

Young People's Development Programme Evaluation: Final Report

Executive Summary

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Background

The programme

The Young People's Development Programme (YPDP) was a three-year pilot initiative funded by the English Department of Health in partnership with the Teenage Pregnancy Unit at the (then) Department for Education and Skills. The purpose of YPDP was to test an innovative approach to reducing involvement in substance misuse and preventing teenage conceptions, reducing school absence and exclusion. All of these were key UK government priorities. The programme involved 27 youth projects which aimed to deliver an intensive (6-10 hour per week) one-year holistic programme of education and support to young people aged 13 to 15 who were deemed by professionals, such as teachers, as at-risk of school exclusion, drug misuse and teenage pregnancy.

YPDP was intended to embrace a positive approach, building on young people's potential and involving parents and other key stakeholders in local communities. The range of components offered to these at-risk young people was expected to include:

- education (literacy, numeracy, IT, vocational skills)
- training/employment opportunities
- life skills (e.g. communication, decision-making, goal-setting, relationships, negotiation, anger-management)
- mentoring (weekly one-to-one sessions with staff)
- volunteering (both career-oriented and community-based)
- health education (particularly sexual health, substance misuse)
- arts and sports
- advice on accessing services (health, contraceptive, drug and alcohol services, welfare, benefits advice, counselling and advice, housing)



YPDP was located within existing youth projects who applied to participate in the pilot programme. Those projects that participated received additional funding, as well as support and training provided by the National Youth Agency (NYA - the Training and Co-ordination Agent involved in the programme). Projects were expected to modify their provision to: meet targets for recruiting appropriate young people; provide the specified components in a holistic way; and involve young people for the duration and intensity specified.

YPDP aimed to have an impact on vulnerable young people, using a 'youth development' model. As such, it targeted self-esteem, aiming to provide at-risk young people with opportunities and a different outlook on life. This focus on self-esteem was intended to be coupled with information on specific health, education and social issues, as well as tackling individual challenges in one-to-one sessions. The full YPDP package aimed to address immediate challenges as well as the foundations for participants' future development.

This holistic approach was influenced by several 'youth development programmes' undertaken in the USA. There is no agreed definition of what constitutes a 'youth development programme' but such schemes in general encourage raising self-esteem, positive aspirations and sense of purpose amongst vulnerable young people. The ethos of these programmes is to target the most vulnerable young people but in doing so emphasise and develop their potential rather than merely address their problems¹. They also aim to help young people develop a broad range of skills, attitudes and opportunities relating to health, education, employment and/or other areas. The expectation is that involvement in such programmes will result in greater motivation to avoid pregnancy, substance misuse and other negative health and social outcomes. Youth development programmes take place in a variety of settings and tend to engage with young people continuously over relatively long periods.

The evaluation

The evaluation of the YPDP pilot was carried out by a team of researchers at the Social Science Research Unit, Institute of Education, University of London, in collaboration with consultants at the London School of Hygiene and Tropical Medicine. This executive summary presents the key findings regarding the delivery of the programme and the short and medium term impact of the programme on participants. It includes data gathered through: baseline and two follow up questionnaires and interviews in case study sites with over 2700 young people; questionnaires and focus groups with staff; as well as monthly monitoring statistics.

Our evaluation comprised an impact study with a non-randomized, matched design, in conjunction with a detailed process evaluation. We matched the 27 YPDP projects with 27 comparison areas by local deprivation levels and teenage pregnancy rates as well as whether the projects were from the voluntary or statutory sector. Initially we drew our comparison sample of young people from youth service providers in the comparison areas. These providers had all bid to DH for funding to provide YPDP and had been shortlisted, but were ultimately unsuccessful. However, we recruited additional young people from pupil referral units (PRUs) in some of these 27 areas in order to recruit sufficient young people to our comparison arm who were similar to YPDP participants in terms of their degree of vulnerability. This was necessary because YPDP providers were aiming to recruit a more vulnerable group of young people than is normally the case in standard youth work, and many YPDP providers were also recruiting from PRUs. Our aim was to recruit young people in comparison sites who might have been referred to YPDP had it been offered in their area. Our

comparison, therefore was not of young people receiving no provision, but of young people receiving services from various services engaged in delivering work of variable quality.

Key findings

Delivering YPDP

- In its first year, the YPDP projects experienced early challenges in developing and implementing the programme. Like many other new initiatives (e.g. Sure Start), the programme took time to recruit staff and participants and embed policies and service delivery. By the end of the first year of the pilot, nearly all 27 projects were operating a programme that offered the key components of YPDP.
- The YPDP programme successfully met its targets in terms of recruiting the expected numbers of at-risk 13 to 15 year old young people. Over the three years of YPDP 2371 young people participated to some extent in the programme. The projects were able to retain and engage many vulnerable young people in relatively intensive provision for a prolonged period (on average 173 hours over 40 weeks), although the average amount of time young people spent on YPDP was less than the DH had originally targeted. This did still represent a significant increase in the level of engagement that many of these projects had provided prior to YPDP.
- Overall YPDP was a programme successful at delivering a holistic range of activities to young people. For the majority of young people this included some exposure to the range of expected components (education, life skills, health, sports, arts, mentoring, volunteering and access to services). There were significantly more YPDP than comparison young people who had participated in a wide breadth of activities on the project they attended.
- The pilot projects operationalised YPDP in diverse ways. Ultimately this meant that there was not one clear model of YPDP being delivered, despite intensive work by the NYA to limit inappropriate diversity. YPDP was influenced by youth development programmes undertaken in the USA, but was, from the outset, intended to be shorter in duration and more targeted towards specific groups of at-risk young people. In practice, other differences emerged. Notably, the young people received less weekly mentoring and fewer referrals to health providers than expected and a greater proportion experienced YPDP as an alternative education provision rather than an addition to mainstream education.
- The YPDP programme was well liked by the young people, the staff that implemented the pilot, parents and other key stakeholders. Young people were especially positive about the activities on offer and their relationships with staff. Staff liked working in a more holistic way with young people and thought that through YPDP they were offering a better service to their participants. Other local stakeholders – schools and other agencies – had high awareness of YPDP and valued it as an additional community resource.

'(My YPDP project) is a totally different world [from school]. You can trust everyone. Everyone has been through what you have or similar. The respect level is so high, it's unreal.' (YPDP young person)

'I remember kids faces smiling. Good activities – canoeing, skiing, motorbikings, go-carting, white water rafting, climbing. The staff were great to talk to and it was very good.' (YPDP young person, reflecting back on time on project)

'[YPDP] is very, very highly valued, highly prized resource and it has to be targeted at the right children who are gonna get most out of it.' (Deputy head teacher)

- In-depth economic analysis suggested that YPDP cost approximately £2500 per participant. Funding from DH for YPDP did not appear to cover the full costs of running the programme so that projects cross-subsidised YPDP by about £500 per participant, this relating chiefly to overhead and core staff costs.

Making a difference to young people

To determine the extent of the impact of YPDP, we carried out rigorous statistical analyses, using descriptive statistics and logistic regression to explore the impact of YPDP on a series of pre-specified outcome measures. To ensure that the comparison was a fair one, we used statistical adjustments to adjust for baseline differences and weight for different rates of follow up between the young people in the YPDP and comparison groups.

- There were mixed findings in terms of perceived benefits of the YPDP programme. More young people in YPDP than comparison sites perceived the programme as having been beneficial to them (both at the first follow up point when they were still involved in the project, and afterwards at second follow up). A greater number of young people in YPDP than comparison sites achieved accreditation as part of their project.
- Our qualitative work in case study sites provided examples of participants who reported that involvement in the project had helped them, for example, to change how they spent their time and with whom they spent it. Improvements in self-confidence and the ability to get on with people better were key themes emerging from interviews with YPDP participants and staff.
- Some outcomes improved with time ('positive distance travelled') for both YPDP and comparison young people: with improvements on numbers truanting and those involved with the police.
- However, our comparative outcome analysis did not suggest that participation in YPDP was associated with higher rates of positive outcomes than in the comparison group. Those engaged in YPDP were no more likely than those from comparison sites to report on their questionnaires positive outcomes related to self-esteem and mental wellbeing, substance misuse, or contact with police. For young women attending YPDP the statistical comparisons suggested that they had significantly less positive outcomes than the comparison group relating to truanting, temporary exclusion, expectation of teenage parenthood, sexual activity and teenage pregnancy. Possible factors relating to our methodology and the programme that may have influenced these comparative statistical findings are discussed further below.

Discussion and recommendations

YPDP has shown it is possible to engage at-risk young people in an intensive programme, over relatively long periods. It provides evidence that the most vulnerable young people will participate actively in a broad package of provision which they find engaging; and that it is possible to integrate a health agenda into youth work with this group. YPDP has also shown that these young people are able to gain accreditation and to perceive changes in their own behaviour and aspiration as a result of participation.

The YPDP programme undoubtedly involved some excellent youth work and many individual examples of personal progress for young people. However, ultimately, our statistical comparative analysis did not show YPDP to add value across a range of pre-specified outcomes compared with the other services being delivered in comparison sites. Furthermore and unfortunately, young women participating in YPDP were significantly more likely to report truancy, temporary exclusions and expectation of being a teenage parent at first follow-up, and sexual activity and teenage pregnancy at second follow-up.

Various reasons for these findings could exist:

1. Methodological issues:

- the comparison group may have been different in other ways in addition to those that we adjusted for in statistical analyses;
- the variations in follow-up rates between the YPDP and comparison groups may have influenced the results (although we weighted for this in our analyses);

2. Delivery issues

- the comparison group may have offered a high standard of youth service, making additional benefit of YPDP difficult to show;
- the YPDP sites may have undergone a period of adjustment in offering the programme that the comparison sites did not experience - this may have influenced results, especially in the first year;
- YPDP was not delivered fully in the way it was intended - the reduced intensity, less structured programme and disparity in delivery models may have reduced the possibility of showing a programme effect;

3. Programme issues

- the planned YPDP intervention was for one year (40 weeks was achieved) - this may have been too short an intervention to show significant impacts;
- unintended negative effects have been shown in other interventions that target at-risk young people, either because of a) the network effects of bringing together groups of young people already involved in risk behaviours; or b) the labelling of young people as problematic or lacking in potential - either of these may have influenced the findings in YPDP;
- the possibility that the youth development approach is not as appropriate in the UK setting as it was in the US.

In summary, the findings of the YPDP evaluation are complex: the process data points to a programme that was popular and generally well delivered in a holistic way

to a group of very challenging and vulnerable young people. Participants and staff regarded participation as potentially beneficial. We found some support for this in: the extent of engagement with previously difficult-to-reach young people; the accreditation they received; and the distance travelled stories of many. However the evidence of *additional* impact from YPDP on short and medium term outcomes was not clear cut and there was also some evidence that some outcomes were more positive among the comparison group. The evaluation team believes that a combination of reasons best explain this situation: the difficulties of providing an intervention in a consistent manner; the networking effect of bringing together the riskiest young people in YPDP; the assumption that a relatively short-term programme can alone substantially influence long-term, entrenched problems in the often chaotic lives of vulnerable young people; and the methodological challenges of measuring and making a fair comparison.

Recommendations

- We recommend that any future implementations of the targeted youth development model in the UK should be subjected to a randomised controlled trial evaluation. This should be preceded by an initial phase to refine the programme and ensure implementation is fully underway and programme 'fidelity' is maximised. Any such implementation should also employ a 'logic model' to clarify the nature of the intervention and the pathway expected to lead to key outcomes. This would guide implementation as well as evaluation and monitoring. Any such implementation would benefit from a training and coordination agent to provide support as well as to monitor and support programme fidelity. Additionally, any such programme should be funded at least to the level that our economic evaluation identified as the true overall cost of YPDP.
- The set of outcomes on which the DH hoped for impact as a result of YPDP were ambitious. Although the evaluation team agrees that these are appropriate long-term goals for a social intervention of this nature, we recommend that future programmes are also given formal outcome targets that are of a more intermediate nature.
- We recommend that those who implement programmes using a youth development model, or one that targets vulnerable young people, should pay careful attention to the provision of these services for young women and consider the feasibility of working with separate groups of young women and young men. Additionally it should ensure that intervention does not inadvertently bring participants into contact with a more risky group of friends and associates. This might be achieved by: separating provision for those of different ages; working with broader groups of young people defined in terms of their general social disadvantage (as CAS-Carrera has done) rather by their particular risk of certain outcomes (as YPDP has done); and working with pre-existing friendship groups.
- To minimize any possibilities of labelling young people as 'problematic', we would recommend that youth development programmes should not in effect become a form of alternative education for vulnerable or disaffected young people but should continue to complement schools.
- Further consideration should be given to the length and timing of future interventions, as staff felt that a longer programme offered at an earlier age would have had greater impact.

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