

LITERATURE REVIEW

A review of the literature on how the systems of support available to young people and their families work to prevent serious violence

Prepared for the Youth Endowment Fund and Department for Education

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Executive Summary

This section provides a brief overview of the methods we used and our findings. For a comprehensive account of the research methodology and results, please see the full report.

Background

Taking a so-called ‘systems’ approach considers how children and families experience different systems of support, and how these systems work together to prevent serious youth violence. By ‘system’ or ‘systems of support’ we mean “the organisation of people, institutions, and resources that deliver services” (Jain et al. 2022). Lots of research focusses on what works in this space – most often evaluating a single intervention, or developing risk factors for serious youth violence. However, we know little about **how the systems of support available to children and families act together to prevent or expose children and young people to serious youth violence**. This evidence gap is the focus of the current report.

The Systems Evidence and Gap Map (2022; [here](#)) commissioned by the Youth Endowment Fund and the Department for Education, and delivered by the Campbell Collaboration, was the first step towards establishing this evidence base. The Evidence and Gap Map identified and mapped the evidence for how systems of support in the UK and Ireland protect or expose children and young people to serious youth violence.

The Evidence and Gap Map shows us how much, and the type of, evidence there is, however, it doesn’t tell us what the evidence says. The next step is to now synthesise the evidence to understand how children and young people interact with systems of support. To do so, we carried out a systematic review of the evidence after updating the initial search strategy to include evidence published up to and including April 2023.

Aims

We aimed to answer the following five research questions:

1. What are the barriers and facilitators children and young people and their families face:
 - a. accessing systems?
 - b. engaging with services within a system?
 - c. navigating between, within, and out of systems?
2. How do any barriers or facilitators vary by geographic location or personal characteristics of children and families?
3. Outside of facilitators, are there any other solutions to any barriers identified within the literature?
4. Are there any strategies which improve, or hinder, systems work that demonstrate an impact on children and young people's involvement in serious youth violence? If so, what impact has been noted?
5. What are the gaps in our knowledge of systems working within the UK?

The overall aim of answering these questions is to help inform policy and practice, provide insights, improve services, reduce serious youth violence, and identify areas for future research.

Findings

We organised the evidence synthesis around the broader categories of accessing, engaging with, and navigating through different types of systems, where

1. Access to a system of support: Learning related to accessing a service in the first place (and factors leading up to this) which may include, for example, knowledge of services and their purpose and eligibility, barriers and facilitators to access, and information on who is eligible to access which services and how to do so.

2. Engagement with a system of support: Learning related to how children and young people and their families engage (or disengage) with a service once they have first accessed it. For example, their experience of the service, and/or barriers and facilitators to the use of the service, and their perceptions of the service, and whether and/ how it will help them.
3. Navigation within or between systems of support: Learning related to moving between, or leaving different services, from either the same agency, (Jain et al., 2022)

What are the barriers and facilitators CYP and their families face accessing, engaging with, and navigating systems?

The following table summarises our key findings. It summarises the barriers and facilitators we identified to children and families accessing, engaging with, and navigating systems of support to prevent serious youth violence.

Theme	Finding	Summary
Access	Avoid labelling/stigmatising children	Labelling children as 'at risk' or 'troubled' can be a barrier to accessing systems of support , for instance where children labelled as 'troubled' are seen as disruptive rather than as in need of support, and are removed from mainstream education instead of tackling the root causes of their behaviour. The stigma associated with accessing systems of support can also be a barrier to children and families accessing systems of support.
Access	Identify children in need of intervention/support early	Identifying children who could benefit from support and/or intervention early can prevent serious youth violence by enabling timely access to systems of support. Opportunities to identify vulnerabilities early on can come from professionals having good, up-to-date knowledge about the wide range of harms and/or risks that children and families face, to recognise the warning signs. Facilitating children self-disclosing harm and/or risk is also key to identify opportunities for prevention. Barriers to self-disclosure can include poor responses of professionals, such as children not being believed, and children's fears about the consequences, such as being taken into care. Another way to facilitate early identification is through detecting and disrupting perpetrators of serious violence against children, to identify victims who may not be known to services yet.

<p>Access</p>	<p>Use well-trained, dedicated volunteers to support service delivery</p>	<p>Well-trained, dedicated volunteers can facilitate access by supporting service delivery lead by well-trained, experienced professionals. For instance, volunteers have been found to work effectively in social work, delivering interviews with children returning from being missing, or providing support for children excluded from school. Some children and families may also be more likely to access services run by volunteers or the third sector in general, particularly if they have a distrust of statutory services.</p>
<p>Access</p>	<p>Consider the physical location of services</p> <ul style="list-style-type: none"> - Ensure there are sufficient local service provisions - Invest in community-based interventions - Co-locate support services in universal service settings 	<p>The physical settings where systems work is delivered can impact children and families accessing systems of support. Local service provisions provide opportunities for people to access support in their communities. Community-based interventions can also be effective, as children may be more likely to access support which encourages investment in their local area. Locating support services in so-called 'universal' services, such as a GPs office or in education settings, or applying population-level interventions, is also a facilitator of access to systems of support, as it can reduce the stigma associated with accessing specialist services.</p>
<p>Access</p>	<p>Share information about service provisions, how to access them, and what's available to who, clearly, using a variety of medias to</p>	<p>Good quality, clear information about what is available and who is eligible should be made available to potential service users and the wider community. Different medias including online platforms (i.e. websites, social media, etc) should be utilised to make sure people are</p>

	reach seldomly reached groups	aware of the services available to them and how to access them.
Access	Invest in services including ensuring adequate funding for staff and resources, as well as developing service provisions where there are gaps	A lack of availability is a barrier to children and families accessing systems of support. Availability can be impacted by staff shortages, high workloads, and long waiting lists. A lack of suitable services includes a lack of provisions for children experiencing different types of harms or problems, including neurodevelopmental disorders, perpetrators, or those suffering poor mental health. In many of these instances, children demonstrating these characteristics may struggle to access mainstream services as they may not be deemed eligible.
Access	Provide training and support to facilitate standardised professional case management decisions	Individual professionals' attitudes can impact on children accessing systems of support, particularly when the attitudes impact on decision-making about a case or the thresholds for acceptance or onward referral.
Engagement	Avoid using technical, jargon-filled language to communicate with children and families	Language can be a barrier to engaging children and families in systems of support. Where services are delivered in English, this may be a barrier to children and families if they struggle with understanding or communicating in English. Technical, and jargon-filled language can also be a barrier. This includes using 'academic' language rather than language that children and young people might use to describe things associated with serious youth violence.

Engagement	Design interesting and engaging interventions/ support using a variety of medias and co-production	<p>Engaging children and families using non-traditional medias to deliver support and/or interventions, such as social media, websites, smartphones, using short films, and creating interesting and engaging activities around sports and /or the arts, can facilitate engagement with systems of support. Co-production is also consistently identified as a facilitator of engagement. This is where children and families share their lived experience and/or views to design services or interventions to break down barriers between service users and professionals. Peer engagement can also be a way to engage young people in service design and delivery (i.e., through peer mentors) to facilitate engagement.</p>
Engagement	Develop a range of interventions to enable bespoke case management/ intervention plans tailored to the individual	<p>Service provisions and interventions should be personalised to meet the unique needs of children. This means that professionals should have a comprehensive ‘toolbox’ of options to meet different needs and understand how the timing of different interventions can impact on if and how children and families engage.</p>
Engagement	Engage whole families	<p>Engaging carers and families was identified as a facilitator of engaging children in systems of support. This is because parents and caregivers can be key in encouraging their child’s engagement by demonstrating a commitment to the intervention, themselves. Parents and carers can help practically by providing support to children to attend sessions, including</p>

		transport, and to reinforce key messaging at home.
Engagement	Allow professionals the time and resources to develop supportive and promotive relationships	Research finds that positive engagement between the child and the professional is key to progress. Relationships based on mutual respect and equality are valued and when practitioners are attentive and non-judgemental, this is highlighted as good practice. These supportive and promotive relationships might be the first time in a child’s life that they have a trusted adult and can be transformative.
Engagement	Invest in training and staff retention to ensure well-trained, experienced staff are servicing children	Using trained professionals with experience working with children and families, who feel confident doing so, is key. Where possible, complex cases should be allocated to more experienced professionals with supervisory support. Less experienced professionals should be supported to develop the required skills to strengthen the workforce, overall.
Engagement	Use consistent single points of contact/ key people to allow promotive relationships to develop between children and professionals	Children and families engage better with a single point of contact or intervention provider, where there is consistency of care and time to build promotive relationships. Children themselves identify that developing a relationship with one key person is crucial to their engagement. Equally SCRs highlight problems arising where a key contact is lost during a child’s journey through services. Some studies highlight that high staff turnover makes forming meaningful

		and supportive relationships with children difficult.
Engagement	Understand and develop interventions to tackle complex needs impacting on children and families	Multiple co-occurring and compounding complex needs can impact on a child's capacity to engage when these needs are not addressed. Good practice highlights where systems meet children's complex needs and offer a broad range of interventions to meet the unique needs of each child and their family.
Engagement	Design inviting service environments	An inviting service environment designed and suitable for children and their families is recommended to promote engagement.
Navigation	Standardise and produce clear and consistent guidelines about thresholds/ pathways into and between services	Inconsistent and different understandings of thresholds for services were identified as barriers to children and families navigating systems of support. Positive practice highlights how some case managers facilitate support by navigating between different services and systems on behalf of children and families as part of their core role. 'Link workers' were highlighted as good practice to facilitate communication between and access to appropriate services. Clear care pathways should be developed and articulated to ensure children and families, and professionals, are better equipped to navigate through systems of support.

<p>Navigation</p>	<p>Apply a multi-agency, co-ordinated response</p>	<p>Multi-agency responses need to be responsive, timely and co-ordinated. Facilitators of a co-ordinated multi-agency approach can be joint agreements, such as memorandums of understanding, or development agreements, which set out the boundaries and responsibilities of a co-ordinated and strategic approach to managing journeys through systems. When this guidance is inadequate, multi-agency working can collapse.</p>
<p>Navigation</p>	<p>Identify transitional gaps and invest in services to support children through different transitions</p>	<p>All children experience a range of so-called 'universal' transitions, for instance transitions from primary school to secondary school, however some children also transition between, and in and out of systems of support. For instance, aging out of children's services and entering adult services, or transitioning from secure settings back into the community. Gaps in services to support children through these transitions have been identified as a barrier to preventing serious youth violence. Investment to better understand problematic transitions and how to manage these is needed. The frequency of moves and transitions can also have a negative impact on children.</p>
<p>Navigation</p>	<p>Ensure appropriate information sharing between services and dedicated data-sharing infrastructure to facilitate joined-up working</p>	<p>Effective information sharing between services can facilitate children's journeys through systems of support. This relies upon adequate information provisions, efficient mechanisms and dedicated infrastructure to share information between services, often across geographical and local authority borders.</p>

How do any barriers or facilitators vary by geographic location, or personal characteristics of children and families?

The following describes in more detail the different personal characteristics the research highlights as impacting on children and families' experiences of systems of support.

Characteristic	Summary of the evidence
Neurodevelopmental disorders	The lack of appropriate services for children at risk of serious violence with neurodevelopmental disorders is a barrier to accessing systems of support. For instance, a national scoping exercise of secure settings (secure children's homes, psychiatric inpatient facilities, secure training centres, etc) for detained young people highlighted how 57% of settings had exclusion criteria for children with a learning disability, or specifically children with a diagnosis of autism.
Contact with the criminal justice system	Contact with the criminal justice system can be a reason service providers exclude children from mainstream services. Research also highlights a lack of service provisions for perpetrators of serious violence, particularly female perpetrators. Therefore, children in contact with the criminal justice may be left without adequate service and/or support options to address the root causes of their behaviour and prevent serious youth violence

Race and ethnicity	<p>Race and ethnicity have an impact on how children access, engage with, and navigate through systems of support. For example, evidence from an analysis of SCRs found a lack of understanding of how race and the lived experiences of black children impacted on their journey through systems of support. One study found that the risks and vulnerabilities of black boys, including their daily realities, the effects of cultural values and beliefs on child-rearing, and the impact of parental financial hardship, were poorly understood and impacted on how these children accessed systems of support. Conversely, one SCR highlighted good practice where support from social services proactively sought to understand the culture and heritage of a boy originally from Iraq on his behaviour. More broadly, a review of SCRs found that data collected on ethnicity was often missing or incomplete, again highlighting a tendency for services to fail to capture information about the different backgrounds of children. This was echoed in inspection reports which found “attention to children’s diversity was variable in quality.” Some SCRs include recommendations to actively monitor and attend to children’s protective characteristics to identify discrimination and any subsequent impact on accessing systems of support.</p>
Disability	<p>A lack of professionals’ understanding of disability was also highlighted as a barrier to accessing systems of support. For example, research found that deaf children and families navigating the asylum process may be poorly supported into appropriate services if practitioners are unaware of their unique needs, but also how to interact with them. They found that a lack of awareness amongst practitioners of expected development in children with disabilities can result in indicators of harm being missed. This can be due to a lack of training and knowledge about how disabled children specifically might be at risk of harm.</p>

Language & Communication	<p>Language is a potential barrier to accessing support. For instance, letters written to families to signpost them to relevant services were found to contain technical and sometimes threatening language taken from templates. Vulnerable children and families may be intimidated or worried about accessing systems of support after receiving communications like these. Where services are delivered in English, children and families with English as a second language can struggle to access and engage with support. A report looking at the provision of appropriate adults for children in custody also highlighted how a lack of adjustments for different vulnerabilities or barriers to communication were often missing.</p>
Immigration and Asylum seeking	<p>Children who have immigrated or who are asylum seekers can struggle to access systems of support. For some children and families, the provision of voluntary support is key. For instance, for children with no recourse to public funds, access to support was often through community and/or voluntary services, and involved both formal and informal help, such as relatives providing accommodation or a local church assisting with food shopping.</p>
Age	<p>Sometimes age can be a characteristic which impacts on children’s experiences of systems of support. For instance, one study found that practitioners working with older children (14+ year olds) were less aware of the risk indicators for older children as victims of child sexual exploitation than younger children.</p>
Gender	<p>Gender can also impact on children’s experiences of systems of support where perceptions or stereotypes of girls and boys can impact differently on their treatment.</p>

The systematic review did not find enough evidence to report any significant geographic variation in how children and families experience barriers and facilitators to accessing, engaging with, and/or navigating systems of support to prevent serious youth violence.

Outside of facilitators, are there any other solutions to any barriers identified within the literature?

A lot of the evidence we found reports the opposite of a barrier as a facilitator. For instance, where poor multi-agency working can be a barrier to children and families engaging with systems of support, a co-ordinated systems approach is recommended as a facilitator of engagement. However, some studies highlight potential solutions beyond facilitators, mainly centred around different approaches to organising and delivering systems of support. **The way systems see and treat children and their families can impact on how they interact with systems. Different approaches to putting children first were highlighted by the literature as possible solutions, including Advocacy-Based Approaches, a Child-First Approach, and Trauma-Informed Approaches.** At the heart of these approaches are taking a holistic approach to understanding the child and their family in their context, appreciating how their life experiences have impacted on their behaviour and responses to services, and advocating for their rights to protection.

What are the gaps in our knowledge of systems working within the UK?

The updated Evidence and Gap Map summarises the evidence landscape up to and including research published in April 2023. The evidence landscape remains largely unchanged, and our findings reflect many of the same issues summarised by the initial report (Jain et al., 2022).

The Evidence and Gap Map highlights the least amount of evidence found for:

- 1) Transition management in social care
- 2) Violence reduction units in the criminal justice system
- 3) Curriculum and attainment in education
- 4) Co-production in multi-sector systems (i.e. who system approaches, such as a public health approach)

A lot of the evidence identifies barriers and facilitators to systems work in the UK and Ireland, however very little speaks to how to implement solutions. This is a problematic as how to embed long-term structural change across services and systems of support is currently unknown. Therefore, **we recommend allocating resources to identify the implementation challenges and solutions associated**



with multi-agency systems work, in parallel to understanding the barriers and facilitators of experiences of systems of support for children and families.

Background

Preventing youth violence requires a system-wide, strategic, and co-ordinated approach (Local Government Association, 2018). By 'system' or 'systems of support' we mean

"...the functionality of different services working individually and together to support children at risk of involvement in violence. These services may be broadly categorised as education, health, social care, justice, youth services and welfare, which have all been identified as important in terms of affecting children's likelihood of involvement in violence," (Jain et al, 2022).

Whilst research in this area is ongoing, the evidence base focusses primarily on a) identifying single risk and protective factors which can be modified, or b) evaluating discrete interventions to assess their effect on a specific outcome. This work forms the evidence base underpinning a public health approach to tackling serious youth violence, however a gap relevant to policy and practice remains. Much of what we know is siloed, either looking at the effects of individual factors or evaluating single interventions. To provide a strategic and co-ordinated approach to combatting serious youth violence, understanding how children and their families access, engage with, and navigate through different systems, is key. Taking a so-called 'systems' approach considers how children and families access different systems of support, and how these systems may better work together to prevent serious youth violence.

This project is part of the wider Serious Violence Research Programme jointly led by the Youth Endowment Fund and the Department for Education. The Serious Violence Research Programme aims to establish the evidence base to inform strategies to tackle serious youth violence. The project commissioned the Systems Evidence and Gap Map (2022; [here](#)), which was the first step towards establishing this evidence base. The Evidence and Gap Map aimed to identify and map the literature about how systems of support in the UK and Ireland protect or expose children and young people to involvement in serious youth violence. It established the size and scope of the evidence base but doesn't tell us what the evidence says. The next step is to now synthesise this evidence to understand how children and young people interact with systems of support to mitigate against or facilitate serious youth violence – this is the focus of the current report.

Aims & objectives

We aimed to answer the following five research questions:

1. What are the barriers and facilitators children and young people and their families face:
 - a. accessing systems?
 - b. engaging with services within a system?
 - c. navigating between, within, and out of systems?
2. How do any barriers or facilitators vary by geographic location, or personal characteristics of children and families?
3. Outside of facilitators, are there any other solutions to any barriers identified within the literature?
4. Are there any strategies which improve, or hinder systems work that demonstrate the impact on children and young people's involvement in serious youth violence? If so, what impact has been noted?
5. What are the gaps in our knowledge of systems working within the UK?

Methodology & rationale

This report is based upon an existing systematic review and Evidence and Gap Map, as previously described. A full account of the systematic review process to identify the included studies can be found [here](#).

Pre-registration

The Evidence and Gap Map was registered with the Campbell Collaboration and a prospective study protocol was published, [here](#).

Updating the systematic review

The systems Evidence and Gap Map identified studies published from 2000 to 2022. Before coding and synthesising the eligible studies, we updated the initial searches to identify evidence which may have been published since the previous review was carried out. The original search protocol and inclusion criteria were applied to results identified by EPPI-Reviewer, using OpenAlex ,and updated grey literature¹ searches. OpenAlex is a repository of over 200 million records of scholarly research and is regularly updated to provide a comprehensive and up-to-date database of the world’s research.

EPPI-Reviewer uses machine learning to update systematic reviews conducted using its review software. The process uses your list of included studies to identify new potential studies which may have been published after you completed your initial sift. Suggested eligible studies were subject to sifting on Title & Abstract, and Full Text Screening (where eligible), applying the initial search strategy.

The update identified 431 new studies from OpenAlex via EPPI-Reviewer, and 162 new studies from grey literature.

Coding eligible studies & updating the Systems Evidence and Gap Map

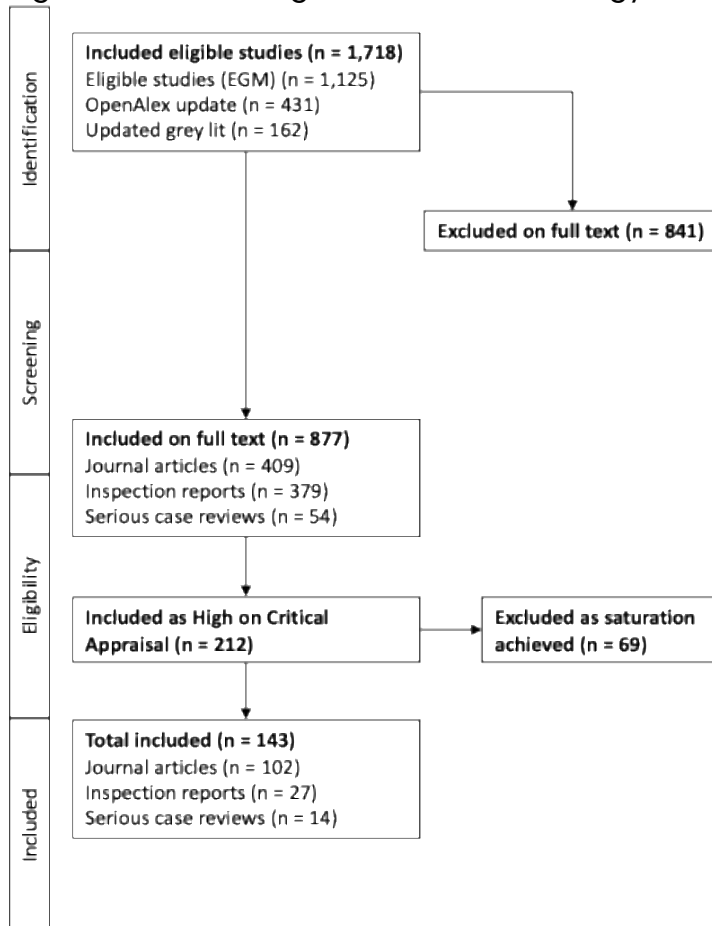
All studies were subject to full text screening and coding to flag study characteristics and to update the previously designed Systems Evidence and Gap Map. Coding was conducted in EPPI 6 Reviewer – a web-based tool for managing and conducting systematic reviews.

For quality assurance and to establish inter-rater reliability, we double coded a dip sample of texts to ensure at least 90% agreement. For the most part, this was achieved on the first round of sampling. Where it was not, we revisited the coding framework to provide feedback to the coding team. Interrater reliability was then re-assessed until 90% was achieved.

¹ “Grey literature is information produced outside of traditional publishing and distribution channels, and can include reports, policy literature, working papers, newsletters, government documents, speeches, white papers, urban plans, and so on,” (SFU Library, 2023)

Combined with the initial 1,125 eligible studies, the update resulted in 1,718 potential studies for inclusion in the systematic review. 841 were excluded on full text, leaving a potential pool of eligible studies including 877 texts (see Figure 1).

Figure 1. PRISMA diagram of search strategy



Once all studies had been coded, we then conducted the review.

Conducting the review

Assessing risk of bias

Risk of bias was assessed with the same tool the team who produced the Systems Evidence and Gap Map designed and used. Table 1 is taken from their final report and details the 11 items we used to critically appraise each text. Only studies which scored high on the critical appraisal tool were included.

Table 1. Critical appraisal tool used to assess the confidence in study findings.
Taken from White et al (2022).

Item No.	Question	Description of the question	Options for coding
1*	Is the purpose of the research adequately described?	Does the study clearly state why the study was conducted and what was the aim of the study?	Yes / No / Partially
2*	Is the research methodology adequately described?	Does the study clearly state the methodological approach adopted on which the study is based?	Yes / No / Partially
3	Are the researcher's own experience, assumptions and possible biases outlined?	Are the beliefs and values of the researcher, and their potential influence on the study declared? Is the potential for the researcher to influence the study and for the potential of the research process itself to influence the researcher and her/his interpretations acknowledged and addressed?	Yes / No / Partially
4	Is there a conflict-of interest statement	Does the study have a statement on the conflict of interest?	Yes / No / Partially
5	Is the data collection adequately described?	Does the study clearly state how the data was collected, source of data?	Yes / No / Partially
6*	Is the data collection adequate and appropriate?	Are the data collection methods appropriate for the methodology described?	Yes / No / Partially
7*	Is the process of data analysis clear?	Does the study clearly state how the data was analysed, which statistical methods were applied, and which tools were used?	Yes / No / Partially

8*	Are the findings clearly stated?	Does the study clearly state findings of the research?	Yes / No / Partially
9*	Are the findings based on the study evidence?	Are the stated findings (within the results section) based on data observed through the adopted methodology?	Yes / No / Partially
10*	Effectiveness Study - Are there valid comparison groups involved?	Does the study involve a valid comparison group to assess the impact/effectiveness of intervention?	Yes / No / Partially
11*	Effectiveness Study - Was a baseline balance established?	Does the study establish a baseline data to assess the impact/effectiveness of intervention?	Yes / No / Partially
Overall rating - Based on lowest rating of critical items (marked*)			High / Medium / Low

*Essential items for overall score

**Items 10 and 11 were applicable only for effectiveness studies. For rest the code was "not applicable."

Developing and applying the coding framework

Content analysis applies a coding framework to qualitative data to extract common themes and then examine the relationships between them. The coding framework was developed by first deductively coding an initial test sample of texts. The test sample was selected to be representative of the larger body of literature based on study characteristics coded at the previous stage.

The framework was organised around the broader categories of accessing, engaging with, and navigating through different types of systems, based on the previously designed Evidence and Gap Map. We implemented double coding (more than one person codes the same text) of a dip sample to assess inter-rater

reliability and ensure quality control. As previously described, this was an iterative process until 90% interrater reliability was achieved.

Next, we sought to incorporate stakeholder and lived experience. Two strands of input fed into the coding framework: 1) practitioner expertise, and 2) an online survey of families with relevant lived experience. Three practitioners working within the types of systems included in our studies were invited to provide expertise relating to accessing, engaging with, and navigating through different systems of support – capturing the experiences of their clients and their own experiences of working with systems of support. They all worked in statutory services delivering support to young people to prevent serious youth violence. Given the timeframe of the report we were unable to recruit expertise beyond statutory services (i.e. third sector professionals etc). Their experiences were coded and integrated into the coding framework.

To access lived experience, a small sample ($n = 7$) of the UK population were surveyed via an online survey platform, Prolific. Prolific hosts academic surveys and invites members people to take part in research in exchange for a fair, hourly-based wage to identify eligible participants, we surveyed a sample ($n = 50$) of the UK population to identify people who may have relevant lived experience. The sample was based on quotas to represent the age, gender, and ethnicity information available from the latest census information in the UK. We asked people if a child or young person they have parental / caregiver responsibility for had been referred to a system of support in the last 12 months due to a risk of involvement in violence. Of those eligible, 7 agreed to participate in a second survey. Participants were aged between 30 and 50 years old, four were female and three were male, and all self-reported their ethnicity as either white ($n = 3$), mixed ($n = 2$), or other ($n = 2$).

The second survey asked participants to comment on their experiences and highlight any barriers and facilitators which featured in their journeys. Questions were open ended and included “What was you and your family’s experience of getting access to appropriate help and/or support for the child or young person in your care?” and “Is there anything that made it easier/more difficult to access, engage with, or navigate between the different services of support?” The results were integrated into the final coding framework.

Both professional and lived experience did not identify any new codes, however provided further evidence for the inclusion of the codes identified by the coding exercise.

Once an initial coding framework was developed, it was applied to the remaining studies until saturation was achieved –that is, no new codes emerged. Coding until saturation ensures we can be reasonably confident we have covered the relevant literature. The process resulted in the team fully coding 143 studies – 102 journal articles, 27 inspection reports, and 14 serious case reviews.

Qualitative Synthesis

Once we reached saturation, themes were identified across the coding framework. EPPI-Reviewer 6's line-by-line PDF coding functionality was used to organise qualitative coding. As in previous stages, we implemented double coding of a random dip sample of texts to achieve 90% interrater reliability.

Quantitative Synthesis

There was insufficient evidence to extract quantitative data, such as effect sizes.

Findings

We present the results of the systematic review and evidence synthesis organised broadly around how children and families access, engage with, and navigate through systems of support to prevent serious youth violence.

What are the barriers and facilitators CYP and their families face accessing systems?

Labelling and stigma

Avoid labelling/stigmatising children

The 'labelling' of children, for example as 'troubled' or 'at-risk', is consistently identified as a barrier to children and young people accessing systems of support (Callaghan et al., 2003; A.-M. Day, 2017, 2022; Deakin et al., 2022; Griffiths, 2022; Narey, Martin, 2016). Labelling theory is a concept describing how the labels society applies to people can affect their behaviour. Here, the way systems and professionals working within those systems label children can impact children's behaviour, including their involvement in serious violence, as well as their willingness or eligibility to access support systems. Labels such as troubled can contribute towards a child's perception of themselves, and to the development of a pro-offending identity (rather than a prosocial identity), contributing to pathways towards serious violence (Open Innovation Team, 2023). These labels can also bias professionals' attitudes towards children, contributing to perceptions of children as perpetrators to be punished, rather than victims or children in need of support.

Stigmatising elements are often embedded in the structure of systems designed to support children, for example when children are labelled as 'at-risk' by professionals. Labelling children may also make them more likely to be criminalised, as 'at-risk' children can be subject to more monitoring or scrutiny. If criminalised, a criminal conviction is often a permanent label which affects children's eligibility for some mainstream services, impacting on children's access to systems of support (Deakin et al., 2022).

For example, Day (2017) identifies that children in care who demonstrate so-called 'problem' behaviours, often in response to trauma, are 'labelled' and removed from mainstream systems of support (such as education), without the root causes of their behaviour being understood or addressed. Day (2017) also identifies a report by Narey (2016) who suggests a link between residential care, offending, and labelling, where children in residential care may be criminalised for minor offences (such as taking food from a fridge 'out of hours'), and are then labelled with a criminal record, which may make them ineligible for many mainstream services, or put them in contact with the youth justice system, which can promote serious youth violence (Callaghan et al., 2003). Deakin (2022) also reflect the lived experiences of children labelled as 'troubled' who identify being targeted by police, for instance being moved on in public spaces, rather than being engaged in promotive relationships, who by increased contact with police, may therefore also be more likely to encounter the criminal justice system.

Labelling can also impact on children accessing systems of support where they are labelled as perpetrators, despite being victims, or sometimes, both. For instance, in a case study of Transition Safeguarding in Hackney, Griffiths et al (2022) highlight professional's experiences of children and young people (aged 16 – 25) involved in county lines being labelled as perpetrators of crime and violence, when they may also be victims of exploitation, or both. Here, labelling children and young people as perpetrators may be a barrier to them accessing services as some services do not work with perpetrators. In Hackney, the Transition Safeguarding team recognised this and acknowledged they would need to work with children labelled as 'perpetrators' to deliver the relevant support.

Relatedly, stigma associated with accessing support can also be a barrier to access (Wilson et al., 2020). The evidence recommends normalising accessing support, free of judgement, where service users can feel heard (Allard, 2003). This is particularly true where parents and other family members may have had past negative experiences with statutory services. This can lead to families feeling blamed or judged when approached by professionals with concerns about their children (Brandon et al., 2020), or a reluctance to access support when harms such as domestic abuse victimisation for instance, may be associated with stigma (Stanley et al., 2011). For children in particular, embarrassment and bullying can be factors which impact on accessing support (Deakin et al., 2022).

One way to decrease the stigma associated with accessing support may be through the co-location of support services in universally accessed settings and/or applying population-level interventions (where everyone receives the same intervention). For example, interviews with parents of teenagers in need of support stated that family-support services being available through GP surgeries was seen as more accessible than contacting social services which was associated with stigma, including feeling a failure as a parent (Allard, 2003). In instances of child maltreatment, a review of 15 research projects about safeguarding children from neglect and abuse, found that universal interventions delivered at the population level were viewed as non-stigmatising and more likely to reach families in need of support (Davies & Ward, 2012)

Early identification

Identify children in need of intervention/ support early

Early identification of children in need of support is a facilitator of children's access (Davies & Ward, 2012; A.-M. Day, 2017; Leslie, 2015, 2016; Youth Justice Board, 2022). A lack of training and/ or awareness among professionals of different types of risk and harms can be a barrier to children at risk of serious violence being identified early on (Allnock et al., 2017; Firmin et al., 2023; Harris & Robinson, 2007; HM Chief Inspector of Prisons, 2019; Hood et al., 2017; Jolly & Gupta, 2024; The Centre for Social Justice, 2014; Waddell & Jones, 2018; Wedlock & Molina, 2020; Wilson et al., 2018).

For instance, Davies et al (2012) state the importance of identifying harm (here, emotional abuse) early, to safeguard children from long-term harms. They argue that early identification can minimise lifelong damage to children and potential high costs to society (through reliance on other services and possible engagement with the criminal justice system). Similarly, a thematic review of outcomes for girls in custody notes that a failure to identify needs and promote access to support systems early, is often a contributing factor to girls' on-going contact with the criminal justice system (HM Inspectorate for Prisons, 2022). Serious case reviews also highlight a lack of early identification as a barrier to access to systems of support to prevent serious violence (Ashley & Brims, 2018; Bickley, 2020; Hill, 2018; Ibbetson, 2019)

Self-disclosure of potential risk and/or harm by children to professionals can be a facilitator of access to systems of support. A number of barriers to disclosure were identified including poor responses of professionals, such as children not being believed, and children's fears about the consequences of disclosure, such as being taken into care (Wilson et al., 2020). In other instances, and often when a perpetrator of abuse was known to the child, children were particularly unlikely to disclose harm (Ofsted et al., 2020).

Equally, children may not view the harms they encounter as problematic, again inhibiting disclosure. For instance, studies with child victims of sexual exploitation have found that sometimes children don't view the sexual exploitation they're experiencing as harmful. This acts as a barrier to disclosure and relies on professionals ability to spot the signs of harm (Prior et al., 2023; Radcliffe et al., 2020). Increasing children's ability to recognise harmful behaviour as such, can facilitate early access to support by encouraging self-disclosure. A theory of change evaluation of Barnardo's ReachOut program, aimed at preventing child sexual exploitation, successfully increased children's ability to recognise exploitative behaviour and therefore reduced their risk of exploitation (McNeish & Pearce, 2019). ReachOut facilitates change through three main strands of activity:

- Outreach work to raise community awareness and reach out to children and young people in their communities
- Healthy relationship education in schools and other settings
- One to one support for children and young people identified as particularly vulnerable to CSE

Out of 173 children where there was a concern about their ability to recognise exploitative and/or grooming behaviour, 150 showed an improvement at final review (improved score). 41 showed no changed and 2 had deteriorated.

When self-disclosure is inhibited, professional expertise around 'spotting the signs' of risk and/or harm are key to enabling early identification to ensure timely support. A mechanism for enabling identification is often termed 'professional curiosity.' "Professional curiosity is where a practitioner explores and proactively tries to understand what is happening within a family or for an individual, rather than making assumptions or taking a single source of information and accepting it at face value," (Leeds City Council, 2022). Serious case reviews often highlight a lack of professional curiosity as a barrier to early identification, inhibiting access to support and contributing towards serious youth violence (Cane, 2020; Leslie,

2015). Professional curiosity also relates to professionals' confidence in their ability to spot the signs of risk and/or harm, and their knowledge about potential risk indicators.

Some studies find evidence of varying professional confidence. For instance, a qualitative study based on 28 interviews with primary school staff in six schools, stakeholders across two London boroughs, and service providers working in gang prevention, demonstrated primary school staff had varying confidence in their ability to spot the early signs of gang and youth violence in their pupils – with some reporting they were confident they had the skills and knowledge to spot the early warning signs, and others stating they needed more training and support (Waddell & Jones, 2018).

Appropriate training and support to improve knowledge can increase professionals' confidence to identify harm, facilitating early identification. For example, a review of children's experiences of domestic abuse and criminality details how stakeholders and practitioners talked about 'Operation Encompass' in providing support and resources to teachers to recognise (identify) and deal with disclosures from children about domestic abuse (Wedlock & Molina, 2020). Operation Encompass is a charity which aims to support children experiencing domestic abuse by sharing information between police and schools. It operates across police forces in England and Wales and aims to notify a key adult at a child's school after police attend homes for domestic abuse incidents. Notifying a key adult can help the school to provide a supportive environment when the child returns to lessons the next day. A recent review heard about how government funding has supported the work of Operation Encompass and given teachers more insight into how to handle information about domestic abuse incidents.

Understanding opportunities for early identification can also facilitate early identification. There may be specific windows of opportunity for early identification in some instances. For example, a report looking at 'Girls in Gangs' in the UK found there were certain critical points in a girl's involvement in gang activity where they were easier to identify and more motivated to seek and/or accept support from services. These included being excluded from school, imprisonment of gang-involved partners, the birth of a child, contact with a sexual health clinic, and admission to A&E (The Centre for Social Justice, 2014). The 'Girls in Gangs' reports describe evaluations of work in A&E departments at King's College and St Thomas' Hospital have found significant positive outcomes for their work in partnership with voluntary organisations designed to provide

support to gang-associated young people who attend A&E. The programmes resulted in significant reductions in readmission to emergency departments through reduced involvement in violence (The Centre for Social Justice, 2014).

Finally, early identification can be achieved through detecting serial or repeat perpetrators of violence and/or harm against children. Whilst it is important to continue to invest in supporting victims, identifying and disrupting perpetrators of harms against children can proactively identify children who may not have come into contact with systems of support yet (Allnock et al., 2017; Dulton, 2018; Harris & Robinson, 2007; HM Chief Inspector of Prisons, 2019; HM Inspectorate of Probation, 2021a; Ofsted et al., 2020). This is particularly true for harms such as child sexual exploitation, child sexual abuse, and trafficking, where perpetrators may target multiple victims.

Volunteers

Use well-trained, dedicated volunteers to support service delivery

Across some systems and in some contexts, volunteers were identified as a facilitator of access (Burch et al., 2017; HM Inspectorate of Probation, 2023; Jolly & Gupta, 2024). We found that well-trained, dedicated volunteers can facilitate access by supporting service delivery led by well-trained, experienced professionals. Systems where the review found evidence of volunteers to be facilitators of access included social care and youth offending as described in evidence reviews and inspection reports (Burch et al., 2017; HM Inspectorate of Probation, 2023). For example, a review of social care innovation describes a pilot on the Isle of Wight using volunteers to deliver support for children and families on the edge of care as highly successful at getting children into or returning into different mainstream services, such as education. Specifically, volunteers were found to be effective in delivering support including providing interviews with children returning from going missing or volunteer mentoring for young people.

Strong ties to the third sector was also found to facilitate children's access to systems of support (HM Inspectorate of Probation, 2023). Through successful recruitment of enough volunteers, the inspection report noted Youth Offending Services had adequate staff to deliver services.

Children and families may also prefer to seek support outside of formal services. Prior et al., (2023) conducted a qualitative meta-synthesis of help-seeking and help-related experiences in commercially sexually exploited youth. Whilst the review highlights evidence gaps across this area, the authors report that commercially sexually exploited youth may prefer to seek support outside of formal services – community volunteers may therefore be one way to encourage access to systems of support for individuals reluctant to engage with statutory services.

Settings

Consider the physical location of services

- Ensure there are sufficient local service provisions
- Invest in community-based interventions
- Co-locate support services in universal service settings

The physical settings where services are delivered can act impact on children and families accessing systems of support. In terms of geographic location, several studies highlighted how the location of services can be important (Dulton, 2018; Frost, 2017; Prior et al., 2023; Soppitt et al., 2022). Soppitt et al (2022) led a research project analysing the Newcastle Youth Justice landscape. In terms of settings, they found that children were particularly responsive to interventions which focussed on improving their local community, encouraging engagement with the local area. In another instance, services located within physical settings where children experience risk (for instance in sex-trade spaces for child victims of sexual exploitation) were cited as the only way some children would access support (Prior et al., 2023). Relatedly, local service provisions provided by practitioners with local expertise have the advantage of professionals who understand the unique challenges of a community first-hand, and can encourage children and families to seek access to systems of support. (Prior et al., 2023).

In another way, locating services in so-called ‘universal’ services, such as GP health providers or education settings, can also facilitate access (Frost, 2017). For example, the ‘whole family’ approach of the Hackney WellFamily Service, offered emotional and practical support to families from a base in GP surgeries, enabling it to reach those who might otherwise have missed out on support (Goodhart et

al., 1999). The programme embedded a family support worker within a GP surgery in Hackney, who saw 113 clients in 18 months. Interviews showed that clients viewed the support positively as being based in the practice was convenient and non-stigmatising.

Conversely, service provisions outside of a child's local area can be a barrier to accessing support. Girls held in diversionary secure accommodations outside of their local area found it more difficult to access their local services and form relationships with local providers, given the physical distance from the settings where services were delivered (HM Inspectorate for Prisons, 2022). Equally a national scoping exercise reviewing secure settings across the UK found that children being housed away from their homes impacted on their ability to access local support systems, again due to the physical distance from local service provisions (L. Warner et al., 2018).

Information sharing

Share information about service provisions, how to access them, and what's available to who, clearly, using a variety of medias to reach seldomly reached groups

The way services share information with potential service users, impacts on children's access to systems of support. Services should ensure there is good quality, accessible information about services made available to those who might benefit from them (Ashley et al., 2011; Forde, 2013). A lack of appropriate resources to signpost vulnerable children and families to support services can inhibit access to systems of support. This includes not just traditional, written materials, but making use of signposting through contact with universal services, such as GPs (Allard, 2003), as well as making use of online medias, such as websites and social media (Brooks et al., 2019).

Service provision & availability

Invest in services including ensuring adequate funding for staff and resources, as well as developing service provisions where there are gaps

In order for children and families to access systems of support, there needs to be an appropriate and relevant service provision, with availability (C. Ashley et al.,

2011). Multiple inspection reports and serious case reviews highlight how a lack of availability of suitable services, due either to a lack of adequate provision, long waiting lists, or an overloaded workforce, impacted on children's ability to access appropriate systems of support in a timely fashion and contribute to the harm they experience (Bickley, 2020; Dulton, 2018; HM Inspectorate of Probation, 2021b, 2022a, 2022b; HM Inspectorate of Probation and HM Inspectorate of Prisons, 2019; Holtom, 2021, 2021; Ibbetson, 2019).

Long waiting lists prevent children accessing services they are entitled to in a timely fashion, or at all (Ofsted et al., 2020). Campbell et al (2005) and Talbot et al (2010) found that the availability of specialist Child and Adolescent Mental Health Service provisions across Youth Offending Teams were inadequate in providing prompt support to children with mental health needs in contact with the criminal justice system. An inspection report of multi-agency arrangements to support children who commit sexual offences also found unacceptably long waiting lists as a barrier to children accused of offending accessing support for their behaviour (HMI Probation et al., 2013).

The number of contact hours professionals have to support children and families may also be important. One study looked across the Youth Justice System in the UK and found that positive change scores increased with more appointments kept and more contact hours with youth justice staff (Whittington et al., 2015). However, the authors acknowledge their conclusions are tentative given the correlational research design and lack of comparison group.

Equally, professionals can struggle to facilitate children's access to services due to a lack of availability. Yates et al (2020) noted that professionals felt their options were limited by "impoverished services not resourced to help." Warner et al (2018) also found that schools had recently reduced their partnerships with external service providers due to limited resources, decreasing the options available to staff to facilitate access to support for children.

The consequences of a lack of suitable services and/or availability can also be detrimental. For instance, a thematic review of outcomes for girls in custody found that a lack of availability in secure mental health settings meant that girls were instead accommodated in custodial settings without adequate mental health provisions. This directly impacted on their ability to access appropriate support as secure settings did not have the resources to offer the required mental health support the needed (HM Inspectorate for Prisons, 2022).

Professional attitudes

Provide training and support to facilitate standardised professional case management decisions

Professionals' individual attitudes can be barriers to access to services for children and families, particularly when they influence decision-making about adopting a case, or suitability for services (C. Ashley et al., 2011). For example, Allnock et al (2017) report examples of practitioners who viewed the abuse of girls during missing episodes a result of 'lifestyle choices.' Such harmful attitudes can impact on decision-making about referrals to systems of support and/or case adoption, in turn impacting on the risk of serious youth violence. Similarly, a number of GPs were found to consider victims of domestic abuse at least in part responsible for their victimisation – this was in contrast to specialist domestic abuse service providers (Clarke & Wydall, 2015), again demonstrating how practitioners individual attitudes can impact on children and families' access to systems of support.

Professionals' experiences of practice can also influence their attitudes. Gorin et al (2013) found that individual attitudes towards child protection cases varied across local authorities, and that different experiences, processes, and services in different areas were likely to impact on their perceptions about the level of risk to a child. Particularly in cases of uncertainty, professionals' individual attitudes can influence decision-making (Yates, 2020). A vignette study of 792 children's social care workers in Wales found that practitioners working in areas with increasing care rates were less likely to be against removing a child at risk from home (Wood & Forrester, 2023). This is problematic as children's access to support may vary dependent on which professional they encounter. All children should expect to receive the same treatment and so training and support to counter negative stereotypes and to facilitate standardised professional case-management decisions should be provided.

What are the barriers and facilitators CYP and their families face engaging with services within a system?

Language

Avoid using technical, jargon-filled language to communicate with children and families

Research finds that language use can be a barrier to children and families engaging with services. Professionals or services who use technical instead of straightforward language can discourage children and families from engaging with support (Brandon et al., 2020). Equally, 'stock' language which fails to acknowledge or address the daily lived experiences of children can also discourage engagement (Brandon et al., 2020). In terms of the materials services use to communicate about their provisions, a similar finding is reported. Smee et al (2019) found a significant difference in the language used by research and the language used by children and young people when talking about violence. The results were that materials created to engage youth in a service pilot were poorly understood and included irrelevant examples of language which children and young people did not fully understand. More generally, where English was not a first language, language barriers are often cited as barriers to engaging children and families in systems of support (Jolly & Gupta, 2024).

Service design & delivery

Design interesting and engaging interventions/ support using a variety of medias

Service design is important to facilitate children and families' engagement with systems of support (Cleaver et al., 2019). Making use of creative and alternative modes of delivery was highlighted as one way to engage some children. For instance, a qualitative process evaluation of Growing Against Gangs and Violence reported that short films were viewed positively by 10 – 15-year-old children receiving the intervention in schools. The short films facilitated participation, whereas complicated, jargon-filled, PowerPoint slides were identified as a barrier to engagement (Densley et al., 2017).

Equally, designing services around positive activities, such as sport, arts, and bringing children from different backgrounds together, can facilitate engagement (Positive Activities for Young People- National Evaluation – End of Year 2 Report, 2005). The delivery of services online or by phone has also been shown to be promising in facilitating engagement with seldomly reached populations, such as adolescents (Allnock et al., 2017; HM Inspectorate of Probation, 2020; HM Inspectorate of Probation and HM Inspectorate of Prisons, 2019). However for some groups, accessing services for the first time online or remotely can prove a barrier to reaching out by placing the onus on children and families to make first contact (Driscoll et al., 2022; HM Inspectorate of Probation, 2020). Therefore it's important to understand the unique needs of the target population and to design services using a variety of modes of delivery to support reaching different groups.

Simple things like operating hours can also be a feature of service design which enables or inhibits engagement, where working parents may be unable to facilitate their children's engagement with support which is only available during traditional working hours (C. Ashley et al., 2011).

Peer engagement can also facilitate participation, where research reviewing findings about how to engage children at-risk of violence in services identifies that children can be active participants in engaging their peers (Axford et al., 2023). The rationale is that peers are embedded in social groups and have more credibility than unknown adults. The mechanism via which peers can encourage engagement is by inviting members of their social group to the service and/or encouraging attendance once initial contact has been made. Peer mentoring can also encourage engagement. For instance, research with commercially sexually exploited youth found that peer mentoring and belonging to a supportive community, including with fellow survivors, encouraged engagement (Prior et al., 2023).

Co-production

Engage children and families with lived experience to co-produce support and/or interventions

An effective way to create and deliver engaging materials and services is to involve clients directly – this is known as co-production. Co-production means services working together with users, in an equal partnership, to design and even

deliver interventions which represent the views and lived experiences of users (NHS England, 2024). Co-production is consistently identified as a facilitator of engagement (Axford et al., 2023; Brooks et al., 2019; Campbell et al., 2005; Cleaver et al., 2019; HM Inspectorate of Probation, 2021b; M. Park et al., 2020; Prior et al., 2023; Wainwright et al., 2021).

For instance, “authentic input from young people helps to create programmes in which other youth are more likely to participate. Specifically, involving youth in service design and potentially delivery helps to ensure that services are not patronising, tedious or repetitive but rather useful, engaging, and relevant” (Axford et al., 2023).

This can extend beyond intervention design and include organisational or administrative elements, such as recruitment of staff. Brooks et al (2019) conducted a Youth Justice Services safeguarding review and highlighted positive practice which promoted user voice, where services considered children’s views in recruitment decisions at hiring panels.

Engaging children in co-production can also elicit deeper and more nuanced understanding of the challenges children face, far over and above what can be achieved via desk-based research (Smee et al., 2019). Positive practice highlights incorporating children and families’ feedback into service design to improve future delivery and engagement. For example, an inspection report of youth justice services in Devon highlights positive practice where “children are consistently asked about their views on the quality of the interventions they have received”, where feedback on one activity resulted in a revised, child-friendly ‘my plan’ document (HM Chief Inspector of Probation, 2006; HM Inspectorate of Probation, 2022a).

Children and families should also be active participants in case management plan decision-making to increase engagement and improve outcomes. Shared decision-making, honesty, and a mutually agreed action plans can encourage engagement, (Her Majesty’s Inspectorate of Probation, 2019; HM Inspectorate for Prisons, 2022; HM Inspectorate of Prisons, 2011; HM Inspectorate of Probation and HM Inspectorate of Prisons, 2019; Jones, 2011; Prior et al., 2023). When children are not involved in decision-making about their case management plans, the literature highlights poor practice (Campbell et al., 2005). Therefore co-production in case management decisions is also important to consider.

Personalised provisions

Develop a range of interventions to enable bespoke case management/ intervention plans tailored to the individual. Ensure these are appropriately sequenced to maximise engagement.

Service provisions and interventions should be personalised to meet the unique needs of children (Greenwich Safeguarding Children Partnership, 2020; HM Chief Inspector of Prisons, 2020; HM Chief Inspector of Probation, 2011a; HM Inspectorate for Prisons, 2022; HM Inspectorate of Probation, 2021a; Holtom, 2021; Hood et al., 2017; Jones, 2011). To do so, services should have a wide range of interventions available (T. D. Warner & Settersten, 2017), and they should be well-sequenced (HM Inspectorate of Probation, 2021a). This means that professionals should have a comprehensive 'toolbox' of options to meet the different needs of children and understand how the timing of different interventions can impact on if and how children and families engage, or not. For instance, a child with active substance abuse problems may not have capacity to engage meaningfully in a behavioural intervention around their offending. In terms of sequencing, a management plan addressing the substance abuse first, should be a priority to facilitate meaningful engagement with interventions targeting the behaviour of concern, later.

There should also be a wide range of services available to tailor case management plans to the individual child. Specifically, the level of intervention should be matched to the level of risk, and be proportionate (Soppitt et al., 2022). Often research finds the contrary, that management plans are not matched to assessments or to risk level, and so are not personalised to meet the needs of the child (Sutherland, 2009).

Involving/Engaging families

Engage whole families

Involving children and their families was identified as a facilitator of engaging children in systems of support (C. Ashley et al., 2011; Axford et al., 2023; Biehal, 2012; Brandon et al., 2011; Chui et al., 2003; Hamilton-Wright et al., 2016; HM Chief Inspector of Probation, 2011b, 2011a; HM Inspectorate of Probation, 2022b, 2023; HMI Probation et al., 2013; Holtom, 2021; Hood et al., 2017; N. Park et al., 2008; Prior et al., 2023). Parents and caregivers can be key in facilitating their child's engagement

by demonstrating a commitment to the intervention themselves. Parents and carers can also help practically by providing support to children to attend sessions, including transport, and to reinforce key messaging at home (Axford et al., 2023; Hamilton-Wright et al., 2016). This is particularly important as Brandon et al (2020) identify opportunities to engage with families and the wider community to support interventions with children are often missed. Engaging both parents was also highlighted as best practice, where possible and safe to do so (C. Ashley et al., 2011; Burch et al., 2017). In instances of children in care, involving birth parents in decision-making is recommended to encourage participatory practice and engagement. However, Park et al (2008) caution that in some instances, doing so can lead to children in care feeling disempowered. Therefore, professionals should seek to understand the nuances of each child's circumstances to inform decisions about who to involve and how to best encourage engagement.

Engaging parents and families effectively requires additional skills on the part of the professional. Burch et al (2017) identified some social care professionals were better at engaging families than others. Those who were better at encouraging families to participate had more developed skills in supporting parents towards a motivation to change, worked with entire families (rather than a single child or parent), and in the family home, and offered family support more broadly, rather than limiting their support to their area of specialism alone.

Supportive relationships

Allow professionals the time and resources to develop supportive and promotive relationships

Professionals developing supportive relationships with children is a key facilitator of engagement with systems of support to prevent serious violence (Axford et al., 2023; Chief Inspector of Criminal Justice in Northern Ireland, 2019; Clarke & Wydall, 2015; L. Day, 2016; Deakin et al., 2022; Griffiths, 2022; HMI Probation et al., 2013; McNeish & Pearce, 2019; Prior et al., 2023; Statham, 2004; Vseteckova et al., 2022; Wainwright et al., 2021; Wilson et al., 2020). Positive engagement between the child and the professional is key to progress (Forde, 2013). Bordin (1979) identified successful practitioner-client relationships hinged on 1) an agreement on goals, 2) collaboration on tasks, and 3) an overall bond – a concept he termed the 'therapeutic alliance.'

More recently, research finds that children who feel listened to and are encouraged to talk openly, are more likely to engage with professionals (Clarke & Wydall, 2015; HM Chief Inspector of Prisons, 2019; HM Chief Inspector of Probation, 2011a). Relationships based on mutual respect and equality are valued by children (Deakin et al., 2022; HM Inspectorate for Prisons, 2022), and when practitioners are attentive and non-judgemental, this is highlighted as good practice (Prior et al., 2023). These supportive relationships might be the first time in a child's life that they have a trusted adult and can be transformative (Prior et al., 2023).

On the other hand, a lack of trust is highlighted as a barrier to engagement (Cane, 2020; L. Day, 2016; Deakin et al., 2022; Greenwich Safeguarding Children Partnership, 2020). Often, children may have developed a distrust of statutory services, and therefore it is important for systems to develop strong partnerships with community and third sector partners in order to provide opportunities for supportive relationships to develop (Griffiths, 2022).

Practitioner skills/competencies

Invest in training and staff retention to ensure well-trained, experienced staff are servicing children

Skilled, experienced, and competent practitioners are at the heart of engaging children (C. Ashley et al., 2011; Axford et al., 2023; Brandon et al., 2020; Brooks et al., 2019; Buivydaite et al., 2023; Bywater et al., 2011; L. Day, 2016; Densley et al., 2017). Using trained professionals with experience working with children and families, who feel confident doing so, is key (Buivydaite et al., 2023; Hill, 2018; HMI Probation et al., 2013). Serious case reviews in particular highlight a lack of professional curiosity and insufficiently skilled practitioners as factors in the death and serious harm of children (Bernard & Harris, 2019).

Where possible, complex cases should be allocated to more experienced professionals with supervisory support (C. Ashley et al., 2011; Axford et al., 2023; L. Warner et al., 2018; Youth Justice Board, 2022). As an example, an inspection report recommends that all child protection cases be allocated to experienced professionals (HM Chief Inspector of Prisons, 2019), where others criticise practice for allocating cases to inexperienced staff without the necessary skills to engage children (HM Inspectorate of Probation, 2021a, 2023).

Less experienced professionals should be supported to develop the required skills to strengthen the workforce, overall (Beninger & Clay, 2017; Brandon et al., 2020; Rodger et al., 2017). Even experienced professionals need to maintain and update their skillset as the evidence base continues to develop, and the harm landscape continues to change. For instance, staying informed of developments in technology use can be key to understanding risk of harm and also a way to engage children meaningfully (Brandon et al., 2011).

Difficulties recruiting the right people with the right skillset have been highlighted as a barrier to delivering high quality interventions (Buivydaite et al., 2023). Therefore appointing professionals with the right skills should be focussed on at the recruitment stage, where people with suitable experience and the right qualities should be employed (Axford et al., 2023).

Single point of contact/Intervention provider

Use consistent single points of contact/ key people to allow promotive relationships to develop between children and professionals

Children and families engage better with a single point of contact or intervention provider, where there is consistency of care and time to build promotive relationships (Buivydaite et al., 2023; Burch et al., 2017; HM Inspectorate for Prisons, 2022). For example, Forde et al (2013) conducted a qualitative analysis of young people's experiences of triage in the youth justice system and found that on-going relationships between children and professionals allowed children to feel more comfortable and encouraged them to engage over time.

Children themselves identify that developing a relationship with one key person is crucial to their engagement with systems of support (Ghate, 2008). Equally serious case reviews highlight problems arising where a key contact is lost during a child's journey through services (S. Ashley & Brims, 2018; Dulton, 2018; Ibbetson, 2019; Lincolnshire Area Child Protection Committee, 2005).

High staff turnover can make forming meaningful and supportive relationships with children difficult (Deakin et al., 2022; HM Inspectorate of Probation, 2022b; M. Park et al., 2020). Therefore, reducing staff turnover is one way to provide opportunities for longer-term, better-quality relationships between children and

professionals (S. Ashley & Brims, 2018). However, recruitment and high turnover remain a consistent problem across systems of support to prevent serious youth violence.

Complex needs

Understand and develop interventions to tackle complex needs impacting on children and families

The literature highlights that children at risk of serious violence often enter services demonstrating multiple complex needs (HM Inspectorate for Prisons, 2022; HM Inspectorate of Prisons, 2011; HMI Probation et al., 2013) and this poses a challenge where “complexity makes it hard for practitioners to understand cause and effect, predict outcomes and control the course of events,” (Hood, 2015). Multiple co-occurring and compounding complex needs can impact on a child’s capacity to engage when these needs are not addressed, or even considered. For instance, children with drug dependencies are unlikely to meaningfully engage in interventions targeting their offending behaviour whilst their addiction is still active (Chui et al., 2003; Harris & Robinson, 2007). Research further identifies neurodivergence, offending behaviour and/or criminal convictions, poor mental health, and trauma as complex needs impacting on children’s capacity to engage when interventions do not deal directly with these additional needs (Cane, 2020; A.-M. Day, 2022; Griffiths, 2022; Statham, 2004; Vseteckova et al., 2022).

Good practice highlights where systems meet children’s complex needs and offer a broad range of interventions to engage children and families (HM Inspectorate of Probation, 2021b; Rodger et al., 2017; Soppitt et al., 2022; Youth Justice Board, 2023). Conversely poor practice is highlighted where services fail to do so (S. Ashley & Brims, 2018; Sutherland, 2009). This suggests that services need to take a whole systems approach to understanding the context of children and their families and consider the reality of how compounding complex needs are impacting on their behaviour and capacity to engage meaningfully with support. A traditional, risk-led approach targeting the behaviour of concern, only, is likely to fail to engage these children productively.

Settings

Design inviting service environments

The features of physical settings where interventions take place can be a barrier or a facilitator to engaging children in systems of support. The term 'safe spaces' is used frequently to describe settings which facilitate children and families' engagement with services (Deakin et al., 2022). An inviting service environment designed and suitable for children and their families is recommended (Axford et al., 2023; HM Inspectorate of Probation, 2022b, 2023).

Neutral, informal settings have been favoured by children, particularly when their contact with services previously has been through the criminal justice system (Forde, 2013). However, interventions taking place in local settings can also be a barrier as children may have concerns about their privacy entering stigmatised settings in their local community (Campbell et al., 2005; HM Inspectorate of Probation, 2021a).

What are the barriers and facilitators CYP and their families face navigating between, within, and out of systems?

Thresholds & pathways between services

Standardise and produce clear and consistent guidelines about thresholds/ pathways into and between services

Inconsistent eligibility criteria and different understandings of thresholds for services were identified as barriers to children and families navigating systems of support. For instance, some children were found to be unnecessarily criminalised due to inconsistent thresholds for diversionary practice across the youth justice system (Youth Justice Board, 2023). In other instances, processes for making onward referrals or raising concerns were poorly understood by professionals (Cane, 2020; HM Inspectorate of Probation, 2022b).

Teachers for instance were found to have disparate understanding of the processes for raising concerns about a student's possible gang involvement (Waddell & Jones, 2018).

Sometimes a lack of resourcing and a need to prioritise cases across systems overwhelmed by demand, means that thresholds for some services are high

(Harris & Robinson, 2007; Wilson et al., 2018). In these instances, children in need of intervention may not reach the threshold for support and therefore are at greater risk of serious violence. A study mapping and evaluating services for children at risk of child sexual exploitation and trafficking, documented practitioners frustrations with high thresholds for referral to different services, for example (Harris & Robinson, 2007):

“The threshold for a CP (child protection) conference is very high. Child Protection wouldn’t be used for a 16-year-old in this situation”

And

“It’s not Social Services fault at all but it’s that the thresholds are so high for them to get involved at any level that it’s just impossible, you just feel that you are banging your head against a brick wall, (Assistant Head teacher).”

Here, professionals describe barriers to navigating systems of support in terms of both children meeting high thresholds for access to services, and also in terms of barriers to professionals making referrals between services.

Others describe how poor understanding of thresholds can result in misguided referrals. For example, schools received training to increase awareness of thresholds for referrals to social services to reduce inappropriate referrals to ensure adequate resourcing for children who do require support (Burch et al., 2017). The social worker surgery pilot provided “training for school staff on referral process and thresholds in social care; weekly surgeries for school staff who were concerned about a child; and an audit of the extent to which schools’ referrals to Social Care Services were at the right level of need.” However, an evaluation found that the programme was not cost effective and suggested no measurable benefit to the programme. The research still highlights a problem but fails to identify a solution.

The literature also points to the need for consistent thresholds across systems covering different geographical areas, for instance the thresholds for exclusions in education between local authorities (Wilson et al., 2018), as well as for professionals to have a good understanding of the thresholds for different services within a system of support.

Further, professionals themselves can struggle to navigate routes between services outside of their specialism (Densley et al., 2017; Dulton, 2018; HM Inspectorate of Probation, 2023; Wood & Forrester, 2023). This in turn impacts on children and families' ability to navigate systems of support as professionals are unable to guide them. Warner et al (2018) found that most referrals/placements into secure settings (secure children's homes, secure training centres, youth offender institutes, high dependency units, psychiatric in-patient facilities) for children and young people come from within the same system. They question whether this highlights a failure of professionals to be able to navigate between systems.

Positive practice highlights how some case managers facilitate support by navigating between different services and systems of support on behalf of children and families as part of their core role (Soppitt et al., 2022). In one instance, 'link workers' were highlighted as good practice to facilitate communication between and access to appropriate services (Statham, 2004). Statham (2004) explains that link workers are people who work "at the interface between agencies to facilitate communication and improve children's access to services." For instance, mental health workers based in Youth Offending Teams can facilitate access to mental health services (Callaghan et al, 2003).

This is reiterated by Sidebotham et al (2016) who found that both professionals and families struggled to navigate between complex systems of support. The authors argue for clear care pathways to be set out, to ensure children and families, and professionals understand how to navigate systems of support to facilitate better care (Cane, 2020; Hill, 2018; Leslie, 2016; Sidebotham et al., 2016). Positive practice is highlighted where there are clear and consistent moves between services, including from custody to the community environment (Chief Inspector of Criminal Justice in Northern Ireland, 2019; HM Inspectorate for Prisons, 2022), and where children are given clear support about how to navigate these transitions (HM Chief Inspector of Probation, 2011a). Conversely, poor practice is highlighted where navigating transition points is poor, or not possible, and support is limited (HM Inspectorate for Prisons, 2022).

Further, services within a system require clear guidance on thresholds and eligibility to referrals, as well as for accepting of cases (Sidebotham et al., 2016). Collaborating across services to determine if a case should be taken on can be more effective than arbitrary thresholds (Hood, 2016). Therefore, services should come together to identify how best to serve the needs of the child rather than

relying on arbitrary boundaries, such as age, which may be influenced by under resourcing rather than a child's need (Price, 2020).

A coordinated systems approach

Apply a multi-agency, co-ordinated response to tackle serious youth violence

Multi-agency responses need to be adaptable, timely and co-ordinated (Bickley, 2020; Ibbetson, 2019). Serious case reviews and inspection reports highlight multi-agency co-ordination as necessary to successfully safeguard children from harm (Chief Inspector of Criminal Justice in Northern Ireland, 2019; Davies & Ward, 2012; ECOEC Research & Consulting, 2010; HM Chief Inspector of Prisons, 2020; HM Chief Inspector of Probation, 2006; HM Government, 2018; HM Inspectorate of Probation, 2020; Hood, 2015; Jones, 2011; McNeish & Pearce, 2019; Youth Justice Board, 2023).

Hood et al (2015) summarise it succinctly, stating that “the team around the child may need to operate as a strategic unit rather than a collection of tactical interventions.” When agencies are not co-ordinated, problems arise. Bywater et al (2018) identified a disparity between the speed at which children were moved through the Youth Justice System and the capacity of Child and Adolescent Mental Health Services to provide needed mental health support. Practitioners also speak of frustrations with delays to referrals made to partners, and concern about the impact on children and families and their journeys through systems (Bywater et al., 2011). Sidebotham et al (2016) stress the need to shift away from responsive service provisions, and toward a longer-term, flexible, and needs-driven model of managing the ongoing nature of vulnerability and risk, as a co-ordinated system.

Facilitators of a co-ordinated multi-agency approach can be joint agreements, such as memorandums of understanding, or development agreements (L. Day, 2016; HM Inspectorate of Probation, 2022a), which set out the boundaries and responsibilities of a co-ordinated approach to managing journeys through systems. When this guidance is inadequate, multi-agency working can collapse. For instance, an inspection of Youth Offending Services in Wales found that while nearly all Youth Offending Services had agreements with partner agencies to define responsibilities and reporting arrangements, most were not comprehensive enough to facilitate effective working (Care and Social Services Inspectorate Wales et al., 2011). The report recommends using “induction

processes, regular meetings, link workers, short term secondments and practitioner groups” to better co-ordinate multi-agency working (ibid).

Serious case reviews also highlight when multi-agency working fails (S. Ashley & Brims, 2018; Cane, 2020; Dulton, 2018; Holtom, 2021; Jeremiah & Nicholas, 2016; Maddocks, 2014). For instance, a child at high-risk of child sexual exploitation who suffered serious injuries, was found to have had contact with multiple services. The lack of a ‘joined-up’ approach was an area of improvement for the Local Authority, as a more co-ordinated approach may have prevented harm (S. Ashley & Brims, 2018). The serious case review of Child N describes how the lack of a joined-up approach contributed to harm, here:

“N was graded as at high risk of CSE, was continually missing and committing criminal offences. N had contact with several agencies including children’s social care, the police, health and housing. N was later at risk of and suffered serious incidents of domestic violence, including life-changing injuries. Many of the children N was associated with also had the support of a number of safeguarding agencies. There should be clearly documented evidence of multi-agency working, the use of statutory child protection procedures, consultation between professionals working with all linked children and effective use of supervision to keep the child’s needs in mind.”

Transitional gaps

Identify transitional gaps and invest in services to support children through different transitions

Children experience a range of universal transitions, for instance from primary school to secondary school (Hill, 2018; Ibbetson, 2019; Positive Activities for Young People- National Evaluation - End of Year 2 Report, 2005), however some children also transition between, and in and out of systems of support. For instance aging out of children’s services and entering adult services (Allard, 2003), or transitioning from secure settings back into the community. The frequency of moves and transitions can also have a negative impact on children (N. Park et al., 2008). Gaps in services to support children through these transitions have been identified as a barrier to preventing serious violence. Further research is needed to understand the nature of problematic or difficult transitions in order to design services to support children.

However, transitions can be difficult to manage (Gorin & Jobe, 2013; Maddocks, 2014). For instance, children moving from child to adult services noticed a drop in the frequency of contact between Youth Offending Teams versus adult probation. This was linked to a drop in care and an increase in risk (Price, 2020). Equally girls moving from a secure setting to an adult prison found these moves overwhelming and difficult (HM Inspectorate for Prisons, 2022). Some children also find it difficult to access support they're entitled to as they transition from children to adult services (Care and Social Services Inspectorate Wales et al., 2011). These findings again highlight gaps in provisions to adequately manage difficult transition to help children navigate through systems of support.

In terms of services, there are also natural transitions, for instance transferring children from midwifery teams to health visiting teams. Professionals need to ensure there is an appropriate structure in place for the smooth transition between services, particularly for vulnerable families, to facilitate navigating systems of support (Sidebotham et al., 2016). Key to ensuring smooth transitions is effective information sharing. One study described children transitioning from Youth Offending Teams to adult probation as increasingly vulnerable due to insufficient information sharing between services (Price, 2020). Some suggest dedicated transition management teams can help children and families navigate systems of support (Everson-Hock et al., 2011). However effective transition management is difficult. A systematic review of transition support services found mixed evidence which couldn't determine any positive impact of a service specially designed to guide children through transitions out of care (Everson-Hock et al., 2011).

Information sharing

Ensure appropriate information sharing between services and dedicated data-sharing infrastructure to facilitate joined-up working

Effective information sharing between services can facilitate children's journeys through systems of support (Frost, 2017; HM Chief Inspector of Prisons, 2020; Ofsted et al., 2020). Particularly as studies highlight missed opportunities and pathways to harm when information sharing between agencies is poor (Bickley, 2020; Care and Social Services Inspectorate Wales et al., 2011; Driscoll et al., 2022; Dulton, 2018; Holtom, 2021; Leslie, 2015, 2016; Owens & Lloyd, 2023; Price, 2020;

Sidebotham et al., 2011, 2016; Stanley et al., 2011; Talbot, 2010; White et al., 2015; Youth Justice Board, 2023).

Information sharing relies upon adequate data sharing provisions and efficient mechanisms and dedicated data infrastructure to share information between services, often across geographical and local authority borders (Harris & Robinson, 2007; HMI Constabulary et al., 2011; Jolly & Gupta, 2024). Professionals need to know how to handle information from different services, i.e. intelligence from police versus data from health, to build a clear picture of a child's history and unmet needs (Allnock et al., 2017; Buivydaite et al., 2023; Burch et al., 2017; Firmin et al., 2023; Soppitt et al., 2022).

In some instances, collaborative structures to enable data sharing may be of benefit (Clarke & Wydall, 2015; Cleaver et al., 2019; L. Day, 2016; HM Inspectorate for Prisons, 2022; HM Inspectorate of Probation, 2022b). This could be a shared case management database, for example.

How do any barriers or facilitators vary by geographic location, or personal characteristics of children and families?

In the following section we summarise how some barriers and facilitators vary by geographic or personal characteristics of children and families.

Geographic location

The systematic review did not find enough evidence to report any significant geographic variation in how children and families experience barriers and facilitators to accessing, engaging with, and/or navigating systems of support to prevent serious youth violence. In general, the evidence spoke consistently of the sorts of things that inhibit or facilitate children and families' experiences, regardless of geographic location. However, we did not identify any studies which took a comparative perspective, for instance comparing experiences in the North of the UK with those in the South of the UK, and so the extent to which we can be confident that there is no geographical variation in how children and families experience systems of support is limited.

Personal characteristics of children and families

A number of studies highlight how different personal characteristics of children and families impact on their experiences of systems of support.

The need for specialist provisions to support children's access to services was consistently highlighted. For instance, research has highlighted a lack of services for children who have been victims of domestic abuse (C. Ashley et al., 2011), perpetrators, including female perpetrators (C. Ashley et al., 2011), those with mental health and/ or complex needs (Callaghan et al., 2003), victims of abuse and neglect (Callaghan et al., 2003), and those experiencing pregnancy or becoming young parents (L. Warner et al., 2018).

More generally, it is often the children and families who benefit most from access to services who find mainstream services inaccessible (Allnock et al., 2017). Experiences such as socio-economic background, living situation, geographic

location, or legal status, can impact on access to services, particularly where past experience fosters distrust of the system. Therefore, there is a need to design services to be more accessible to populations who research shows may benefit most from intervention – however, challenging doing so may be (ibid).

Table 2 describes in more detail the different personal characteristics the research highlights as impacting on children and families’ experiences of systems of support.

Table 2. Summary of personal characteristics of children and families impacting on experiences of systems of support to prevent serious youth violence.

Characteristic	Summary of the evidence
Neurodevelopmental disorders	The lack of appropriate services for children at risk of serious violence with neurodevelopmental disorders is a barrier to accessing systems of support. For instance, a national scoping exercise of secure settings (secure children’s homes, psychiatric inpatient facilities, secure training centres, etc) for detained young people highlighted how 57% of settings had exclusion criteria for children with a learning disability, or specifically children with a diagnosis of autism.
Contact with the criminal justice system	Previous contact with the criminal justice system can affect a child’s eligibility for mainstream support services. Being in custody can also limit a child’s access to support. Inspection reports of custodial settings recommend that children have access to health and offending behaviour courses to address the needs and outstanding risks (HM Chief Inspector of Prisons, 2020a), where some found that children were unable to access appropriate services (HM Inspectorate of Probation, 2022b). Ashley et al (2011) also highlight a lack of service provisions for perpetrators of serious violence, particularly female perpetrators.
Race and ethnicity	Race and ethnicity have an impact on how children access, engage with, and navigate through systems of support. For example, evidence from serious case reviews found a lack of understanding of how race and the lived experiences of black children impacted on their journey through systems of support (Bernard & Harris, 2019; Dulton,

	<p>2018). The analysis found that the risks and vulnerabilities of black boys, including their daily realities, the effects of cultural values and beliefs on child-rearing, and the impact of parental financial hardship, were poorly understood and impacted on how these children accessed systems of support.</p> <p>More broadly, a review of serious case reviews found that data on ethnicity was often missing or incomplete - highlighting a tendency for services to fail to consider the different backgrounds of children (Jones, 2011). This was echoed in inspection reports which found “attention to children’s diversity was variable in quality.”</p> <p>Some serious case reviews include recommendations to actively monitor and attend to children’s protective characteristics to identify discrimination and any subsequent impact on accessing systems of support (HM Chief Inspector of Prisons, 2020a). Similarly, an inspection report of Coventry youth offending services highlights the need for staff delivering services to reflect the diversity of the children and families in their communities (HM Inspectorate of Probation, 2023b).</p> <p>Good practice acknowledges a child’s culture during their interactions with systems. For example, one serious case review highlighted good practice where support from social services proactively sought to understand the culture and heritage of a boy originally from Iraq on his behaviour (Jones, 2011).</p>
Disability	<p>A lack of professionals’ understanding of disability was also highlighted as a barrier to accessing systems of support. Wilson et al (2018) state that deaf children and families navigating the asylum process, for example, may be poorly supported into appropriate services if practitioners are unaware of their unique needs, but also how to interact with them. They found that a lack of awareness amongst practitioners of typical development in children with disabilities can result in indicators of harm</p>

	<p>being missed. Wilson et al (2018) also note this is due to a lack of training and knowledge about disabled children might be at risk of harm.</p>
<p>Language & Communication</p>	<p>Language is a potential barrier to accessing support. For instance, letters written to families to signpost them to relevant services were found to contain technical and sometimes threatening language taken from templates. Vulnerable children and families may be intimidated or worried about accessing systems of support following such types of communications (Stanley et al., 2005). The research also highlights where services are delivered in English, children and families with English as a second language may struggle to access and engage with support (Jolly & Gupta, 2024). A report looking at the provision of appropriate adults for children in custody, also highlighted how a lack of adjustments for different vulnerabilities or barriers to communication were often missing – again highlighting barriers to children accessing systems of support (HMI Constabulary et al., 2011).</p>
<p>Immigration and Asylum seeking</p>	<p>Children who have immigrated or who are asylum seekers can struggle to access systems of support. For some children and families the provision of voluntary support is key. For instance, for children with no recourse to public funds, access to support was often through community and/or voluntary services, and involved both formal and informal help, such as relatives providing accommodation or a local church assisting with food shopping (Jolly & Gupta, 2024). Jolly et al (2024) found that children subject to the ‘No recourse to public funds rule’ were often denied access to services due to a misunderstanding about their immigration status or care arrangements.</p>

Age	<p>Sometimes age can be a characteristic which impacts on children’s experiences of systems of support. For instance, one study found that practitioners working with older children (14+ year olds) were less aware of the risk indicators for older children as victims of child sexual exploitation than younger children.</p>
Gender	<p>Gender can also impact on children’s experiences of systems of support where perceptions or stereotypes of girls and boys can impact differently on their treatment For instance, an inspection of a YOI found that 30 boys in a school who were approached online for sexually explicit photos were referred to a response officer who did not know what action to take and were not escalated to appropriate services, attributed to the fact the children were boys and not girls (HM Chief Inspector of Prisons, 2019).</p>

Outside of facilitators, are there any other solutions to any barriers identified within the literature?

Most of the evidence we found reports facilitators as solutions to the barriers we identified. However, some studies highlight potential solutions through different approaches to organising and delivering systems of support. The way systems see and treat children and their families can impact on how they interact with systems. Different approaches to putting children first were discussed as possible solutions to some of the barriers children and families face.

Advocacy-based approaches

An advocacy-based approach provides services and interventions which put the child first, upholding their rights to protection, and improving their well-being, overall. It’s an approach often seen in child protection work where “it uses a systems strengthening approach which emphasises prevention, protection and response, coordination between sectors and integrates responses that can benefit all children” (World Vision International, 2012). The approach aims to strengthen the child’s environment, as well as the child themselves, to improve their well-being and uphold their rights to protection.

In a review of 22 evaluations of domestic abuse interventions, practice which employed an advocacy-based approach was found to be more impactful for victims, and encouraged multi-agency working (Cleaver et al., 2019). A literature review highlighted that a whole-system, advocacy-based approach was viewed positively by service users and encouraged engagement resulting in more positive outcomes (Cleaver et al., 2019). Inspection reports and serious case reviews also highlight positive practice where advocacy for children and families is demonstrated (HM Inspectorate of Probation, 2022b; HM Inspectorate of Probation and HM Inspectorate of Prisons, 2019).

A Child First approach

A Child First approach encourages meaningful engagement with children, seeing the 'whole child' and the impact of their context and structural inequalities on their behaviour, over simply responding to risk factors. Case et al., (2021) describe the four tenants of the Child First Approach as:

- 1) see children as children,
- 2) develop pro-social identify for positive child outcomes,
- 3) collaboration with children,
- 4) promote diversion from the criminal justice system.

The Child First approach is not new, and has been shown to be promising as implemented across the Youth Justice System, particularly versus comparable approaches such as the Scaled Approach (Haines & Case, 2012). An evaluation used reconviction data to compare the Scaled Approach to the Child First Approach and found that the Child First Approach appeared promising due to comparatively lower reconviction rates. Child First approaches have also been shown to increase engagement in systems of support (Soppitt et al., 2022; Youth Justice Board, 2023).

A trauma-informed approach

Trauma-informed practice is "an approach...which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological, and social development," (HM Government: Office for Health Improvement & Disparities, 2022). Broadly speaking, a trauma-informed

approach to systems work involves recognising the impact of adverse childhood and life experiences on children and families, and how this can impact on their behaviour and presenting problems. Adverse experiences often co-occur, and are intertwined, creating a complex situation which requires more than simply responding to behaviour (HM Government, 2018).

Studies we identified highlighting good practice often singled-out trauma-informed practice as a solution to many of the barriers children face engaging with systems of support, including facilitating promotive relationships, reducing labelling and stigma, encouraging supportive professional attitudes, considering the role of complex needs, developing practitioner skills and expertise, and personalising provisions to the unique needs of the child (HM Inspectorate of Probation, 2020, 2021a, 2022a). A thematic review of youth offending work services during the COVID-19 pandemic highlighted a good practice example where Southwark Youth Offending Team took and embedded a trauma-informed approach service delivery model, including adapting a trauma informed weapons awareness programme (HM Inspectorate of Probation, 2020). The report describes good practice as follows:

“Southwark YOT developed and used a COVID-19-specific risk assessment to identify the impact of the pandemic on the physical, emotional and mental health and offending profile of each child. This enabled the YOT to determine which level of service children would receive, but also identified any increase or decrease in risk as a direct result of COVID-19. These were reviewed to reflect changing circumstances. The risk assessment was particularly effective, as it built on the embedded psychological and trauma-informed service delivery model. It was also used as a discussion point with children, facilitating open and honest discussions about individual risks and fears. Staff we spoke to were able to describe the psychological impact of the pandemic on children, and rightly recognise this period as an adverse childhood experience. This was then reflected in the work they did with children, for example the adapted trauma informed weapons awareness programme. Sessions were delivered remotely on a one-to-one basis and included the development of an individual safety plan outlining how the child could stay safe during and after lockdown,” (HM Inspectorate of Probation, 2020)

An inspection of youth justice services in Devon also highlights positive practice where children’s care plans were trauma-informed and considered the impact of

adverse experiences the children had lived through (HM Inspectorate of Probation, 2022a).

However, a key issue with all three (and other) child-centred, whole system approaches, is implementation. Many studies, including inspection reports and serious case reviews call for the implementation of such approaches, however, how to do so often proves challenging. Little guidance is available on how to implement such a shift change in practice, and there is sometimes a poor understanding of what some of these approaches look like in the real-world (Sidebotham et al., 2016). Further investment in research is needed to understand the challenges and barriers to implementing these approaches.

Are there any strategies which improve, or hinder systems work that demonstrate the impact on children and young people’s involvement in serious youth violence? If so, what impact has been noted?

We did not identify enough evidence to answer this research question as very little of the included literature reports a specific or measurable impact on a serious violence outcome that we could quantify.

What are the gaps in our knowledge of systems working within the UK?

The updated Evidence and Gap Map summarises the evidence landscape up to and including research published in April 2023. The previous technical report highlights the evidence gaps identified by the team who led on design and delivery of the initial Evidence and Gap Map (Jain et al., 2022). The evidence landscape remains largely unchanged, and the updated map reflects many of the same issues summarised by the initial report.

The Evidence and Gap Map highlights the least amount of evidence found for:

- 1) Transition management in social care
- 2) Violence reduction units in the criminal justice system
- 3) Curriculum and attainment in education
- 4) Co-production in multi-sector systems (whole system and/or co-ordinated approaches such as a public health approach)

In terms of transition management in social care, very few studies provide evidence which speaks to how best to facilitate children and families navigating transitioning out of social care. This could be because most of the evidence published on this topic does not refer to a crime and/or violence outcome and so did not meet the threshold for inclusion in the initial search strategy. However, it could also highlight a real evidence gap in need of investment.

Violence Reduction Units, as previously noted by Jain et al (2023), are relatively new to the systems landscape, however there is still value in highlighting the need to invest in research and evaluation to establish evidence for what works in this space.

In terms of curriculum and attainment in education, as noted by Jain et al (2023), the nature of the search (i.e., not focussing on the education system) is likely the reason for this gap in the Evidence and Gap Map.

Finally, co-production in multi-sector systems (whole systems and/or co-ordinated approaches such as a public health approach) was identified as another area where the evidence is limited. This is when services or interventions are co-designed by service users, here children and their families, to incorporate the lived experience and views of people who access the service, with the aim of breaking down barriers between service users and professionals. This suggests a further area for future research investment – understanding how co-production in systems work impacts of serious youth violence.

More broadly, very little evidence spoke about implementation. A lot of the evidence identifies barriers and facilitators, however very little speaks to how to implement proposed solutions, be they facilitators or approaches to systems working. This is a problematic as how to embed structural change across services and systems of support is a well-known barrier to achieving success or meaningful and long-lasting change. Therefore, we recommend allocating resources to identify the implementation challenges and solutions associated with multi-agency systems work, in parallel to understanding the barriers and facilitators of experiences of systems of support for children and families.

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