifies an individual from the data. For example, replacing a name with a reference number.

⁴⁴ National Audit Office, *Improving operational delivery in government: A good practice guide for senior leaders*, March 2021.

Having clearly defined roles and responsibilities

2.25 Our previous work has shown that it is important to have clearly defined roles and responsibilities when public service outcomes are to be achieved through the contribution of more than one body. For example, our work on the interface between health and social care found that a poor mutual understanding of how different bodies within the system made decisions had hampered joint working.⁴⁵

2.26 Figure 13 overleaf shows that responsibilities for supporting vulnerable adolescents are complex, with many bodies involved at a national and local level. There is no clear lead to ensure a coherent policy approach across central government for the different interventions to support vulnerable adolescents. The Independent Review of Children's Social Care found there is complexity and duplication in central government's governance and funding response to harms from outside the home.⁴⁶ It found that this plays out at a local level and creates confusion among local bodies about who is accountable. Professionals reported that it can create tensions and conflict when working with other local bodies as it is unclear who is responsible for what. They also highlighted the impact it can have on young people, who do not know who should be supporting them.

Cross-government oversight and governance

2.27 Our previous work shows that strong and collaborative oversight arrangements promote a shared understanding of key issues, ensure decisions are made in a timely way by those best placed to make them and hold people to account for progress.

2.28 Figure 14 on page 43 lists 16 cross-government boards focused on some of the policies and programmes that may impact vulnerable adolescents. However, there is no joined-up assessment of the extent to which cumulative government interventions have succeeded in improving outcomes for vulnerable adolescents. Vulnerable adolescents may need support from more than one organisation or government programme, which underlines the need for a coordinated and collaborative approach between policy teams and delivery bodies. Our report on government's preparations for EU Exit found that the complex structure of boards meant departments did not know where to go when they needed information or for decisions to be made that required cross-government input.⁴⁷

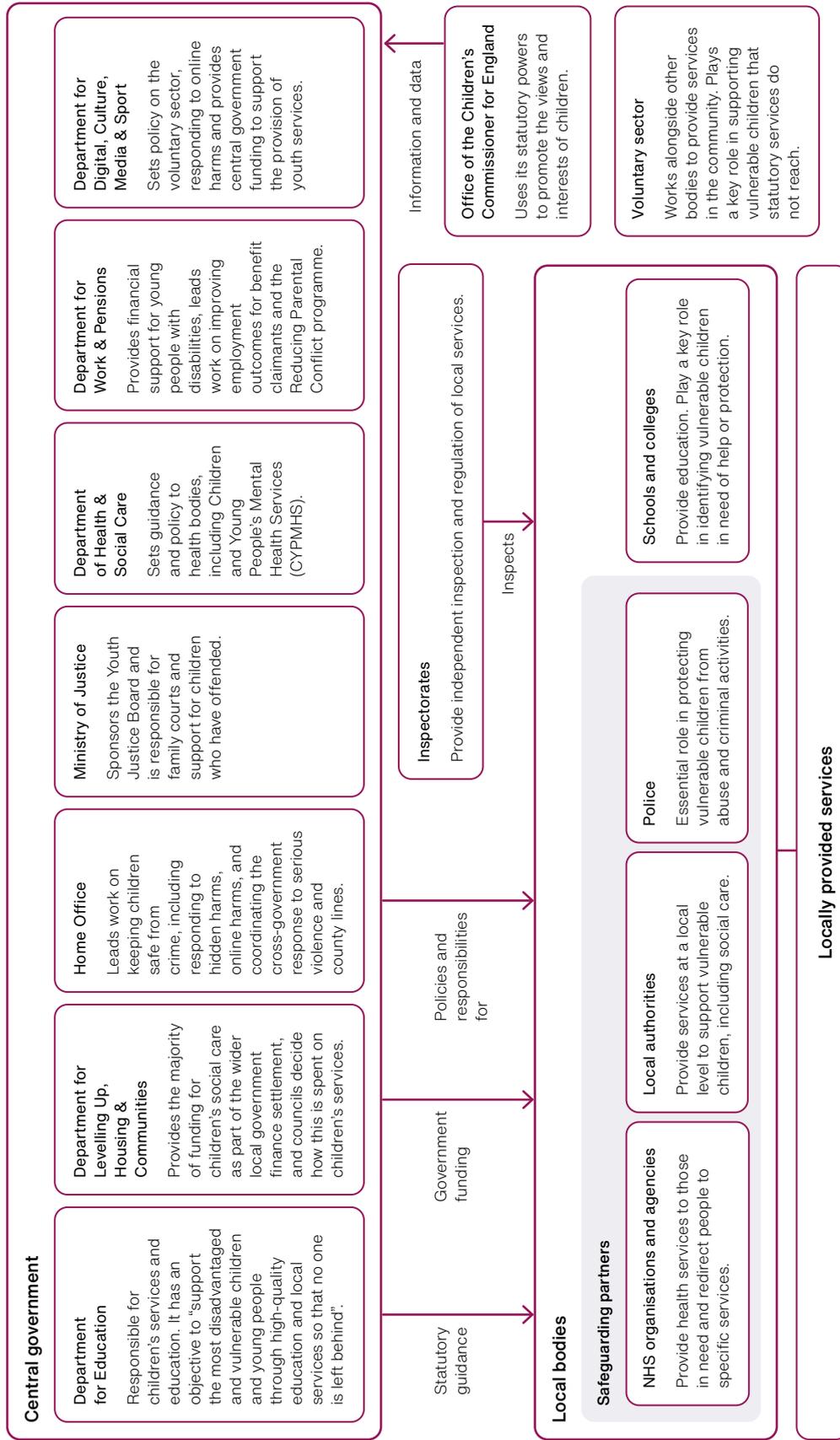
45 Comptroller and Auditor General, *The health and social care interface*, Session 2017--2019, HC 950, National Audit Office, July 2018.

46 Josh MacAlister, *The independent review of children's social care*, May 2022.

47 Comptroller and Auditor General, *Learning for government from EU Exit preparations*, Session 2019--2021, HC 578, National Audit Office, September 2019.

Figure 13 National and local responsibilities for supporting vulnerable adolescents, in England

There are a number of bodies involved in supporting vulnerable adolescents at both a national and local level



Source: National Audit Office analysis of government documents

Figure 14

Cross-government boards focusing on policies and programmes that may impact vulnerable adolescents

There are at least 16 cross-government boards with responsibility for overseeing aspects of support for vulnerable adolescents, including four ministerial boards

	Lead department
Ministerial cross-government board	
Care Leaver Ministerial Board	DfE
Child Protection Ministerial Group	DfE
Crime and Justice Taskforce	HO
Youth Justice Ministerial Roundtable	MoJ
Non-ministerial cross-government board	
Apprenticeships and Traineeships Programme Board	DfE
Cross-Whitehall Directors of Vulnerability Group	DfE, DHSC and HO
Family Hubs and Start for Life Programme Board	DfE and DHSC
Family Justice Young People's Board and Youth Justice Board Steering Group	HO and MoJ
Flexible Childcare Programme board	DfE
Children and Young People's Mental Health implementation Programme Board	DfE and DHSC
Reducing Demand Steering Group for Combatting Drugs	DHSC and HO
Alternative Provision Specialist Taskforce and SAFE (Support, Attend, Fulfil, Exceed) Programme Board	DfE
Secure Care Strategic Forum	MoJ
Serious Violence and Homicide Delivery Board	HO
Supporting Families Cross-Government Strategic Programme Board	DfE and DLUHC
Vulnerable Children Young People Programme Board (under review)	DfE

Note

- 1 Abbreviations used: DfE (Department for Education), DHSC (Department of Health & Social Care), DLUHC (Department for Levelling Up, Housing & Communities), HO (Home Office), MoJ (Ministry of Justice), SAFE (Support, Attend, Fulfil, Exceed).

Source: National Audit Office review of government information

Joining up programmes, activities and funding

Joining up programmes and activities

2.29 Our previous work has shown the importance of joining up activities and programmes across government to support cross-government goals. Paragraphs 1.30 to 1.32 and Figure 9 show that many adolescents are exposed to more than one adverse outcome and may be accessing support from more than one organisation or government programme. These overlaps amplify the need for an approach between policy teams and delivery bodies, to ensure they manage potential overlaps and identify opportunities for collaborations. If government gets this wrong, it could lead to inefficient duplication of activities, and disjointed services and negative outcomes for those who rely on support.

2.30 There is a lack of cross-government join-up on strategic planning considering the spectrum of vulnerabilities for adolescents as a whole, and the government does not fully understand whether there are gaps or overlaps in its support for vulnerable adolescents. We saw little evidence of departments coming together to consider whether programmes to support vulnerable adolescents make sense as a whole. DfE research has identified at least 116 national-level policies and services in England that have a direct impact on children, young people and their families, from conception to age 19. These policies span 10 government departments. However, there has been no overall analysis of the policies and programmes that support vulnerable adolescents to identify gaps and overlaps in support and inform policy development.

2.31 While the government does not take a cohort-based approach to policy for adolescents, there are examples of where government departments have joined up on individual projects and programmes to ensure they can meet policy aims. They use mechanisms such as bilateral meetings and multi-department shared programme boards to manage projects and influence teams and departments to ensure shared and individual policy aims. DfE is leading a programme to develop new ‘family hubs’, which will provide services focused on whole-family support. Local bodies told us that the programme feels joined-up and takes account of youth services, which is a DCMS-led policy area. Stakeholders also said that central bodies appear to be joining up on the Supporting Families programme, such as by reflecting cross-government objectives in the programme’s shared outcomes framework.⁴⁸ The DLUHC and DfE introduced a joint governance structure for the Supporting Families programme in April 2022. Both DLUHC and DfE work together in partnership on the programme design and delivery while DLUHC retains overall ministerial, parliamentary and accounting officer responsibility. DfE maintains a key interest in the programme due to its overall responsibility for children’s services and the role of Supporting Families in reducing demand for children’s social care. DLUHC’s impact study of the predecessor programme ‘Troubled Families’, which tracked the outcomes achieved by families supported by the programme between 2015 and 2018 reported its role in preventing high-cost statutory interventions with £2.28 of benefits delivered for every pound spent.⁴⁹

48 A programme to address multiple disadvantages through a whole-family approach.

49 Department for Levelling Up, Housing & Communities, *Supporting Families – 2021-22 and beyond*, March 2021.

Joining up funding arrangements

2.32 Our report *Improving government's planning and spending framework* found that departmental business planning and spending review submissions often happen in departmental silos.⁵⁰ This can undermine overall value for money, and negatively affect local services, because multiple central government departments take separate, narrow views.

2.33 At the 2021 Spending Review, the government stated it was placing an emphasis on joint working, agreeing additional cross-cutting priority outcomes and funding important joint programmes of work between departments. HM Treasury (HMT) told us that at the 2021 Spending Review it had encouraged departments to ensure bids were aligned. It also told us it has been improving its processes to support joint departmental bids, such as by providing departments with guidance and training. HMT had seen an increase in join-up between departments, such as between DfE and DHSC on family hubs. However, HMT considered that there was further to go to ensure joined-up spending plans between departments.

Understanding what works

2.34 Our previous work has shown that it is important that new interventions and policy are informed by previous evaluations of what works and why, to help achieve the intended outcomes. Evaluation findings and lessons learnt should be collated and communicated with senior leaders and relevant stakeholders so that the learning can be applied to future policies.

2.35 The government routinely carries out evaluations of individual programmes and interventions but there are gaps in the evidence base on what works. There is a reasonable body of evidence on what works to prevent offending behaviour by children. For example, the Youth Endowment Fund (YEF) has produced a toolkit showing a range of initiatives that are effective at preventing serious youth violence. HO told us that Violence Reduction Units are required to spend upwards of 20% of their total budgets on interventions that are identified as having a 'high impact' based on evidence in the YEF toolkit. However, the DfE told us that there is limited evidence of what works with older children. The Early Intervention Foundation (EIF) told us that there is a lack of evidence on interventions to prevent exploitation, children from going missing and drug-related harms, as well as what works within the youth sector. We heard from DfE that there is limited evidence on specific interventions to tackle school attendance. Other stakeholders told us that less is known about how to scale projects up and sustain them over a longer period. The DfE told us that it is working with the YEF and EIF to build up evidence of what works to prevent serious violence among older children and how to improve school attendance through initiatives aimed at addressing these issues.

⁵⁰ Comptroller and Auditor General, *Improving government's planning and spending framework*, Session 2017–2019, HC 1679, National Audit Office, November 2018.

2.36 We recently examined the DfE's Innovation Programme for Children's Social Care.⁵¹ One of the early themes of the programme was to support innovative practice in adolescents facing complex risks. The programme funded nine innovative projects with £16.6 million and evaluated the impact of each project. DfE is currently supporting the rollout and evaluation of the most promising project – No Wrong Door – to a further five local authorities with high and rising demand for children's social care, based on positive impacts from the initial implementation of this project in North Yorkshire.

2.37 Stakeholders told us that the government does not always draw on the evidence of what works in developing and implementing policies. For example, the EIF said that government does not always distribute central funding pots to local authorities based on evidence of what works. We also heard that some local bodies prefer investing in locally developed initiatives rather than interventions that have evidence of working. One local area told us that it is not clear what happens to evaluations once they have been submitted to DfE. The government has not assessed the cumulative impact of its interventions to support vulnerable adolescents. There are also limited examples of it collating the findings from its evaluations to identify learning that can be applied to future project and policies.

51 Comptroller and Auditor General: *Evaluating innovation in children's social care*, Session 2022-23, HC 70, National Audit Office, June 2022.

Appendix One

Our audit approach

1 We examined and reached our independent conclusion on government's approach to supporting vulnerable adolescents who are at serious risk of avoidable adverse outcomes. We examined:

- the information government uses to understand the potential costs to adolescents and society arising from serious adverse outcomes;
- how well government bodies are working together to plan and deliver support to vulnerable adolescents who are at serious risk of avoidable adverse outcomes; and
- sets out the evidence on the complexity of challenges facing vulnerable adolescents, the cumulative impact of adverse outcomes for these adolescents and society and the challenges for government in providing effective support and delivering value for money.

2 This differs from our more usual approach in which we would examine the value for money of a specific government programme or intervention. Our report does not consider the quality of locally delivered services, such as children's social care or policing.

3 Our report focuses on adolescents aged approximately between 9- and 19-years-old, who are not currently receiving statutory care through the social care system. There is no commonly used definition of vulnerability and we have not sought to develop a definition for the purpose of our work. Instead we focus on adolescents who are at serious risk of avoidable adverse outcomes if their needs are not addressed. The avoidable adverse outcomes that we considered for our study were:

- risk of physical or mental harm (including exploitation) leading to entry to the care system;
- contact with the criminal justice system.
- periods of not being in education, employment or training (NEET); or
- severe mental health difficulties.

4 We based our findings on evidence collected between 1 April 2022 and 28 October 2022.

5 The Department for Education (DfE) has an objective to “support the most disadvantaged and vulnerable children and young people through high-quality education and local services so that no one is left behind”. There are six other departments which support this outcome and have policies and programmes designed to support vulnerable adolescents. These are the Department for Levelling Up, Housing & Communities (DLUHC), the Home Office (HO), the Department of Health & Social care (DHSC), the Ministry of Justice (MoJ), the Department for Work & Pensions (DWP) and the Department for Digital, Culture, Media & Sport (DCMS). We took evidence from all seven of these departments.

Quantitative analysis

6 We undertook quantitative analysis of government data on adverse outcomes experienced by children and adolescents. This helped us to understand trends over time and variations in outcomes for different age groups and geographies. The main data sets that we analysed were DfE Section 251 outturn; DfE looked-after children data; Youth Justice Board for England and Wales Youth justice statistics; DfE Not in education, employment and training (NEET) age 16 to 24; NHS Digital Mental Health Bulletin; NHS Digital Mental health services monthly statistics; Office for Health Improvement & Disparities Public health profiles; DfE NEET and participation: local authority figures; and DfE, Pupil absence in schools in England.

7 Where possible we have analysed and presented data for adolescents aged 9- to 19- years-old. However, some government data sets do not have separate data for this age group and where this is the case we have presented data for a similar available age range or for all children and stated that this is what we have done. Where possible we have presented the most recent data, and in figures where we have analysed and presented multiple data sets we have used data covering the same time period. However, some government data sets cover different time periods, for example some cover financial years and others cover calendar years. Where we have used data covering different time periods we have stated it in the notes.

Analysis of financial data

8 To help us understand planned and historical spending on support for vulnerable adolescents we analysed:

- government data on local authority spending on children's and young people's services;
- the 2021 Spending Review and other government announcements to identify committed funding on additional services and programmes to support families, vulnerable adolescents or children; and
- estimates from outside government of the costs of not dealing with seriously adverse outcomes.

Document review

9 We reviewed published documents from the seven departments listed in paragraph 5 of the main report as well as unpublished documents from the DfE, HO, DCMS and DLUHC. These included:

- departmental outcome delivery plans and other corporate documents about departmental roles and responsibilities, objectives and targets;
- information and guidance on local roles and responsibilities for supporting vulnerable children and young people;
- information on governance and oversight arrangements for overseeing support for vulnerable children and young people;
- the business cases, evaluations and other information about initiatives and programmes that support vulnerable children and young people; and
- information and analysis of the adverse outcomes experienced by vulnerable children and young people, including any details about how outcomes may overlap.

10 We reviewed other published sources covering our audit. Those we have drawn on directly are mentioned in our report and detailed in footnotes.

Interviews

11 We interviewed government officials and key staff at the DfE, DLUHC, HO, DHSC, MoJ, DWP, DCMS, Youth Justice Board, NHS England and HM Treasury. We discussed issues across the full breadth of our report, focusing on the information they use to understand the risks and adverse outcomes facing vulnerable adolescents, programmes aimed at supporting vulnerable adolescents and how they work with other government bodies. Officials were selected to participate because of their job roles and relevance to the audit.

12 We also spoke to other stakeholders and experts in supporting vulnerable adolescents to get a range of views and perspectives. These were the Office of the Children's Commissioner, the Local Government Association, the Early Intervention Foundation, the Association of Directors of Children's Services, the Youth Endowment Fund, Action for Children and other experts in the sector. While our questions were tailored to reflect each stakeholder's role, our questions aligned with our overall audit questions.

13 All our fieldwork interviews were held virtually over Microsoft Teams.

Case studies

14 We carried out case studies of four local safeguarding partnerships: Lincolnshire, North Yorkshire, Salford and Warrington. We carried out interviews with local safeguarding partners, including local authorities and in some cases local health bodies and police officer representatives. Our questions covered the challenges experienced by vulnerable adolescents in their area, local arrangements for identifying and supporting vulnerable adolescents and local perspectives on central government support for vulnerable adolescents. All our interviews were held virtually over Microsoft Teams.

15 We selected local authorities for case studies to ensure we included a mix of areas across the regions and authority types. In reaching our selection we also took account of factors such as deprivation and Ofsted scores.

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