YOUTH

RESEARCH REVIEW 2

Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development

Centre for Excellence and Outcomes in Children and Young People's Services

The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) identifies and coordinates local, regional and national evidence of 'what works', to create a single and comprehensive picture of effective practice in delivering children's services. Using this information, C4EO offers support to local authorities and their partners, working with them to improve outcomes for children, young people and their families.

It is focusing its work on nine themes:

- Early Years
- Disability
- Vulnerable Children (particularly looked-after children)
- Child Poverty
- Safeguarding
- Schools and Communities
- Youth
- Families, Parents and Carers
- Early Intervention, Prevention and Integrated Services.

C4EO works with a consortium of leading national organisations: the National Children's Bureau, the National Foundation for Educational Research, Research in Practice and the Social Care Institute for Excellence.

The Centre is also supported by a number of strategic partners, including Local Government Improvement and Development, the Family and Parenting Institute, the National Youth Agency and the Institute of Education.

There is close and ongoing cooperation with the Association of Directors of Children's Services, the LG Association, the NHS Confederation, the Children's Services Network, the Society of Local Authority Chief Executives and Ofsted.

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Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development

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Acknowledgements

Foreword

I am delighted to introduce this research review produced for the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) as part of its youth theme.

It is one of three reviews which aim to help all those working with and for young people to improve their outcomes and life chances. C4EO started its work on this theme in 2009, some time before the new Coalition Government was elected in May 2010. The review process we undertake in order to distil the very best learning and evidence from national literature and data, combined with effective local practice is cumulative, resulting in our full knowledge reviews. Policy priorities are currently being determined by the Coalition Government and we have amended the review in order to ensure that it reflects changing political context as far as possible.

I am confident that the evidence of 'what works' contained in this review and in the other two reviews, with their clear and unremitting focus on improving outcomes for young people will help all those working with them in the public, voluntary and private sectors.

Christine Davies CBE

Summary

This research review aims to improve understanding of targeted youth support (TYS) services by evaluating the evidence on:

- eligibility and uptake of TYS services

- the impact of TYS on desirable outcomes

- the facilitators and barriers to effective TYS services.

The review also looks at the available evidence on cost-effectiveness of TYS programmes. It is based on a rapid review of the research literature, involving systematic searching and analysis of key data. It summarises the best available evidence to help service providers improve services and, ultimately, outcomes for children, young people and their families.

Matrix Evidence carried out this review on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The National Foundation for Educational Research (NFER) conducted the data work.

What did we find out?

Key messages from our research review

- Evidence shows that TYS interventions can be effective in reducing teenage pregnancies and promoting positive behaviours.

- TYS has also been found to reduce emotional and behavioural problems, including delinquency/offending, school exclusion and truancy.

- Evidence largely from studies outside of the United Kingdom (UK) shows that TYS services increase the emotional wellbeing and confidence of young people as well as their participation in education.

- Young people can derive benefits from TYS services that go beyond intended consequences. For example, an intervention aimed primarily at reducing teenage pregnancy can also have positive impacts on participants' confidence and sense of autonomy, regardless of whether or not reductions in teenage pregnancy occurred. Programmes can also have benefits for family relationships and improving parental engagement.

- One-on-one youth work has been found to be effective.

- While there is some anecdotal evidence on the barriers to the uptake of services, evidence on which young people use TYS services and why they engage (or fail to engage) needs improving if it is to inform effective service delivery.

- Successful TYS involves systematic staff training and ongoing workforce support. This training and support should be integrated into the design of the intervention in order to gain maximum benefits.

- Schools are the main site for the uptake and recruitment of young people into TYS interventions; agencies should work closely with them to develop effective means to target hard-to-reach groups, particularly those excluded from education.

- Good information on vulnerable young people needs to be gathered, recorded and shared by schools in order to support integration and the referral process.

- Successful TYS interventions build and maintain strong relationships on three levels: (a) between agencies, (b) with local communities and (c) at the one-to-one level with young people involved in TYS.

- Providers could improve identification of young people to be included in the interventions and ensure that they are more rigorously needs based by applying more consistent definitions of 'at risk' and 'vulnerable'.

- The views and needs of the target group need to be heard, shared and incorporated into TYS programme design.

- There is insufficient evidence on the cost-effectiveness of TYS programmes to comment on their return on investment.

- Robust monitoring and evaluation of the costs and progress of TYS interventions should be prioritised as a matter of urgency because (a) it would enable providers to identify which interventions are most likely to be cost-effective and (b) monitoring costs and impact can be beneficial to the intervention's success, if the information about what is working is fed back into the programme.

Who are the key stakeholders?

The key stakeholders are those people or groups who might have a vested interest in TYS services. Presented here is a general description of the specific stakeholders relevant in the context of this review, and a more precise description of the stakeholders, as found in the evidence.

The key stakeholders identified are:

- adolescents with support needs

- parents and carers of adolescents with support needs

- education-based staff including head teachers and teachers in different kinds of schools, tutors and designated teachers, pastoral support staff and special educational needs coordinators

- local authority and community service providers

- social workers responsible for working directly with vulnerable young people

- specialist frontline professionals

- policy-makers.

Adolescents with support needs are 11- to 19-year-olds who are at risk of or have been identified as having problems such as substance misuse, youth offending,

teenage pregnancy, homelessness, or learning, social or emotional disabilities. These youths are also collectively referred to as 'vulnerable young people'.

The research suggests that adolescents might have multiple problems and could be hard to reach by mainstream services. They are particularly interested in receiving relevant, appropriate and non-stigmatising support.

Parents and carers of adolescents with support needs provide them with day-to-day care, in order to help them to achieve their potential. Evidence about their experiences is limited, yet this review does show that interventions which approach TYS from a family level have positive effects on the confidence and motivation of family members as a whole.

Education-based staff (head teachers, teachers, tutors, pastoral support staff, special educational needs coordinators, etc) are critical in identifying young people as 'vulnerable' and appropriate for partaking in an intervention. This review shows that schools function as the heart of many TYS interventions. Schools and their staff often provide the basis for the identification of at-risk young people, and are frequently involved in the implementation of programmes.

Social workers are involved in case management (linking young people with agencies and programs that support their needs), counselling, conducting interventions, community organizing and policy and practice development. They work directly with vulnerable young people that may be at risk of developing problems or have been identified as having problems.

Managers of services providing TYS can work in schools, community groups, local authorities and volunteer organisations. They manage and coordinate policy and practice relating to the implementation of TYS services. Evidence suggests that those who provide TYS services often require more training and support. Managers require reliable information and communication in order to achieve the goals of their services.

Specialist frontline professionals can be involved in identifying vulnerable young people as well as in implementing the interventions. The evidence shows that strong relationships between specialists and other agencies are important for the identification of hard-to-reach young people.

Policy-makers in government departments are engaged in introducing new policy and implementing and reviewing the effectiveness of existing policy. Evidence about their experience is more limited, but shows that effective lines of management communication with policy-makers could promote positive outcomes for TYS.

What data is available to inform the way forward?

There is not currently any data that directly measures the impact of TYS. There is, however, plenty of data available that provides demographic details relating to the vulnerable young people at whom support may be targeted and that enables local

authorities to build a picture of the extent to which young people might be vulnerable to particular issues in their area. The variety of problems covered under the TYS agenda (for example, teenage pregnancy, anti-social behaviour, non-attendance at school, low self-esteem) makes data collection challenging, as many of these factors are measured by different sectors: health, criminal justice, education or social work. A Common Assessment Framework, with standardised national indicators across these different risk factors, will help in the identification and referral of youth, as well as in monitoring and evaluating the success of the programmes.

C4EO's interactive data site enables local authority managers to evaluate their current position in relation to a range of key national indicators and to easily access publicly available comparative data on vulnerable young people and the prevalence of the issues that targeted youth support aims to address.

The evidence base

The introduction of the TYS agenda has undoubtedly led to a rise in the research base concerning at-risk and hard-to-reach young people in the UK. However, there are still weaknesses in the evidence base, and there is a need for:

- more discussion of theoretical and conceptual frameworks, particularly concerning referral and definitions of 'risk'
- more cross-disciplinary research that bridges the psychological and social issues involved with youth support
- more research that addresses the differing and diverse experiences of young people, including disability, gender, ethnicity and immigration status
- more research that reports outcomes data through either conducting before-and-after studies or incorporating ongoing follow-up mechanisms into the research design
- more cost and cost-effectiveness data.

Research review methods

Research literature was identified through systematic searches of relevant databases and websites, through recommendations from the Theme Advisory Group and by considering studies cited in identified literature ('reference harvesting'). The review team used a 'best evidence' approach to systematically select literature of the greatest relevance and quality to include in the review. This approach attempts to eliminate bias in the selection of literature, to ensure that the review's findings are as objective as possible. All of the literature is UK or United States (US) based and a wide variety of TYS programmes were identified.

Data contained within the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the Office for National Statistics.

Next steps

An updated version of this review is due to be published in spring 2011. This will include validated practice examples and views from children, young people, parents, carers and service providers.

C4EO reviews about positive activities and youth alcohol consumption are also available on the C4EO website. Local decision-makers and commissioners working in children's services may also find it helpful to read the Youth directors' summary, which presents the key messages from all three reviews.

C4EO is using the main messages from the three Youth theme reviews to underpin its knowledge-sharing and capacity-building work with children's services and, through them, the full range of professions and agencies working with vulnerable young people.

1 Introduction

This review aims to draw out the key 'what works?' messages on improving outcomes for vulnerable young people through targeted youth support (TYS) initiatives. It addresses three questions, which were set by the C4EO Theme Advisory Group, a group of experts in youth policy, research and practice. These questions are:

- Who is eligible for, or targeted by, TYS services for vulnerable young people, and what is known about the uptake of services and the barriers to accessing services?

- What is the impact of TYS services on desirable outcomes for vulnerable young people?

- What are the facilitators and barriers of effective TYS services?

The review is based on:

- the best research evidence from the UK – and, where relevant, from abroad – on what works to improve services and outcomes for children and young people

- the best quantitative data with which to establish baselines and assess progress towards improving outcomes.

C4EO will use this research review to underpin the support it provides to children's services to help them improve service delivery and, ultimately, outcomes for young people. It will be followed by a knowledge review, which will update the research evidence and also incorporate:

- the best local experience of the strategies and interventions that have already proved to be most powerful in helping to improve outcomes, and the reasons why they have helped

- stakeholder and client views about what works in improving services.

Definitions of key terms

The following definitions were agreed by the Theme Advisory Group:

Targeted youth support (TYS)

For the purposes of this review, TYS is defined in terms of the framework described in the Department for Children, Schools and Families (now Department for Education) guide, *Targeted youth support: next steps* (DCSF 2009b). Essentially, TYS aims to ensure that the needs of vulnerable young people are identified early and met by agencies working together in ways that are shaped by the views and experience of the young people themselves. This framework is based around seven key delivery elements:

- identifying vulnerable young people early

- building a clear picture of individual needs using the Common Assessment Framework

- enabling vulnerable young people to receive early support in universal settings

- personalising the support available to vulnerable young people (and to their parents and carers, if appropriate), and delivering services across agencies

- strengthening the influence of vulnerable young people, and their families and communities

- providing support for vulnerable young people across transitions

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

Vulnerable young people

Vulnerable young people are defined as those who experience multiple support needs or are at risk in multiple ways. This often means young people who might not meet traditional thresholds for statutory or specialist services but who, without help, are at future risk of further problems, including those listed below:

- persistent absence or exclusion from school

- behavioural problems

- poor emotional, social or coping skills

- poor mental health

- learning difficulties and disabilities

- low self-esteem or self-efficacy

- poor aspirations

- attitudes that condone risky behaviours.

Factors associated with vulnerability include the following:

- poor family support, family conflict or problems such as parental substance misuse

- poor support networks

- association with family or friends who condone high-risk activities

- living in a deprived neighbourhood

- poverty.

Methods

The research included in this review was either identified in the scoping study, *Youth scoping review: Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development* (Lorenc *et al* 2010; search

date October 2009) or cited within the research items identified (search date February 2010). The research team ruled out obviously irrelevant research studies by screening study titles. Remaining research studies were then coded on the basis of their abstracts. Coding took account of each study's features – including research design, relevance to the scoping review questions and country of origin – to identify the key items to be included in the main review. The review team appraised these key items to ensure that the evidence presented is the most robust available. Those studies that were not selected as 'key items' for this review either presented data of peripheral relevance to this review or were not empirical studies.

It should be noted that in a limited number of cases, research presented in one study might also be incorporated into the findings of another study included in this review. There is potential for such overlap when including reviews alongside primary studies. Such 'linked' studies are identified as they appear in this review.

Data contained within the data annexe was obtained by a combination of search methods but, primarily, by obtaining online access to known government publications and access to data published by the Office for National Statistics.

Strengths and limitations of the review

The **strengths** of the study methods include the following:

- searches of a broad range of research databases to locate relevant literature
- the use of systematic screening procedures with *a priori* inclusion criteria to minimise the potential for bias
- systematic appraisal of the relevance, quality and strength of all key items and new evidence, in order to select the best evidence to be included in the review
- advice from the Theme Advisory Group and its lead, who has extensive experience in the theme area.

The **limitations** of the study methods include the following:

- The search strategy was relatively specific and might not have located all relevant research studies.
- During the scoping stage, coding was carried out on abstracts alone, which in many cases were insufficient to determine all relevant characteristics of the studies.
- The selection of 'key items' during the scoping stage was largely based on the research team's intuitive sense of what was most relevant, and not on transparent selection criteria.
- The review was limited to English-language documents.

Other limitations include the following:

- TYS is inherently difficult to define, and the definition used in this review might not capture all possible TYS programmes that might fit under the conceptual umbrella of TYS, despite efforts to be comprehensive.

- The conclusions drawn from the evidence base are limited by the quality and scope of the available evidence.

2 Context

Policy context

TYS is aimed at vulnerable young people and is delivered collaboratively through a range of services, including education, drug and alcohol support, and children's services. TYS does not refer to a specific programme or intervention; rather, it encompasses a variety of programmes, each of which focuses on the reduction of risk for teenagers and young adults, and relies on agencies working effectively together. TYS is the result of a series of changes to policy regarding young people in the UK during the last decade.

In 2003, the previous government released *Every child matters* (HM Treasury 2003). This Green Paper contains five key goals for Britain's young people: being healthy; staying safe; enjoying and achieving; making a positive contribution; and economic wellbeing. The release of *Every child matters* sparked debate about the provision of services to young people and led to consultation with young people, their families and key stakeholders. This widespread consultation was incorporated into the publication of a further Green Paper (HM Government 2004). The Children Act 2004 (England and Wales. Statutes 2004) was subsequently passed, which provided for the development of more effective services for children, young people and their families.

In 2005, the-then government released the Green Paper *Youth matters* (HM Government 2005), which set out the Department for Children, Schools and Families' (now the Department for Education) strategies for providing opportunities and support for teenagers. At the same time, TYS Pathfinders programmes were being piloted in 14 local authorities.

The rationale behind TYS is that the multiple and complex support needs of youth are best met by a collaborative, coordinated approach rather than by mainstream or specialist services in isolation. There are seven key elements of TYS (DCSF 2008):

- strengthening the influence of vulnerable young people, and their families and communities
- identifying vulnerable young people early
- building up a clear picture of individual needs
- enabling vulnerable young people to receive early support in all settings
- ensuring that vulnerable young people receive a personalised package of support, information, advice and guidance
- providing support for vulnerable young people during transitional periods in their lives
- making services more accessible, attractive and relevant for vulnerable young people.

Targeting services at vulnerable, at-risk groups of young people aims to reduce criminality, substance abuse, pregnancy rates and non-participation in education, employment and training among young people, while increasing the number of young people who participate in structured (or 'positive') activities. This research review seeks to contribute to the body of knowledge on the impact of TYS provision on young people by synthesising the evidence on effectiveness and barriers and facilitators to successful TYS services.

Research context

In 2008, the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) published the results of a rapid evidence assessment of effective early interventions for youth at risk of future poor outcomes (Thomas *et al* 2008). This rapid evidence assessment was commissioned by the Department for Children, Schools and Families (now the Department for Education) to inform the policy related to the TYS agenda. The first stage of the project involved identifying the risks associated with the outcomes addressed by TYS. This was followed by a rapid evidence assessment of systematic reviews that examined which services and interventions work to reduce poor outcomes.

The study found that risk factors could be categorised into five main areas – family, school, community, peers and individuals – however, 'rarely, if ever, were all known risk factors addressed by the included reviews' (Thomas *et al* 2008 p 6). More risk factors were found to be identified and addressed at the individual and family levels than at the school and community levels. The authors suggest that this might be due to these factors being more important in determining behaviour, or it might represent an emphasis in policy on individual responsibility and behaviour change (Thomas *et al* 2008 p 6).

The present research review differs from the EPPI-Centre review in four key ways. First, the Thomas *et al* (2008) rapid evidence assessment focused only on systematic reviews and meta-analysis. The present review also includes reports on primary research.

Second, the EPPI-Centre review included systematic reviews published in or after 1995. The present review includes only studies published after 2003, reflecting the period of implementation of the *Every child matters* policy and the TYS agenda.

Third, the present review defines programmes and interventions as TYS if the intervention focuses on targeting young people with multiple support needs, whereas the EPPI-Centre review included studies that measured any of 29 risk and protective factors that they identified. As such, the present review focuses more on risk factors and diagnostic issues than the EPPI-Centre review did.

Fourth, the present review addresses different questions to that of the EPPI-Centre review. Our present review looks particularly at uptake, impact, and barriers and facilitators of effective TYS services, while the EPPI-Centre review sought to identify the risk factors associated with the poor outcomes that TYS aims to reduce and to identify interventions that are effective at reducing poor outcomes.

The present review therefore adds to the current research base by providing a review of contemporary primary research into TYS with a focus on the multiple and complex needs of young people.

3 The evidence base

This section of the review describes the evidence base for the three primary research questions, including the types of evidence available and the gaps in the literature. Detail on the evidence base for the cost-effectiveness of TYS is also presented.

The searches led to a total of 4,411 sources (i.e. items of literature) being identified. In total, 553 of these were duplicates, leaving 3,858 unique sources to be assessed for their relevance to the review. The screening process led to the exclusion of 3,731 sources for being outside the study criteria. Of these 3,731:

- 3,504 items were not about TYS service(s)

- 157 items were about people under the age of 11 and/or over the age of 19

- 49 items did not provide relevant data

- 11 items were from non-Organisation for Economic Co-operation and Development countries

- six items were not available in English

- four items were published before 2003.

The remaining 127 sources were assessed as relevant to the review based on the inclusion criteria and were coded accordingly. The researchers coded these items using the available abstracts.

Using a best-evidence approach, 39 sources were classified as key items for the review. The full text of each key item was located and analysed in the research review. An item was deemed 'key' based on an informal appraisal of each study's likely relevance, value and rigour in the context of TYS services research. Those studies that were of high relevance to the review questions and seemed to have rigorous research methods and empirical components were flagged as key items for the research review.

A small number of key items had inadequate information in the abstract to determine the exact relevance or methodological rigour, but appeared to be worth including as key items for full inspection in the research review because they satisfied another criterion quite strongly. Given that key items were determined on the basis of abstracts only, we generally opted to include rather than exclude sources where there was doubt about their relevance. After a more thorough screening on the basis of full-text documents, the number of key items was reduced to 30 (see Table 1). Ten studies were excluded at this stage, which typically had insufficient data or failed on the age criterion (participants were younger than 11 or older than 19). One study was added after the first draft of the report was submitted for peer review on the recommendation of a peer reviewer.

A database search for **cost-effectiveness** data relating to targeted youth support yielded 470 unique IDs, of which only six items were included. After retrieving and

reviewing the full text of the six studies, none of them satisfied the criteria for the effectiveness review as well as addressing cost-effectiveness in any way and were therefore excluded.

Consequentially, the review team searched for general data on TYS programme costs from screening and citation harvesting the 30 final included items in the effectiveness review. Ten studies were identified, of which two were systematic reviews: one by Romeo *et al* (2005) and the other by Hahn *et al* (2005). Only general findings are presented from these two systematic reviews because they included studies published prior to 2003. It should be noted that the transferability of the findings from these two references is therefore considered weak by the review team.

Table 1. Number of studies identified on effectiveness and costs/cost-effectiveness at each stage of the review

	Effectiveness studies	Costs/cost-effectiveness studies
Unique identified references	3,858	470
Included after screening on abstract	127	6
Key items selected for review based on abstract	39	6
Key items selected for review based on full text	29	0
Key items after peer reviewer recommendations	30	10

The 30 key items were the finalised references included in this review. Table 2 shows the distribution of review items for the different questions. Note that some items were relevant to more than one question. Almost all items included were empirical studies.

Table 2. Number of studies relevant to the different research questions

Research question relevance	Number
Who is eligible for or addressed by TYS services for vulnerable young people, and what is known about the uptake of services and barriers to accessing services? Note any special or risk characteristics of the sample.	24
What is the impact of TYS services on desirable outcomes for vulnerable young people?	23
What are the facilitators and barriers of effective TYS services?	26
What do we know about the cost-effectiveness of TYS services?	10

Table 3 shows the main methods used in the included studies. It is important to note that a high proportion of the studies involved a mixed-methods approach. This is salient in permitting some triangulation of data.

Table 3. Main methods used in the included studies

Method	Number
Interviews	8
Review (including meta-analysis)	7
Survey	6
Case study	5
Randomised controlled trial (RCT)	4
Controlled trial	4
Secondary data collection (of official documents/datasets)	3
Focus groups	2
Not available	2
Longitudinal survey	1

It is important to note that a high proportion of the studies involved a mixed methods approach, which is important in permitting some triangulation of data.

Study population

The population studied in this review are all vulnerable young people between the ages of 11 and 19. The specific characteristics of the population studied are heterogeneous. Studies included in this review addressed those young people at risk of, or vulnerable to, social exclusion, anti-social behaviour and crime, low educational attainment, teenage pregnancy or parenting, drug and alcohol abuse, and those not in education, employment or training.

Most (15) studies were conducted in the UK; a minority of studies (8) were conducted in the US. Seven studies were reviews that included studies from a variety of countries.

General issues and gaps in the evidence base

- There is sufficient information on the reach of frameworks of TYS, as well as the characteristics of young people who take up TYS services, but there is much less information available on the proportion of young people who take up services.

- There is an insufficient number of studies that reliably test the positive impacts of early interventions and multi-agency targeting; most studies anecdotally report findings related to these impacts. There is more information available on barriers to effective intervention, although this is also often anecdotally reported.

- There is a lack of cross-disciplinary research, for example studies that draw on both psychological and social approaches to issues affecting youth. There is also a lack of explicit conceptual consistency with regard to the nature of 'risk' or 'vulnerability'.

- Research questions tend to focus on the barriers and facilitators to TYS implementation rather than analyses of outcomes and impact of interventions.

- Fewer studies from the UK address issues of race and ethnicity in comparison with studies based in the US. Similarly, there is little research concerning interventions that address young people who have experienced immigration or asylum seeking in the UK context.

- There is a lack of data concerning the costs of TYS interventions and the cost-effectiveness of these programmes. An increase in such information would be invaluable not only for policy-makers but also for programme staff.

- There is a lack of research making use of rigorous study methodologies such as a comparative or experimental design, a limited number of studies that use a longitudinal design and a lack of adequate analysis of the effectiveness of interventions.

- Although it is identified that establishing relationships between agencies, communities and vulnerable young people is a facilitator to service uptake and intervention effectiveness, there is little available evidence on how this can be achieved.

- Many of the gaps in the evidence base might be associated with changes in the UK policy context in the past decade. There might be more TYS projects under way now and insufficient time might have passed for us to gain meaningful results. We expect that the evidence base will increase in the coming years.

4 Eligibility and uptake: the vulnerable young people in TYS services

This section looks at what we know about the eligibility and selection of vulnerable young people for TYS services, and barriers and facilitators to their accessing TYS. It is based on 28 studies, including four systematic reviews and one review of the literature. Of the primary research, 16 studies were from the UK and seven from the US.

Key messages

- 'Eligibility' is defined differently across studies, with different definitions of 'at risk' and 'vulnerability'. For example, some studies considered 'at risk' to be defined by features such as low socio-economic status, while others considered an individual to be at risk if they had a criminal history. Even within studies, intervention administrators often defined the level of vulnerability differently (i.e. the threshold for treatment was inconsistent across administrators within programmes). Without a common understanding of 'vulnerability' or 'at risk', service providers might encounter difficulties in information sharing and needs assessment. This is particularly problematic when agencies are working together to provide services.

- Most commonly, eligibility was defined by the presence of risk factors, rather than the degree of risk. Nine distinct risk factors were covered in the literature. Teenage pregnancy and parenting represented the most common risk factor targeted across the studies. Non-attendance at school and criminal or anti-social behaviour also received attention in multiple studies. Determining the degree of risk is important for practitioners in order to place young people on a continuum of need so that cases can be prioritised and better tailored to the needs of users.

- Concurrent (multiple) risk factors can make the identification of eligible participants difficult, as the more overt problems (e.g. anti-social behaviour) tend to be diagnosed more readily than less obvious problems (e.g. low self-esteem). Concurrent risk factors can also make targeting of interventions difficult, as programmes might need to address multiple problems in order to be effective.

- The identification of vulnerable young people and referral to TYS programmes most commonly occurred in schools, although health services and multi-agency referrals were each cited in a few studies.

- Barriers to uptake were both structural (e.g. poor information keeping on at-risk young people, or impeded geographical access to services) and perceptual (e.g. lack of awareness of the services available). The best way to improve uptake is to have adequate information on the young people in question (including educational participation, criminal activity, etc) so that they can be identified for referral, and to share this data across services (e.g. schools and health services).


- Programmes can be small (under 10 participants) or large (e.g. more than 140,000 participants). There was little information on levels of uptake, in terms of how many young people from the eligible population engaged in the programmes.

- A key facilitator to increasing service uptake is establishing relationships between agencies, communities and the vulnerable young people. Studies suggest that this can be achieved by accurate and thorough record keeping and effective information management systems in order to facilitate better information sharing between agencies.

One of the defining features of TYS services is that they are aimed at vulnerable young people. Four risk domains (Walker *et al* 2007; see also Thomas *et al* 2008) of youth vulnerability are typically covered by TYS in the literature:

- **family** domain (homelessness and poor living conditions; pregnancy and parenting)

- **education and school** domain (low achievement levels; non-attendance; special educational needs; disruptive and aggressive behaviour)

- **community** domain (alcohol and drug use; criminal and anti-social behaviour)

- **individual wellbeing** domain (emotional and mental health problems).

In the following subsections, we summarise the types of interventions targeted at each of these risk domains. However, it is important to note that many of the young people in the studies had multiple presenting problems. Figure 1 indicates the need to consider these different risk domains as overlapping. For example, Statham's (2004) review of services to support children living in five kinds of special circumstances found overlaps between those at risk of offending; teenage parents; children whose parents have drug, alcohol or mental health problems; children living with domestic violence; and children who have been abused or neglected. Similarly, Pawson's (2004; see also Turner and Martin 2004) review of interventions aimed at at-risk youth and of mentor–mentee relationships noted that many participants were concurrently at risk for various outcomes, including impaired academic adjustment or social/emotional development; poor academic/career motivation or self-esteem; social exclusion; behavioural problems; and illness.

Figure 1. The four risk domains for vulnerable youth
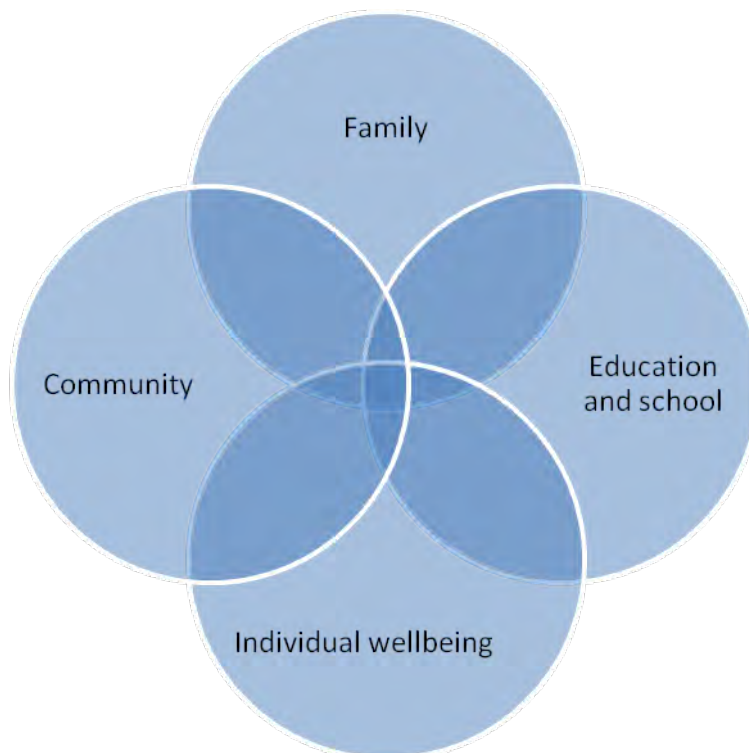
Source: Walker *et al* (2007)

Family domain

Two broad categories were covered in the literature in the 'family' risk domain: homelessness and poor living conditions; and pregnancy and parenting. The one study that was categorised as addressing homelessness and poor living conditions concluded that one-to-one, street-based youth work is reaching the at-risk youth that it targets (Crimmens *et al* 2004). In contrast, the eight studies on teenage pregnancy and parenting reported various barriers to uptake.

Young people who are homeless or in poor living conditions are at high risk of social exclusion. Crimmens *et al* (2004) researched street-based youth work programmes in England and Wales. They reported that most street-based youth work is conducted in small towns, with particularly few programmes in London. In terms of participants, most of the projects were geared towards high- and medium-risk young people: 29 per cent were not in employment, education or training; 24 per cent received no income or benefits; 45 per cent had an offending history; and 34 per cent were homeless or in poor living conditions. They concluded that street-based youth work is reaching the high-risk young people targeted by Connexions[1], with geographical access one of the main concerns with respect to uptake.

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[1] Connexions was created in 2000 as a UK government information, advice, guidance, and support service for 13- to 19-year-olds, with services up to the age of 25 for young people with learning difficulties or disabilities. It covers domains such as careers, employment, health and housing.

Teenage pregnancy and parenthood was the most commonly targeted risk factor in the evidence base. The concern for teenage parents is largely because of the potential for social – particularly educational – exclusion that can occur when a teenager cares for a child (DfES 2006). Moreover, concerns about the welfare of the child of the teenager have led to initiatives to combat potential poverty in the young family. The Sure Start Plus programme is one such initiative offered in the UK, which aims in particular to improve access to education and training for young parents (Wiggins *et al* 2005; Austerberry and Wiggins 2007).

Wiggins *et al*'s (2005) evaluation of the UK-based Sure Start Plus, which is aimed at areas of high deprivation with high teenage pregnancy rates, found that nearly all Sure Start Plus programmes have had difficulties in accessing young fathers. This is a common theme in the teenage pregnancy/parenting literature. It might be useful to work with the teenage mothers to engage the fathers in the programmes, where a healthy relationship between the partners exists.

Austerberry and Wiggins (2007 p 8) reported that mothers aged over 16 were less likely to engage in the services offered by Sure Start Plus because education/training is not compulsory at that age and the Sure Start advisors were 'respectful of their choices and options'. Trying to engage young mothers in educational programmes after post-compulsory education (i.e. post-16 years) can place intervention providers in a conflicting position between, at one end, government messages urging young parents back into education and, at the other, messages about the importance of parents in the home (Austerberry and Wiggins 2007).

Also, services tended to be offered when the babies were still very young, making it difficult for young mothers to engage in education and training programmes because of their childcare needs. This suggests that programmes designed to engage teenage parents in education or training might need to offer support in accessing childcare services so that mothers can attend classes. This point was also emphasised in a review of evidence relating to teenage pregnancy, parenting and social exclusion by Harden *et al* (2006; see Harden *et al* 2009 for a summarised version of this report).

Harden *et al* (2006) further reported that many of the studies related to the diversity of housing, childcare and education/training needs among teenage parents. They noted that motivation was an inhibitor for uptake of the services. They argued that 'programmes that use welfare sanctions and bonuses ignore the costs of rushing young parents back into education and employment, and undermine the benefits of allowing them the flexibility to find something they enjoy and value (2006 p 69).

A study from the US by Lesesne *et al* (2008) reported on a multi-site, capacity-building project called Promoting Science-based Approaches to Teen Pregnancy Prevention. This was targeted at young people at risk of teenage pregnancy, although no criteria were specified. Black *et al* (2006), in a US home-based mentoring intervention, recruited teenage participants from urban hospitals after delivery of their babies. However, national policies necessitate that public service eligibility is restricted to adolescent mothers who are in the guardianship of an adult, which could lead to exclusion of the most vulnerable young mothers. This study

emphasised the importance of policy in influencing the capacity of interventions to deliver to their targeted groups.

Kerr *et al* (2009) evaluated a US multidimensional treatment foster care programme that targeted girls aged 13–17 with a history of criminal referrals. They defined being 'at risk' of teenage pregnancy as having a recent criminal arrest history, often coinciding with alcohol/drug use; risky sexual behaviours; and prior pregnancy. This study differed from many studies in that it had a preventative goal, and so its definition for eligibility was quite different from the other studies.

Education and school domain

Palmer and Kendall (2009; see also Rodger *et al* 2007) evaluated the Pathfinders programme in 14 areas of England. More than half of the participants had a high level of support need, defined as being at risk of becoming homeless, having past experiences of child abuse, being in danger of receiving an Anti-Social Behaviour Order (ASBO), being excluded from school for offending behaviour, being involved in alcohol abuse or experiencing mental health issues. Almost half of the participants were identified by education professionals.

Rodger *et al* (2007) raised the issue of defining need, in that there were different interpretations by practitioners of 'at risk' that led to inconsistency in the type of young people referred. Inter-agency communication was also flagged as important. Rodger *et al* (2007) further emphasised the need for adequate record keeping (e.g. through a Common Assessment Framework) to facilitate the identification and referral process.

The concern about record keeping was echoed in a Scottish online learning project designed to support students whose schooling is significantly interrupted (Jordan and Padfield 2004), which found that the main barrier to identifying eligible participants was the lack of school records on those who do not attend school. Given that schools often play a role in referring students (e.g. Rollin *et al* 2003; Schirm *et al* 2006), this is a critical issue.

Golden *et al* (2004) evaluated the Neighbourhood Support Fund, which was delivered in deprived areas of England to hard-to-reach young people. The aim was to re-engage them with education, employment or training by getting them involved in voluntary and community projects. Hard-to-reach was defined as either not in education, employment and training or at risk of being not in education, employment and training (e.g. low achievers at school, long-term non-attenders, young offenders). Success in finding and engaging hard-to-reach young people was attributed to building a reputation in the local community and links with other agencies. This emphasises the need for multi-agency cooperation in identifying at-risk youth. Uptake was enhanced where young people were interested in the activities, motivated to learn or wanted to meet friends and new people.

Other risk factors that were used to determine programme eligibility were:

- young people with behavioural disorders, attention deficit hyperactivity disorder, and learning disabilities in a review of 16 cognitive-behavioural therapy interventions for dropouts (Cobb *et al* 2006)

- undocumented residents, teen parents, young people in special education programmes, young people with disabilities, young people involved in the juvenile justice system, out-of-school young people and those who were one or more grades behind in basic skill levels (Schirm *et al*'s 2006 evaluation of a US programme to increase the rates of high-school graduation and enrolment in post-secondary education or training).

Community domain

The community risk domain includes issues such as anti-social behaviour, substance abuse and violence. The studies included here indicated that schools are the most common site for referral for these issues, but community cooperation and multi-agency referral techniques are also needed.

A meta-analysis of evaluations of the effects of social skills training in preventing anti-social behaviour and promoting social competence in adolescents found that those targeted were young people who were defined as 'at risk of anti-social behaviour'; however, little information was given on the demographics of the participants in each study (Beelman and Lösel 2006). Some studies reported on interventions that were universally implemented, and some were targeted at groups defined as 'at risk'. A majority used a school setting for the uptake and implementation of the intervention.

Positive Activities for Young People is a UK-based targeted programme that works with young people aged 8–19 who are most at risk of social exclusion, committing crime or being a victim of crime (CRG Research Ltd 2006). This was one of the largest programmes in the review, with more than 140,000 young people accessing it up to the publication of the report. Indications from the Positive Activities for Young People data are that more than 60 per cent of those referred are identified as being 'at risk' because of a combination of factors, including where they live, who they associate with or whether they are likely to be involved in nuisance/anti-social behaviour. In cases where 'geographical targeting' was recorded as the primary 'at-risk' category, the Department for Education and Skills insisted that the young person should be in at least one other risk category. The study suggested that many younger children were seen as low risk and were perhaps included because of geographical reasons or because they were siblings of higher-risk young people (CRG Research Ltd 2006). The Positive Activities for Young People study indicates the complex issues involved in targeting, and the importance of clearly defined notions of risk and vulnerability.

Hipwell and Loeber's (2006) research into juvenile delinquency in girls provided a further example of the potential for productive relationships between mental health specialists and TYS. The indicated that strategies to increase the uptake of interventions need to consider gender differences and the specific needs of girls.

In Liddle *et al*'s (2004) US-based study into the comparative effects of two active, theoretically and technically distinct treatments for early adolescent substance abuse, participants were referred to the researchers if they had been in outpatient treatment for a substance abuse problem. To qualify, the adolescent needed to be living with at least one parent or parent figure who could participate in assessments, as well as in family therapy if that was assigned.

The UK Preventure school-based programme is a novel approach that aimed to reduce risk-taking behaviour by targeting personality factors known to be a risk for early onset substance misuse and other risky behaviours (Sully and Conrod 2006). This programme used a psychological approach to uptake, and targeted four personality profiles that were identified as risk factors for substance misuse: anxiety sensitivity, sensation seeking, negative thinking and impulsivity.

The evaluation of youth inclusion and support panels was developed to identify and support young people aged 8–13 at high risk of offending and anti-social behaviour before they entered the youth justice system (Walker *et al* 2007). The young person was assessed and, in order to be included in the intervention, there had to be four or more risk factors present. Furthermore, the child's behaviour needed to be causing concern to two or more of the partner agencies and/or the child's parents/carers. Referrals tended to come from several statutory sources, including education, social work, health, and criminal justice agencies such as the police and youth offending teams. However, schools were the most common referral source (Walker *et al* 2007).

Youth inclusion and support panels provide good examples of innovative approaches to increasing uptake that take on board the multidimensionality of risk in a young person's life, and highlight the necessity of a coordinated approach between the relevant agencies and families. The youth inclusion and support panel experience also emphasises the importance of schools for primary referral to TYS (Walker *et al* 2007).

Individual wellbeing domain

The individual nature of risk was addressed by Benitez *et al*'s (2005) study based in Kansas, US. An inability to set goals and plan for life after compulsory education can leave young people at risk for future unemployment. The authors examined the effectiveness of a support model to teach five young people with emotional and behavioural disorders how to solve their problems by themselves and to promote self-determination skills. All participants were identified as having emotional and behavioural disorders by a local education agency and all were involved with transition services[2] in their schools. The young people were chosen based on a combination of perpetually low academic performance and a diagnosis of emotional and behavioural disorder. Although the sample was small, the results suggest promising improvements in the students' career goal-setting, planning, and

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[2] Transition services are designed to prepare students for life after compulsory schooling (e.g. higher education, employment).

evaluation of progress towards their goals. This study further asserts the importance of sharing information and referral tools between mental health services and schools.

A second US-based study by Connell and Dishion (2008) looked at the Adolescent Transitions Program, a family-focused multilevel prevention programme designed for delivery in public middle schools but targeting parenting factors related to the development of behaviour problems in early adolescence. Young people were recruited in 6th grade (typically aged 11–12), and selected as high risk based on teacher and parent reports of behavioural or emotional problems. Depression symptoms were based on youth and mother reports in 7th, 8th and 9th grades. Students who were identified as high risk in terms of depressive symptoms were already part of a group identified as high risk for substance abuse. This study shows that the links between risk factors need to be addressed, and indicates a strong need for close working relationships between those involved with psychological wellbeing and those involved with social support and community exclusion issues.

Barriers to uptake across the risk domains

Barriers to uptake across the four risk domains in the intervention literature include:

- **Policy context**
  Government policies can limit who is eligible for services (e.g. Black *et al* 2006), which can limit the ability of service providers to offer what users want and need (e.g. Austerberry and Wiggins 2007).

- **Geography**
  When services are inconveniently located or not otherwise easily accessible, potential users are often unable or unwilling to participate. For example, Crimmens *et al* (2004) found that most street-based youth work is conducted in small towns, with the overall distribution of services not accurately reflecting levels of social deprivation and therefore the need for such services.

- **Timing**
  Services need to be offered at a time that is appropriate for the participants. For example, teenage parenting services are often offered shortly after birth, at a time when new parents typically do not want to leave their babies or have trouble accessing childcare (Austerberry and Wiggins 2007).

- **Gender**
  Specific to the parenting/pregnancy literature, interventions tend to focus on teenage mothers rather than teenage fathers, or have trouble accessing fathers (Wiggins *et al* 2005).

- **Identification and referral**
  Schirm *et al* (2006) noted that obtaining accurate enrolment lists and information on students' 8th-grade performance (used for determining programme eligibility) from schools was difficult, leading to delays in determining eligibility, contacting students and initiating programme activities. Golden *et al* (2004) emphasised the value of information management systems and establishing links with other agencies for identifying hard-to-reach youth.

- **Definition of need**
  Rodger *et al* (2007) found that definitions of groups of vulnerable young people are not used consistently across all agencies, so referrals can be misguided.

- **Motivation of the targeted youth**
  Financial or other incentives might not suffice if those targeted are not motivated to engage in the programmes (e.g. Harden *et al* 2006). Golden *et al* (2004) noted interest in the programme's activities or desire to meet new people as further motivators to participate.

- **Recruitment timeframe**
  Connell and Dishion (2008 p 583) noted that short programme recruitment timeframes can fail to engage at-risk people who 'need to reach a point of motivation for engaging in intervention services'.

Conclusion: what we know about eligibility and uptake

TYS services are typically aimed at one or more of four risk domains: family; education and school; community; and individual wellbeing. Although it was not reported how many young people joined TYS services out of the population of eligible participants, there was a range from small (n = 6) to very large (n > 140,000) programmes. Most identification and referral to programmes is done by schools, although several studies noted serious problems with accessing data and differences in definitions of vulnerability across practitioners, which hamper recruitment attempts.

5 The impact of TYS services on desirable outcomes for vulnerable young people

This section explores the evidence on the effectiveness of TYS interventions and services. It includes findings on what might account for positive or negative outcomes and what can improve effectiveness of service delivery. It is based on 23 studies, including four systematic reviews (of which one is a meta-analysis). Of the primary research, 12 studies were from the UK and seven from the US.

Key messages

- From the data we have, evidence points to the positive impact of TYS in reducing anti-social behaviour, increasing emotional wellbeing and confidence, and increasing participation in educational programmes.

- TYS programmes can have positive outcomes in addition to the intended outcomes of an intervention. For example, interventions aimed at promoting behavioural changes tended to improve family relationships or increase confidence, whether or not changes in problem behaviour were achieved.

- There is an emphasis within TYS interventions on pregnancy prevention and support. Several of the interventions suggest positive outcomes in terms of preventing teenage pregnancy or assisting young mothers to re-engage in education and training. However, recent data from youth development programmes in England shows a significant increase in teenage pregnancy in groups offered the service compared with matched comparison groups.

- The literature is divided in terms of psychological approaches and outcomes, and social approaches and outcomes.

The various outcomes of TYS interventions are characterised here in terms of changing attitudes, changing behaviours, and making gains in social status with respect to attainment, employment and skills development. Reducing teenage pregnancy and supporting teenage parents are considered here in a separate subsection because of the strong emphasis in the literature on these services. However, these four categories are interlinked and each should be seen as integral to TYS processes.

Changing attitudes

Increasing confidence

The *schoolsoutglasgow.com* project (Jordan and Padfield 2004), which combined an online learning tool and face-to-face contact with tutors, aimed to reduce the isolation of vulnerable and 'interrupted learners' (e.g. those with long-term absences from school due to chronic illnesses). Most students in the programme participated for one school year. Participants generally showed an increase in confidence and motivation (Jordan and Padfield 2004). This was in part due to what participants described as the programme having low stigma attached to it, or high 'street cred'.

Likewise, Crimmens *et al*'s (2004) analysis of street-based youth work found that young people showed an increase in confidence and motivation as a result of their one-to-one interactions and relationships with street-based youth workers.

These findings indicate the importance of reducing stigma, keeping interventions within an environment where the participant feels 'at home', and focusing on one-on-one relationships in order to achieve an increase in positive attitudes. Both of the programmes that noted an increase in confidence and motivation as an intervention outcome were based at 'home' – either on the street (Crimmens *et al* 2004), or in the participant's own house (Jordan and Padfield 2004) – and both emphasised a strong fostering of face-to-face interactions with individual young people.

Building stronger families and relationships

The schoolsoutglasgow.com project also demonstrated an improvement in family relationships as parents could see and become involved with their child's learning. This outcome was closely connected to increased confidence and motivation of participants (Jordan and Padfield 2004).

Statham's (2004) overview of literature on interventions for at-risk youth found that, in order for interventions to be successful in promoting stronger family relationships, they needed to take into account what the families and young people want (such as practical advice), take a non-stigmatising approach, and promote strong links between community services. This review found that a 'boot camp' or military-style approach was the least effective in achieving this outcome. Successful interventions aimed at the parents of at-risk young people were able to report a significant decrease in time spent in institutions (Statham 2004).

The evaluation of Pathfinders conducted by Palmer and Kendall (2009) found that interventions had a significant impact on improved family relationships in 12 per cent of the interventions studied. In a further 37 per cent of the interventions, there was a sign of willingness on the part of the participant to improve family relationships but personal issues were standing in the way of promoting marked change (Palmer and Kendall 2009).

Data from the evaluation of the Sure Start Plus programme (Austerberry and Wiggins 2007) suggests that the programme had a positive impact on the quality of young women's relationships with their families and their partners. This data suggests that, while the programme did not have a positive effect on keeping partners together, it did have a positive impact on reducing levels of domestic violence.

Liddle *et al* (2004) show that a 12- to 16-week multidimensional family therapy aimed at reducing substance abuse improved family cohesion at treatment discharge and six weeks post intake.

In each of these studies, the improvement of family relationships was not the primary aim of the intervention. Nevertheless, each study reported improvements in this area following the programme. This indicates that unintended impacts of interventions

should be monitored and noted, and re-emphasises the need for considering potential additional outcomes in the intervention design and outcome appraisal.

Increasing emotional wellbeing

Sully and Conrod (2006) demonstrated a reduction in depression and panic attacks using a school-based intervention for youth at risk of substance abuse. Connell and Dishion (2008) likewise reported a slowing down in the progression of depressive symptoms in at-risk young people following a multi-level family-based intervention. They suggested that this is related to parental engagement as an improvement of parent–adolescent relationships.

For young people who were identified as having emotional and mental health problems, Cobb *et al*'s (2006) systematic review found that cognitive-behavioural interventions produce significant improvements in emotional wellbeing. This finding was consistent across educational environments, disability type and gender (Cobb *et al* 2006).

Each of the interventions studied here reported on long-term outcomes, even though some of the studies recommended a short-term or intense intervention to improve other outcomes. The studies also had in place follow-up programmes that were implemented on an ongoing basis.

Changing behaviours

Lessening anti-social and criminal behaviour

A meta-analysis of evaluations of the effects of social skills training in children and adolescents (Beelman and Lösel 2006) found a small but significant overall positive effect post intervention and at the three-month follow-up. Overall, the intervention groups showed a 19 per cent decrease in anti-social behaviour scores. However, effect sizes were greater for social competence outcome measures than for anti-social behaviour. In other words, the programmes had less impact on anti-social behaviour than on social competence. This finding suggests that the long-term benefits of social competence training might have a limited effect on reducing criminal careers. Nevertheless, the meta-analysis demonstrated that certain factors increased the likelihood of an intervention reducing anti-social behaviour: intervention project staff were more effective than trained teachers or psycho-behavioural specialists, and small groups and higher intensity programmes were also most effective in producing positive outcomes.

Statham's (2004) overview of literature on effective services for young people in special circumstances, including those deemed at risk of criminal and anti-social behaviour, found some positive effects of parenting/fostering programmes and cognitive-behavioural therapy when part of a broader programme. The review found mixed or insufficient evidence for the success of victim–offender mediation schemes (Statham 2004).

An Audit Commission (2004) report found that, since the implementation of Youth Offending Teams, young people who have committed criminal offences are more likely to receive an intervention, they are dealt with quicker, and also, overall, that recidivism rates have fallen. Similarly, a mentoring programme aimed at violence prevention in 8th-grade students (typically aged 13–14) in Florida found a significant reduction in the number of days of suspension, sanctions from school and infractions committed on school property (Rollin *et al* 2003).

The Positive Actions for Young People programme was a three-year programme (conducted in 2003–2006) for young people aged 8–19 who were at risk of social exclusion or criminal involvement. An evaluation reported that the programme made a valuable contribution to steering young people away from crime and towards worthwhile activities (DCSF 2005). The evaluation's data showed that a majority of young people achieved a positive outcome by participating in the programme, usually in the form of improved engagement with education or training. Anecdotal evidence also suggested that the programme helped to prevent and reduce crime.

Liddle *et al*'s (2004) comparison of multidimensional family therapy and peer group treatment found a decreased association with delinquent peers, and decreased disruptive and delinquent behaviour, with the former approach. Both approaches were effective at reducing discipline problems. Sully and Conrod (2006) demonstrated a reduction in shoplifting and in problem drinking behaviour in an intervention aimed at treating risk-defined psychological traits.

Reducing truancy and school exclusion

Cobb *et al*'s (2006) systematic review found evidence that cognitive-behavioural therapy is effective in reducing truancy and school dropouts by working on behaviour that tends to lead to dropouts, such as violent physical aggression.

Rollin *et al* (2003) likewise found positive results with regard to school exclusion and truancy with a mentoring programme that matched at-risk 8th-grade students with adults in the workplace. The programme group had fewer total days of suspension from school compared with the control group (Rollin *et al* 2003).

Making gains in social status

Five studies addressed the issue of making gains in social status in terms of the attainment of improved grades, educational achievement more generally, and employment and skills achievement. Three of these studies were based in the UK (Crimmens *et al* 2004; Golden *et al* 2004; Jordan and Padfield 2004). Two were based in the US (Benitez *et al* 2005; Schirm *et al* 2006).

Grades and educational achievement

The schoolsoutglasgow.com project analysed by Jordan and Padfield (2004) used an information technology-based approach to provide an alternative path to learning for young people whose education is significantly interrupted. The programme was found to have a positive effect on the young people involved and their families, in

terms of improved attitudes to learning and achievement, although the study did not report whether grades actually improved. The authors noted that parents involved with the project saw achievement in traditional subjects as the only means of gaining employment and workplace success.

Schirm *et al* (2004) found that the Quantum Opportunity Programme (QOP) in the US did not achieve its objectives of increasing the likelihood of at-risk youth graduating with a high-school diploma. Despite these negative findings, the authors noted that there was more success in achieving these goals for younger enrolees in the programme.

Employment and skills development

The aim of the UK's Neighbourhood Support Fund was to re-engage hard-to-reach young people with education, training or employment by getting them involved in voluntary and community projects (Golden *et al* 2004). The authors of the evaluation report on the pilot scheme found that the majority of young people in the programme (68 per cent) progressed to a positive outcome. In two small follow-up surveys, most of those surveyed had sustained their initial destination or had moved to another positive destination four to six months after leaving the Neighbourhood Support Fund pilot (Golden *et al* 2004).

Crimmens *et al*'s (2004) national study found that street-based youth work in the UK is effectively targeting some of the most disadvantaged young people. Street-based youth work, combined with the Connexions service, was shown to make a significant impact on those young people's predicament, especially in terms of education, employment and training.

Benitez *et al* (2005) examined the effectiveness of self-directing problem-solving processes and the promotion of self-determination skills among five young people with emotional and behavioural disorders through a support model that enabled them to set employment- and career-related goals and develop a plan to achieve them. It found that all participants made progress towards each of their goals and were satisfied with the support provided.

Reducing teenage pregnancies and supporting teenage parents

Reducing teenage pregnancy and supporting teenage parents emerged as a strong theme within the literature. Nevertheless, the data regarding the outcomes of UK-based interventions remains limited and demonstrates an identified gap in research.

Six of the studies included in this review focused on reducing teenage pregnancies and supporting teenage parents. Of these six studies, only two were studies of UK-based interventions (DfES 2006; Austerberry and Wiggins 2007) and two were of US-based intervention studies (Black *et al* 2006; Kerr *et al* 2009). Two included studies were systematic reviews of approaches to pregnancy prevention and support (Harden *et al* 2006; Fletcher *et al* 2008). It should be noted that the systematic

review by Fletcher *et al* (2008) included the findings of the previously published Harden *et al* (2006) review.

Harden *et al*'s (2006; see also Harden *et al* 2009) systematic review found that a majority of the relevant interventions were based in the US, with only a minority based in the UK. The review found that investing early in youth development programmes that promote healthy relationships and engagement with learning can decrease the number of young women reporting pregnancy by 39 per cent. This finding contrasts with strategies that encourage sex education and contraceptive services, which might be important but might not lower the rate of teenage pregnancy.

A subsequent evaluation of the Young People's Development Programme in England compared pre-intervention/post-intervention data from a total of 2,724 young people aged 13–15 at 27 programme sites and 27 matched comparison sites (Wiggins *et al* 2009). The intervention included sexual and other health education, offering training and employment opportunities, and increasing access to arts, sports and advice such as family planning services. After 18 months, 16 per cent of girls in the intervention groups reported having been pregnant, compared with 6 per cent of those in a comparison group matched for vulnerability and socio-economic factors. This 3.5-fold increase in pregnancy rates with the intervention was statistically significant, and reinforces Harden *et al*'s (2006) conclusions that sex education-based interventions are not effective at reducing teenage pregnancy rates (Wiggins *et al* 2009). The study also found no evidence that the Young People's Development Programme was effective at delaying heterosexual experiences, or reducing truancy or school exclusion, criminal behaviour, drunkenness or cannabis use. The authors speculated that the difference in pregnancy rates might be in part due to methodological issues, but might also be caused by participants encountering more risk-oriented peers in the programme centres than in the comparison centres, and responding negatively to being labelled as 'problematic' (Wiggins *et al* 2009).

A systematic review by Fletcher *et al* (2008), which included the Harden *et al* (2006) review, examined the impact of interventions that address school disaffection on reducing teenage pregnancies. The systematic review found that young people participating in programmes to reduce teenage pregnancy were more likely to complete high school and enter into further education than those who did not. It was also found that intensive projects aimed at those young people at high risk for pregnancy that provide life skills such as vocational education and social support were effective in changing behaviour by promoting safe sex and reducing teenage pregnancies.

The Sure Start Plus programme in the UK was evaluated by Austerberry and Wiggins (2007) and found to have had a positive influence on young women's relationships and to have enabled them to make informed decisions concerning themselves and their children's wellbeing. However, the evaluation demonstrated that there exists a disjuncture between the government targets, the goals of the programme staff and the expressed needs of the potential service users (Austerberry and Wiggins 2007).

The Department for Education and Skills (DfES 2006) outlined evaluations of programmes that were introduced under the UK government's 1999 teenage pregnancy strategy. It was found that under-18 conception rates across the UK fell by 11 per cent between 1998 and 2004. However, some localities where teenage pregnancy was not given sufficient priority as a whole or along key parts of delivery did not see reductions, illustrating a strong variation of effectiveness across localities. The study indicated that well-managed, efficiently coordinated and effectively publicised services contributed to reducing rates of pregnancy among girls at risk. At the time the study was conducted there was a priority placed on school-based teenage pregnancy interventions, which might have been effective in reducing pregnancy rates (DfES 2006).

One US-based study used a randomised controlled trial to explore the effectiveness of mentorship on preventing second births among low-income black teenage girls (Black *et al* 2006). The study found that control mothers were more likely than intervention mothers to have a second infant. The authors stated that the design of the intervention, centred around mentorship, contributed to the positive effect. The mentors in the programme were black college-educated young women who had one child. They built trust with the intervention group mothers, listening and incorporating views into the intervention. As such, the mentors provided a supportive rather than authoritarian role.

Kerr *et al* (2009) compared multidimensional treatment foster care with intervention services in usual (such as group) care in terms of effectiveness at preventing pregnancy rates among girls in the juvenile justice system. The findings demonstrated fewer post-baseline pregnancies for girls in multidimensional treatment foster care than for those in usual programmes such as group care. This effect remained significant even after controlling for pregnancy history and sexual activity. While the multidimensional treatment foster care approach had previously been shown to be effective at preventing arrest rates, this study showed that girls who were subject to this style of intervention were two-and-a-half times less likely to become pregnant than those in usual services.

The literature on pregnancy reduction and support interventions demonstrates that they have a strong emphasis in TYS programmes. The studies included in this review demonstrated that this is an area in which interventions can indeed produce positive outcomes. It is interesting to note that the two US studies took a psychological perspective on pregnancy prevention, whereas the UK studies took a social and community-focused perspective. Further, the US studies showed the strongest methodological strength and provided more robust outcomes data. The UK-based studies demonstrated that pregnancy prevention and support interventions can provide positive outcomes. The UK data was more speculative yet did show that successful interventions strongly depended on effective bureaucratic procedure, management and communication.

Conclusion: what we know about the impact of TYS

The evidence suggests that TYS has an inconsistent impact on reducing teenage pregnancies, but can be effective at supporting teenage parents. The evidence also suggests that TYS can have a positive impact (whether small or large) on reducing

anti-social behaviour and increasing participation in educational programmes and skills training. This review found that US studies were more likely to report outcomes data, and finds a need for an increased emphasis on reporting outcomes data for TYS interventions in the UK.

The literature demonstrates that there are positive outcomes for study participants that are not identified as key outcome measures of an intervention. For example, interventions aimed at promoting behavioural changes also tended to increase confidence, motivation or emotional wellbeing in participants; and interventions aimed at reducing teenage pregnancy tended to increase autonomy and confidence, whether or not reduction in teenage pregnancy was achieved.

These additional outcomes can be attributed to the way in which interventions are delivered or designed by encouraging discussions, building relationships, giving attention and incorporating participant views into the programme design. This finding suggests that measuring the unintended or additional intervention outcomes through discussion with study participants, for example, could provide a more thorough evaluation of what works.

6 Facilitators and barriers to the effectiveness of TYS

This section reviews what we know about the facilitators and barriers to the effectiveness of TYS services. A facilitator makes something easy or easier. In the case of interventions or programmes, a facilitator can allow a programme to be successful or can enhance the impact that it has on desired outcomes. In contrast, a barrier can make the ability to achieve success more difficult or impossible. This section is based on 23 studies from the UK and US, five of which were reviews of the literature.

Key messages

- The facilitator that was most advocated in the reviewed literature was focusing the programme on the specific needs of the participants. This was further supported by frequent calls for flexible programme structures, which could be tailored to the needs of the participants. Other facilitators included good management of the programmes, training of the staff, positive attitudes and motivation of the participants and staff, and services working effectively together.

- Structural factors (e.g. leadership and management of the programmes, resources) received more emphasis in the literature than perceptual factors (e.g. participant attitudes, motivation of staff). However, the barriers to intervention effectiveness were rarely evaluated systematically, and so it is difficult to ascertain whether this emphasis is warranted.

- Insufficient data on the participants or the programme's effectiveness was also stated as a barrier, because it can affect both the identification of participants and feedback into the programme to increase its efficacy.

- A commonly cited barrier to TYS intervention effectiveness was the pressure to meet policy targets that might be inconsistent with the young person's needs.

Statham's (2004) non-systematic review of the literature concerning services to support children in special circumstances, with a special emphasis on UK data sources, made a useful distinction between structural and perceptual barriers to effective interventions. Adapting this distinction for this report, we argue that structural barriers are those that involve the system, resources, management or logistics that underpin or overarch the intervention. In contrast, perceptual barriers are the attitudes, awareness and relationships of each person in the intervention (staff, participant or caregiver). Finally, a third category could be added – programmatic barriers. These are features of the intervention itself (e.g. its duration, its focus). We discuss each of these types of barriers (or, potentially, facilitators, if they are operating positively) in the coming subsections.

Structural barriers and facilitators

The pressure of meeting policy targets was identified as a barrier to intervention success in three studies. Austerberry and Wiggins (2007) and Lesesne *et al* (2008) discussed this in relation to supporting pregnant teenagers and young parents. In this context, there were apparently conflicting messages from the government regarding the need to get young mothers back into education and training, while at the same time encouraging parents to stay at home with their babies. Turner and Martin (2004), commenting on a programme designed to re-engage young people with society through education and training, emphasised that political drives to demonstrate prompt success conflicted with the goal of encouraging innovation in service delivery. Knowledge brokers between policy-makers and intervention staff might help those involved in the programme determine where the programme's priorities lie when there appear to be contradictory targets.

Table 4 presents the various barriers and facilitators, with the number of studies that referred to each type of barrier/facilitator (structural, perceptual or programmatic). It should be noted that the number of studies cited is to illustrate the distribution of evidence relating to a given factor. Therefore, a high number of studies attributed to a given factor is due to the focus of the studies, not the importance of the factor.

Table 4. Barriers and facilitators to intervention effectiveness cited in the studies

	Factor	Factor type	Number of studies
Barriers	The pressure of meeting policy targets	Structural	3
	Insufficient evaluation and monitoring; lack of available data on participants	Structural	3
	Minimal skill set required upon entry into programme	Programmatic	2
	Scheduling – participants unable to attend	Programmatic	1
Facilitators	Focusing the intervention on the young person's needs	Programmatic	12
	Good multi-agency cooperation and communication	Structural	8
	Highly trained/knowledgeable staff	Structural	8
	Appropriate resources	Structural	7
	Longer duration/higher intensity	Programmatic	6
	Positive relationships between service provider and participants: caring delivery, establishing trust	Perceptual	5
	Developing an exit strategy	Structural	5
	Flexible programme structure	Programmatic	5
	Strong programme leadership and	Structural	5

	management systems		
	Positive attitudes of participants	Perceptual	4
	Good parental support or involvement	Perceptual	4
	Starting an intervention early (before the risk factor becomes severe)	Structural	4
	Peer-to-peer programmes	Programmatic	3
	Match staff to participants (ethnicity, experience of staff with needs of participants)	Programmatic	2
	Small intervention groups	Programmatic	1

Three studies noted that data collection was a barrier to successful intervention (Jordan and Padfield 2004; Beelmann and Lösel 2006; Rodger *et al* 2007). This was evident where, for example, schools did not provide sufficient data on the prior learning levels of the students in the programme reported by Jordan and Padfield (2004). Failure to feed information into the programme planning and evaluation can lead to programmes that are not sufficiently meeting the needs of the participants.

Good multi-agency cooperation and communication was noted in eight studies (Crimmens *et al* 2004; Golden *et al* 2004; Pawson 2004; Statham 2004; Turner and Martin 2004; DfES 2006; Palmer and Kendall 2009; Rodger *et al* 2007). Rodger *et al* (2007) emphasised the benefits of a 'collective response' in relation to delivering Pathfinders programmes. Similarly, Statham's (2004, p 596) review noted benefits from 'a holistic, multiagency approach that addresses the needs of the whole child rather than compartmentalizing his or her social, educational, health and care needs'.

Eight studies flagged the importance of highly trained/knowledgeable staff (Crimmens *et al* 2004; Jordan and Padfield 2004; Turner and Martin 2004; DfES 2006; Schirm *et al* 2006; Walker *et al* 2007; Lesesne *et al* 2008; Palmer and Kendall 2009). For example, the review of interventions by the Department for Education and Skills (DfES, 2006) under the-then government's Teenage Pregnancy Strategy emphasised the need for professionals in partner organisations (such as Connexions' personal advisors, youth workers and social workers) to undertake sex and relationships education training to enhance the delivery of the programmes.

Appropriate resources were explicitly mentioned in seven studies (Haines and Case 2003; Crimmens *et al* 2004; Jordan and Padfield 2004; CRG Research Ltd 2006; DfES 2006; Harden *et al* 2006; Walker *et al* 2007). Resources highlighted included substantial financing (Jordan and Padfield 2004), offering day care for the children of participants (Harden *et al* 2006), appropriate leisure activities to keep young people occupied and happy (Haines and Case 2003; DfES 2006), adequate staff numbers (Walker *et al* 2007) and functioning information technology connections (Jordan and Padfield 2004). It is important to note that resourcing underpins many of the other barriers and facilitators included in this review. For example, staff training requires both human and financial resourcing.

Five studies referred to the importance of strong programme leadership and management systems (Jordan and Padfield 2004; Pawson 2004 Turner and Martin 2004; DfES 2006; Palmer and Kendall 2009). Palmer and Kendall (2009), in their evaluation of the Pathfinders initiative, concluded that the lead professionals' lack of awareness of the range of interventions available in the initiative severely hampered the efficacy of the implementation. Turner and Martin (2004) also noted the challenges that leader ignorance about day-to-day running of the programme can pose, particularly when trying to coordinate inter-agency support. More than just awareness of the services offered by the programme, leaders need to champion the programme and be accountable for the programme's success or failure (DfES 2006).

Developing an exit strategy was highlighted as an important consideration in five studies (Crimmens *et al* 2004; Jordan and Padfield 2004; Pawson 2004; Harden *et al* 2006; Palmer and Kendall 2009). It is seen as critical to support young people as they transition out of a TYS programme, not just while they are enrolled in one. For instance, Crimmens *et al* (2004) note that, in order to make a successful transition into adulthood, young people not in education, employment or training might need intervention beyond the Connexions upper age limit of 19 years (25 years for young people with disabilities).

Starting an intervention early, before a risk factor becomes severe, is an obvious facilitator to an intervention success (Schirm *et al* 2006; Rodger *et al* 2007; Walker *et al* 2007; Palmer and Kendall 2009). However, this is more complicated than it sounds in the context of TYS. Given that the definition of TYS is to support vulnerable young people, it is likely that, by the time the young person is identified and recruited for intervention, they are already beyond 'risk' (see Rodger *et al* 2007). This is clear in the evidence on eligibility for inclusion in TYS discussed in Section 4. For example, more than half of the studies that were concerned with teenage pregnancy were actually for girls who were already pregnant or had had a child. Although these samples were 'at risk' in one sense – that is, the young mothers were vulnerable to educational and social exclusion – they were recruited on the basis that they were teenage mothers. In preventative studies on teenage pregnancy, 'at risk' was defined by other characteristics such as low socio-economic status. As such, there is a disjuncture in the definitions used to recruit participants, and the definitions used to define the risk factor being targeted in the intervention, which might hinder attempts to start interventions earlier.

Perceptual barriers and facilitators

The positive attitudes of participants are clearly critical in ensuring TYS success (Schirm *et al* 2006; Walker *et al* 2007). Palmer and Kendall's (2009) evaluation of Pathways also emphasised that motivation was a facilitator to success. Interventions might benefit from monitoring participants' motivation and engagement throughout the programme, and adapting the delivery or focus throughout to be responsive to flagging attention.

Establishing positive relationships and building trust between the service provider and the participants was mentioned as an important facilitator in several studies (Golden *et al* 2004; Pawson 2004; Black *et al* 2006; Walker *et al* 2007; Palmer and

Kendall 2009). Given that the children in these interventions are typically disenfranchised or at risk of being excluded from society in some way, TYS programmes offer an opportunity for young people to have a safe and supportive environment (Black *et al* 2006). The sensitive nature of many of the issues dealt with by TYS (e.g. risky sexual behaviour) necessitates a comfortable relationship between the young people and the intervention staff members.

Several studies noted the importance of parental support (Jordan and Padfield 2004; Statham 2004; Walker *et al* 2007) or involvement (Rodger *et al* 2007) in the success of a TYS intervention. Parental support might motivate or encourage the young person to engage in the programme, or might be necessary for practical reasons, such as being driven to the intervention site. Before parental involvement is solicited, it is advisable to determine the quality of the parent–child relationship, as parental involvement could be harmful if the relationship is negative.

Programmatic barriers and facilitators

The largest concern in the literature was to focus the intervention on the young person's needs (Haines and Case 2003; Crimmens *et al* 2004; Golden *et al* 2004; Jordan and Padfield 2004; Pawson 2004; Statham 2004; Beelmann and Lösel 2006; DfES 2006; Harden *et al* 2006; Schirm *et al* 2006; Austerberry and Wiggins 2007; Palmer and Kendall 2009). This focus is critical in designing the intervention, to ensure that it is targeted at the level of the young person. The particular risk factors that the young person exhibits should drive the design of the intervention more than a policy agenda, to ensure buy-in from both staff and participants. It is also important to monitor the young person's needs throughout the intervention, considering that person's progress and engagement levels. Feedback of the ongoing monitoring to programme coordinators can lead to the development of a flexible programme structure, which adapts to the continuing progression of the young person. Flexible programme structures are also cited in the literature as vital to ensure the effectiveness of TYS services (Golden *et al* 2004; Statham 2004; DfES 2006; Schirm *et al* 2006; Sully and Conrod 2006). Particularly, Pawson's (2004) review noted that there was a trend for improved intervention success if the young people were able to set their own programme goals.

Related to a responsive delivery model, two studies advocated matching the staff delivering the intervention to the participants. One study suggested matching on ethnicity (Connell and Dishion 2008), although the basis for the recommendation was not explained. The other study suggested that the experience and knowledge of the staff should match the needs of participants, which is difficult to disagree with. How to ensure matching of skills and needs is more difficult, and links back to the recurring theme that data is needed on the participants to best inform the design of the intervention (including the treatment administrator).

Commensurate with this last point is the concept of peer-to-peer programmes, which were supported in three studies (Pawson 2004; Black *et al* 2006; Connell and Dishion 2008). Peers have shared cultural and temporal understandings (such as current common slang terms) that allow them to communicate effectively with each other. Moreover, if they have shared experiences with respect to their risk factors,

then the peer mentor establishes experiential credibility with the mentee. These sorts of intervention are also likely to be low cost, although careful monitoring of the fidelity to the intervention would be required. It is a promising way for conducting TYS programmes and warrants more rigorous evaluation.

Some studies reported interventions that assumed a minimal skill set or knowledge base for entry into the programme. For example, Jordan and Padfield (2004) implemented an information technology programme, but some participants did not have sufficient knowledge of computers to participate effectively. Benitez *et al* (2005) reported a sequential programme in which progress could be inhibited if earlier stages of the programme were not mastered. Both examples could leave participants feeling less empowered than before entry to the programme. As such, prerequisite skill needs of the participants should be established before embarking on a programme.

There is also evidence, mostly coming from reviews of the literature, that interventions of longer duration or higher intensity are more likely to be successful (Beelmann and Lösel 2006; Black *et al* 2006; Cobb *et al* 2006; Liddle *et al* 2004; Statham 2004). Crimmens *et al* (2004), for example, indicated that short intervention duration was linked to high staff turnover, leading to inconsistencies across the programme. However, little rigorous empirical evaluation was presented on this in the studies reviewed, and so it is difficult to say whether there is sufficient return on investment for longer interventions (see also Section 7 on the lack of evidence available on the cost-effectiveness of TYS services). Other programmatic factors, such as the use of small intervention groups (Beelmann and Lösel 2006) and the scheduling of intervention sessions that fits in with the participants' daily life (Black *et al* 2006) might also facilitate programme success through greater engagement and attendance.

Conclusion: what we know about barriers and facilitators to intervention effectiveness

The critical message from the literature appears to be the importance of a needs-based programme that is flexible, and that allows monitoring (data collection) and feedback into the programme as it progresses. However, there is a distinct lack of rigorous evaluations of how interventions can be run more effectively. Much of the evidence presented above is based on anecdotes or observation of individual programmes with no comparison with other groups. However, most – if not all – of the recommendations are supported by logic and the experiences of programme staff and management.

7 The cost and cost-effectiveness of TYS

A cost-effectiveness component to the review was found to be appropriate in order to better understand what works. Cost-effectiveness analysis is essentially a form of economic analysis that compares the relative costs and outcome, typically of two or more courses of action. However, general costs data can provide some insight into the distribution of resources and where they are limited or stretched.

Ten studies addressed the issue of costs or cost-effectiveness in some way. Three of these studies were systematic reviews. Of the primary literature, seven of the studies were based in the UK.

Key messages

- Despite a separate thorough search for cost-effectiveness data, little evidence was found on this issue. Therefore, we cannot conclude whether interventions are offering a good return on investment, or improving outcomes for participants relative to the costs of not offering support.

- Some studies reported concerns about underfunding and the uncertainty of future funding.

Many studies identified the total costs of running a programme, as incurred by local or national government, or by each participant or by the programme itself. Total costs varied across types of programmes, size of programmes and, within each programme, across different service areas. For example, one of the studies included in the Hahn *et al* (2005) systematic review on foster care and delinquency measured programme costs for therapeutic foster care incurred by the local and state government, but not all studies measured costs at different organisational levels. Importantly, comparative costs were identified only for US programmes (e.g. Hahn *et al* 2005; Schirm *et al* 2006), which are difficult to interpret within the UK context. For instance, one study included in the Hahn *et al* (2005) review calculated that incremental programme costs, which is the additional cost per participant in one programme compared with the other, was $1,912 (in 1997 US dollars) per youth. The total net benefits, calculated by total benefits minus total costs, ranged from $20,351 to $81,664 per youth participant, but there is no sufficient information provided to determine how benefits were defined or measured (Hahn *et al* 2005). In addition, economic analysis would be required to determine what these values would be in today's UK currency.

The total costs of programmes were found to be difficult to establish by the youth inclusion and support panels evaluation team (Walker *et al* 2007). This was exemplified by the many costs of simply dealing with administration. For example, the evaluation found that administration costs could include costs associated with the number of children dealt with by type of activity (such as the referral process), panel attendance, and the time of panel and non-panel staff; the expenditure involved in providing services to children in general; and the office costs of running youth inclusion and support panels, including allowances for variable and fixed costs such as rent, furniture, telephone and printing. The lack of (or patchy) availability of costs

data means that few primary researchers publish reports or evaluations of the costs of youth programmes.

It would be of little interest to compare or list costs of services considering that the data is not rich, each service evaluates this very differently and each service has unique programme objectives and available resources. However, what affects programme costs and how costs affect programme outcomes is of most interest. A key finding, among the limited amount of evidence available, relates to funding as either negatively or positively affecting the costs of running a programme. Another key finding is how uptake is affected by the cost incurred by programme participants or collaborators.

What effective programmes cost: funding

The national study of street-based youth work found that many projects were heavily reliant on short-term funding (Crimmens *et al* 2004). Almost half (46.5 per cent) of survey respondents believed that future funding was insecure. A dependency on short-term funding, often from multiple sources, tends to increase the volume of bids that need to be submitted by projects, the number of reports that must be written and the amount of monitoring and evaluation that must take place. On the other hand, larger organisations, which are able to employ fundraisers, secure more funds and are more optimistic about their financial prospects. However, some smaller projects that once suffered from funding insecurity have come together in an effort to formulate funding bids, thus achieving the economies of scale (Crimmens *et al* 2004).

A national evaluation of Sure Start Plus found that, when comparing economic and impact data, the amount of total funding received by Sure Start Plus programmes influenced the objectives or outcomes for pregnant young women and young mothers (Wiggins *et al* 2005). The problems with funding that were perceived to affect outcomes included: (a) the programme suffering from under-spend, which was a result of delays during the early implementation of the programme and (b) under-funding of the programme, specifically related to roll-over spending policies (Wiggins *et al* 2005).

A component to the evaluation of the schoolsoutglasgow.com project was to examine the programme's technical and staff costs (Jordan and Padfield 2004). The evaluation team stated that this objective was met with many challenges. The authors stated that they give no assurances on the costs data accuracy since many of the figures were given in different circumstances and at different time points.

The schoolsoutglasgow.com project indicated that start-up costs were affected by the many connectivity problems with computers and internet services used by staff and pupils. Participants in the programme are referred by their respective schools. There was no exchange of funds from schools to the project, but it was envisaged that this would occur in subsequent sessions (Jordan and Padfield 2004). These exchanges of funds were identified as critical for the survival of the service in the long term.

How do costs affect programme outcomes?

The Neighbourhood Support Fund pilot project was either free for members or subsidised at the point of delivery (Golden *et al* 2004). The relatively low cost of Neighbourhood Support Fund provision directly influenced uptake of the service by local schools. For example, a school representative who was interviewed for the study said:

> It can be quite expensive for us as a school to put someone out but of course it is an awful lot less expensive than the £8,000 it could cost to permanently exclude a child … and [the Neighbourhood Support Fund project] for us is quite a cheap option because they have some funding which helps towards the cost of it. (Golden *et al* 2004 p 46)

The systematic review by Harden *et al* (2006) on young people, pregnancy and social exclusion found that programmes that use welfare sanctions and bonuses to push participants back into education or employment do not appropriately address the costs of rushing unprepared young mothers or pregnant women. These programmes often undermine the benefits of flexibility to find something that the participants enjoy and value. The review suggests that holistic programmes that offer more individualised plans and a wider range of services take costs and benefits into consideration. This suggests to the review team that inflexible services for this target group that push a programme-exit without providing sufficient options and support are likely to have emotional and psychological costs to the participant, as well as future programme costs because these participants might well need further support in the short or long term.

The Pathfinders evaluation report found that there was an insufficient evidence base to assess which model from each service area works best (Palmer and Kendall 2009). This is because each area faces unique operational challenges, which in turn means that what might be more cost-effective to deliver in one area is different in another area.

The systematic review by Hahn *et al* (2005) addressed the effects of therapeutic foster care on violent outcomes among juveniles, with an economic review component. Limited evidence in relation to economic evaluations was found in the field of foster care. There was a clearly indicated gap in the evidence in relation to economic evaluations. The authors noted that considerable research was warranted on issues relating to cost-effectiveness of alternative therapeutic foster care programmes, cost-benefit analysis from a societal perspective and issues relating to economic efficiency.

The systematic review by Romeo *et al* (2005) also stated that there were still few economic evaluations in the field of behavioural disorders. Any economic evaluations that studies attempted to consider were limited by small sample sizes, constrained measures of cost, narrow perspectives and oversimplified statistical and econometric methods.

Conclusion: what we know about the cost-effectiveness of TYS services

In summary, there was no cost-effective evidence found in relation to TYS and the cost data found was generally weak. This represents a significant gap in the evidence base and prevents stakeholders from determining what works best among interventions. Included studies highlighted the difficulty in finding cost data and recognised the lack of appropriate economic modelling in this sector.

In order to obtain the best value from resources allocated to services, there needs to be further economic analysis. There are economic impacts incurred by families, health systems, other agencies, government and society. Although some studies provide information on service outcomes and the costs of youth at risk, there is no evidence on which interventions are the most cost-effective at providing the best outcomes, considering specific expenditures and resources.

8 Conclusions and main messages

TYS programmes are aimed at vulnerable youth, such as those who are not attending school or those who are using drugs, engaging in risky sexual behaviours, having problems at home or exhibiting anti-social behaviours. In many of the studies, the youth had multiple needs; this can make helping them particularly difficult. Promisingly, TYS programmes frequently improve outcomes for vulnerable youth.

The evidence presented in this review shows that some TYS interventions in the areas of pregnancy prevention were effective in reducing teenage pregnancies and promoting positive behaviours (Black *et al* 2006; DfES, 2006; Harden *et al* 2006; Fletcher *et al* 2008; Kerr *et al* 2009), although one study found an increased risk of teenage pregnancy post intervention (Wiggins *et al* 2009). TYS was also found to reduce emotional and behavioural problems, including delinquency/offending (Rollin *et al* 2003; Audit Commission 2004; Liddle *et al* 2004; Cobb *et al* 2006) and school exclusion and truancy (Rollin *et al* 2003). Some studies found unintended consequences of the programmes. For example, some studies found improved relationships and self-confidence as a result of involvement in pregnancy prevention programmes (e.g. Austerberry and Wiggins 2007; Fletcher *et al* 2008). Some programmes also had benefits for family relationships and improving parental engagement, suggesting that there might be benefits for parents and carers (e.g. Jordan and Padfield 2004; Palmer and Kendell 2009).

A variety of effective intervention types were identified, including:

- one-on-one youth work, particularly where interactions and relationships with youth workers are positive and supportive (Crimmens *et al* 2004)

- support for disengaged youth (e.g. young mothers, those at risk of criminal involvement) to re-engage in education through training or career assistance (e.g. Crimmens *et al* 2004; Golden *et al* 2004; DCSF 2005)

- family therapy and programmes aimed at improving parent–adolescent relationships (e.g. Liddle *et al* 2004; Statham 2004; Connell and Dishion 2008; Palmer and Kendell 2009)

- cognitive-behavioural therapy, particularly for youth with anti-social behaviour and truancy problems (e.g. Statham 2004; Cobb *et al* 2006)

- online learning tools complemented with face-to-face contact with tutors aimed at reducing the isolation of vulnerable and 'interrupted learners' (Jordan and Padfield 2004).

Critical to the success of most interventions is an empowered, well-trained workforce, collaborative multi-agency relationships, and effective evaluation and monitoring of the services. The youth sector can lead improvements in these factors by helping service providers to consider key issues, informed by this review, which are elaborated in the following subsections.

Empowering the workforce

Receiving consistent messages from policy-makers and funding authorities could be critical in empowering the workforce to ensure that their programme is child centred and needs focused. The review findings suggest that successful TYS involves systematic staff training and ongoing workforce support. Projects that reported negative outcomes invariably cited a lack of skilled and motivated staff as being a key contributing factor to the intervention not reaching its targeted outcome. Likewise, projects that succeeded tended to report on enthusiastic and skilled staff and good support systems throughout the process of the intervention.

The evidence suggests that successful TYS should incorporate this training and support process into the design of the intervention. Staff training and support could affect the start time of the intervention – adequate time needs to be dedicated to this. Likewise, this training will affect the budget and costs and this also needs to be considered.

The evidence shows that the following four questions are asked at the design stage of successful TYS interventions:

- What objectives or targets (policy, financial, etc) are the TYS workforce required to meet in delivering the intervention?
- How will the staff be trained?
- How will ongoing staff support be provided?
- What are the likely costs (time, financial, resources) of ensuring that the service workforce is adequately skilled and supported?

Multi-agency relationships

Relationships need to be built and maintained between the multiple players that work together to create an effective TYS. These relationships fall into three categories:

- relationships between services, sectors and agencies
- relationships with local communities
- relationships at the one-to-one level with the young people involved in the TYS.

The evidence shows that successful interventions prioritise each of these relationships and feed information back to each of these groups. These relationships are very closely related to the effective flow of information. In particular, governance across different sectors (e.g. education, criminal justice and health) can help to reduce the fragmentation of multi-agency support for at-risk youths. Inter-agency cooperation appears to be an important way forward for improving TYS services and, as a result, youth outcomes.

This theme suggests that the following questions should be asked at the beginning of and throughout an intervention:

- How can the views of the local communities and the individual young person be made available to the various delivering services?

- How can we align what we are doing with what others are doing in the area?

- How can we set up a TYS programme in a more systematic way?

- Are youth and communities aware of the services available to them?

- How can eligible young people be made aware of programmes?

- Are relationships being maintained and strengthened within local communities?

- Are records being adequately maintained on the views of communities and young people, and is this being fed 'up' the chain?

Data collection, evaluation and monitoring

The review findings suggest that an evaluation of the costs, progress and outcomes of an intervention can greatly affect the success of the intervention. If processes are put in place from the early stages of intervention design, then key information can be used to ensure not only that costs are being kept under scrutiny, but also that the programme is delivering what is needed to the right people at the right time and in the right places. When information is gathered consistently by the different parties involved and then communicated back into the system, a programme can adapt as it progresses to maximise benefits.

Four key questions to ask at the design phase of an intervention are:

- How will progress be measured?

- What are the costs and savings (costs avoided) of a particular service? As a result, how can we better measure and ensure the sustainability of a particular service?

- How will this information be shared throughout all levels of management and across all interested parties?

- How will this be fed back into the intervention to shift resources or attention if necessary?

A fifth key question relates to the relationship between successful interventions and interventions that sought and considered the views and needs of the youth. The evidence suggests that a successful TYS should ask:

- How will the views and needs of the target group be evaluated, and how will this information be shared effectively?

A final key question that has resulted from this review concerns the positive outcomes experienced by intervention participants that are additional to the intended intervention outcomes. A study that provides a thorough evaluation of the effects of the intervention (both positive and negative intended effects, and unintended or additional effects) should therefore ask:

- What effects will or could this intervention have on other areas of the young person's life? How can we monitor these unintended consequences and feed this information back to other key stakeholders?

Each of these questions relates to the efficient and planned collection and sharing of information related to the intervention and the youth that it targets. This will be increasingly important for local services as new policy directions indicate that they will be responsible for evaluating the services that they offer. Work is being conducted in this area to help local authorities and practitioners plan the collection and sharing of information. For example, C4EO is in the process of gathering validated local practice examples that include cost-effectiveness evaluations.

In summary, the youth sector is in a unique position to lead changes in the way in which targeted youth support is delivered. This can involve advocating the training and support of the TYS workforce, guiding the coordination of different agencies, facilitating communication between various stakeholders and helping local authorities to evaluate their own youth service provision.

Data annexe

Key messages

- There are not currently any datasets available that specifically look at the impact of TYS on outcomes for young people.

- There is, however, plenty of data about the prevalence of issues among young people that TYS aims to address, such as offending and educational disengagement, and the characteristics of these vulnerable young people.

- The data shows that young people aged 14 were particularly at risk of exclusion from school, and engagement in anti-social behaviour, offending and drug taking, in comparison to other age groups.

- On the whole, boys were more likely than girls to be excluded from school, offend, behave anti-socially and have conduct disorders. Both genders, however, were equally likely to be not in education, employment or training or to be serious offenders.

Introduction and availability of data

There are not any datasets currently available that specifically look at the impact of TYS on outcomes for young people. There is, however, a wealth of publicly available data on the prevalence of certain issues among young people that TYS aims to improve, such as disengagement from school or offending. These datasets also often provide information on the groups of young people who may be particularly vulnerable to these issues. In this data annexe we focus on the following:

- teenage pregnancy

- exclusion from school

- being not in education, employment or training (NEET)

- anti-social behaviour and offending

- alcohol and drug use

- mental health.

This data annexe presents further discussion about the data currently available relating to these issues. It provides:

- a summary of the search strategy for identifying data

- an overview of the nature and scope of the data that was found, with a brief commentary on the quality of this data, and any gaps that were identified

- charts on the proportion and characteristics of young people affected by the issues above, produced from selected publicly available data, along with a brief commentary on these.

A summary table of the data sources of readily available, published data relating to TYS at national, regional and/or local authority levels is presented in Appendix 4.

Data search strategy

There are a number of archival databases in the UK, such as the National Digital Archive of Datasets (NDAD) and the UK data archive, some of which have services that facilitate searching or access to macro and micro datasets (including ESDS International). Even so, searching for current and recently published data cannot yet be conducted in the same way as searching for published research findings. Access to newly published data is not supported by comprehensive searchable databases in the same way that literature searches are supported.

Data for this annexe was obtained by a combination of search methods, including obtaining online access to known government publications (such as the Statistical First Releases from the Department for Education [formerly the Department for Children, Families and Schools]); obtaining access to data published by the Office for National Statistics, the Department of Health and other government departments; obtaining access to data published by the National Health Service and other national, regional and local bodies; and online searches following leads emerging from these publications, research funding council summaries and other literature searches. It should be noted that links to statistical sources that were live at the time of searching may not remain live after publication.

Nature and scope of the data

There are a number of publicly available datasets that enable us to build a picture of the proportion of young people who are affected by some of the issues that TYS seeks to address. Some of these datasets also provide information on which groups of young people may be particularly vulnerable to certain outcomes, such as poor mental health or exclusion from school. In this data annexe we present national data about some of these issues, but data is also available in some of these datasets at Government Office Region or local authority level. Practitioners or local authority personnel can access this data to gain an overview of the prevalence of these issues in their area (see Appendix 4 for a list of website links to datasets that are available at Government Office Region and local authority level).

The Department for Education publishes a variety of data on children and young people's attainment and attendance at school, as well as data on exclusions, in its Statistical First Releases. Data on exclusions is collected through the School Census and provides information on the number of cases of fixed period and permanent exclusions in England during a school year. The most recent Statistical First Release, which is presented here, contains information on exclusions during 2007/08 (DCSF 2009a).

There are a number of sources of data on the proportion of young people who are NEET. The Department for Education publishes quarterly statistics that draw on information in the Labour Force Survey and the Client Caseload Information System maintained by Connexions (DCSF 2010). It also annually publishes the Statistical

First Release 'Participation in Education, Training and Employment by 16-18 Year Olds in England', which is a more definitive source of NEET information than the quarterly statistics. The quarterly statistics, however, allow a more frequent and detailed monitoring of the proportion of young people who are NEET. Both datasets provide some information on the characteristics of people who are NEET and the annual statistics provides a breakdown by local authority level. The Department for Education's Youth Cohort Study and Longitudinal Study of Young People in England (DCSF 2009c) also collects information on the main activity of young people post 16 and analyses the proportion of young people who are NEET by a wide range of personal characteristics, such as disability status and family background.

Information on anti-social behaviour and offending among young people is available from the Home Office's '2006 Offending, Crime and Justice Survey' (Roe and Asche 2008). This is a self-report survey, which asks young people aged 10–25 living in private households in England about their engagement in anti-social or illegal activities. Although the survey is self-report, it provides a better estimation of the prevalence of crime and anti-social behaviour than official records, as many incidences of these may not be reported, formally recorded or processed by justice agencies (Roe and Asche 2008).

Data relating to young people's physical and mental health is available from a number of sources. Information on teenage pregnancy can be found in the Office for National Statistics (ONS) annual conception statistics (ONS 2010). 'The Mental Health of Children and Young People in Great Britain' survey provides data on the prevalence of mental disorders among young people (Green *et al* 2005; Parry-Langdon 2008). This survey was conducted in 2004 and 2007. The 2007 survey details statistics on the onset and persistence of mental conditions, while the 2004 survey details the prevalence of conditions. The classification of mental disorders used in the survey was based on the *International classification of diseases* (ICD–10; WHO, 1992) diagnostic criteria and so the statistics on the prevalence of each disorder reflect cases where symptoms reach a clinical level of distress or dysfunction.

Information on young people's use of alcohol or drugs can be found in the 'Smoking, Drinking and Drug Use among Young People in England' survey from 2008 (Fuller 2009). Although this survey provides information on how often young people take drugs or drink alcohol, it does not provide a measure of the proportion of young people who may have an alcohol or drug dependency. The National Treatment Agency for Substance Misuse (2010), however, does publish statistics on substance misuse among young people, including information about the numbers of young people who are in treatment due to drug or alcohol use, which offer a clearer picture of how many young people may be dependent.

Charts showing the proportion and characteristics of young people affected by various issues

This subsection contains information about the proportion and characteristics of young people who are affected by various issues that TYS seeks to address.

Teenage pregnancy

In both 2007 and 2008, pregnancy among girls aged under 16 was far less common than among those aged 16 and over (see Figure 1). In 2008, there were 7.8 conceptions per 1,000 girls aged under 16 in England and Wales. This represented a slight reduction from 2007, when 8.3 conceptions were recorded.

However, as Figure 2 shows, the rate of conceptions has generally remained stable over the past decade, with on average around eight girls in every 1,000 aged under 16 becoming pregnant in any year.

Figure 1. Rates of teenage conceptions per 1,000 teenage girls in 2007 and 2008: by

Source: ONS

Figure 2. Rat   **6**
bet
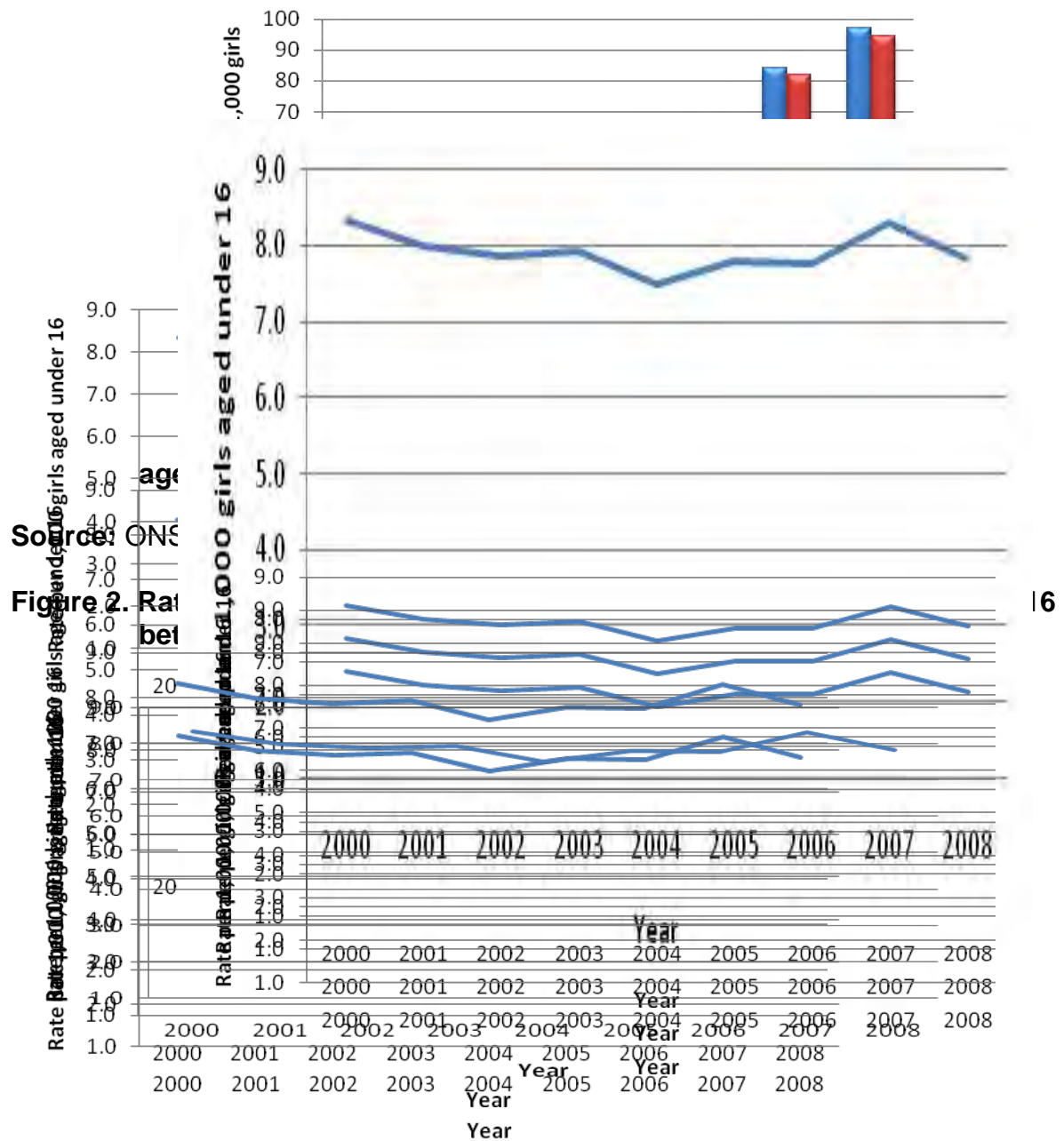
Exclusion from school

There were 324,180 fixed period exclusions and 7,000 permanent exclusions from state-funded secondary schools in 2007/08, according to data from the Department for Children, Schools and Families (now the Department for Education) (DCSF 2009a). As Figures 3 and 4 show, at all ages, a far greater proportion of boys than girls were excluded for either a fixed-term period or permanently. Furthermore, proportionally more pupils who were eligible for free school meals were excluded than those who were not eligible for free school meals (see Figure 5).

In general, a higher proportion of young people aged 11–15 were excluded from school than those aged 16–19 or older, with exclusions peaking around the key stage 3 to 4 transition at age 14. This suggests that this is a period when some young people may be particularly at risk of disengaging from their education.

Figure 3. Proportion of the school population at each age who were subject to a fixed period exclusion in 2007/08: by gender
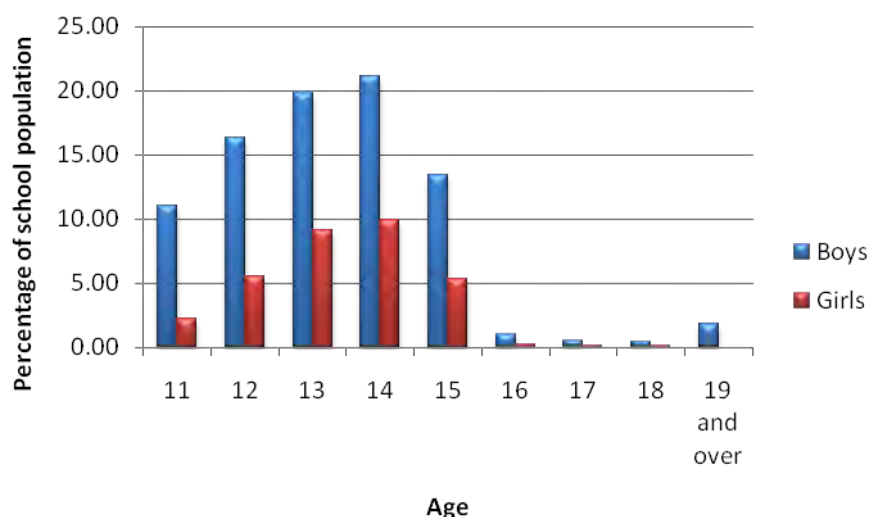
Source: DCSF 2009a

Figure 4. Proportion of the school population at each age who were permanently excluded in 2007/08: by gender
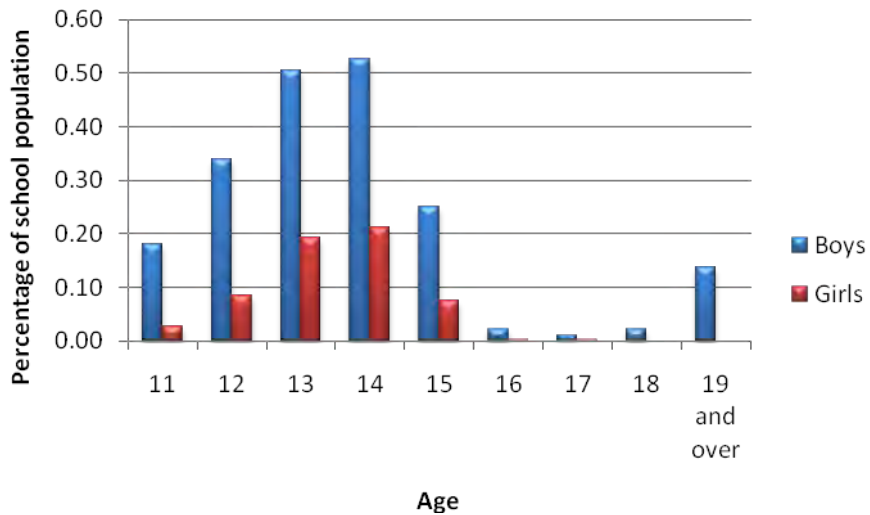
Source: DCSF 2009a

Figure 5. Permanent and fixed period exclusions in secondary schools in 2007/08: by eligibility for free school meals (FSM)
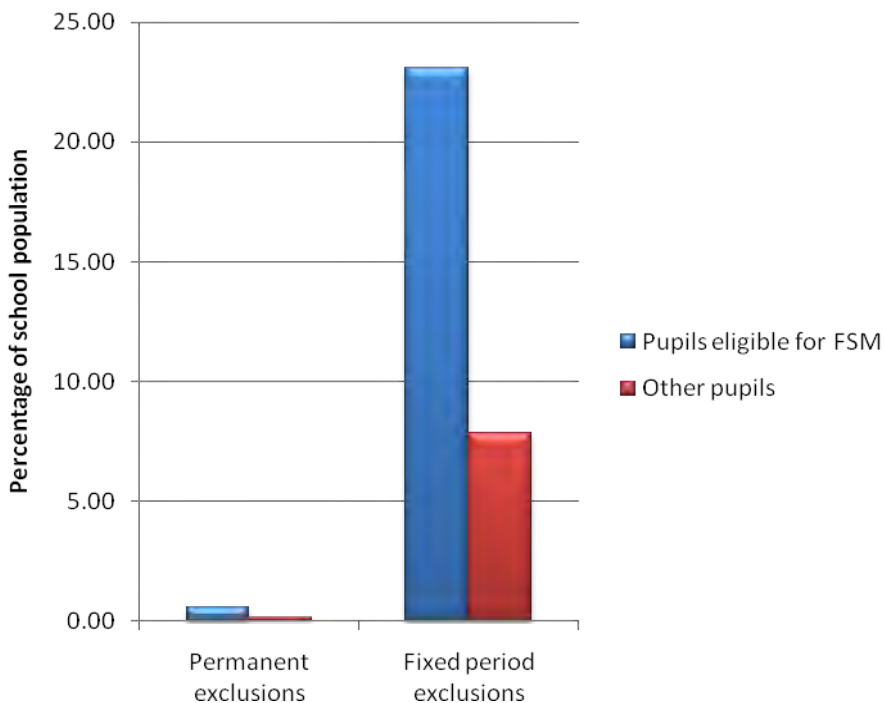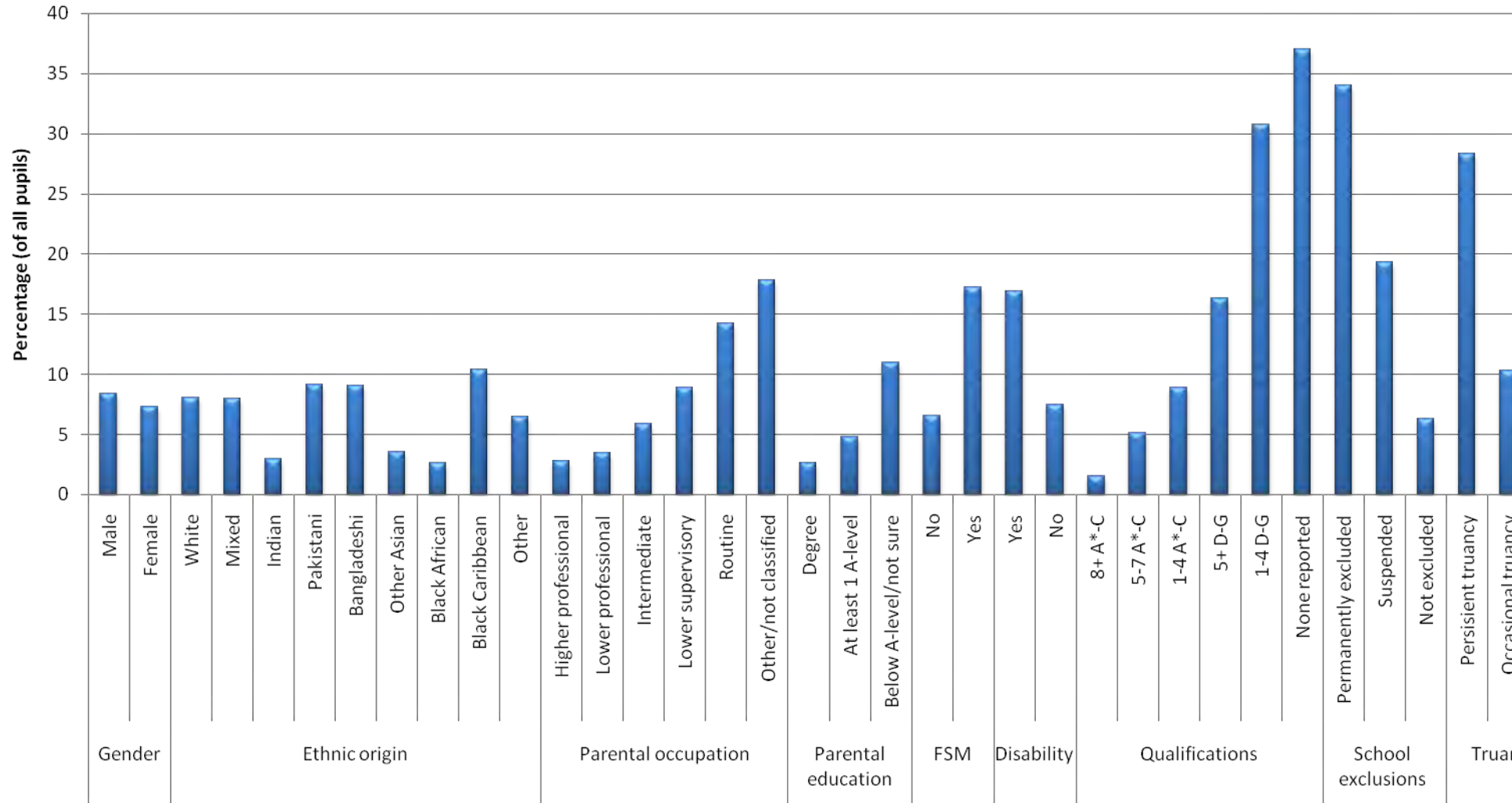

Source: DCSF 2009a

Young people who are NEET

Quarterly NEET statistics for the end of 2009 showed that around one in ten young people (9 per cent) aged 16–18 were NEET (DCSF 2010) and that the proportion of young people who were NEET had not significantly changed since the end of 2008. Figure 6 shows the characteristics of young people who were NEET in 2008 (DCSF 2009c). Proportionally more young people from disadvantaged backgrounds were NEET at age 17 in comparison to their peers. For example, around one in six (17 per cent) young people who were eligible for free school meals were NEET at age 17 in comparison to 7 per cent of those who were not eligible for free school meals. Furthermore, a greater proportion of young people whose parents had lower levels of education or jobs from lower occupational groups were NEET in comparison to young people from more advantaged backgrounds.

In comparison to coming from a more deprived background, gender and ethnicity seemed to be less associated with whether young people were NEET. An almost equal proportion of boys (8 per cent) and girls (7 per cent) were NEET. In terms of ethnicity, young people from an Indian ethnic background were the least likely to be NEET.

Disability status, however, did seem to have an impact on the likelihood of a young person becoming NEET at age 17. Proportionally more young people with disabilities (17 per cent) were NEET than those without disabilities (7 per cent). Young people's attainment and engagement with school also seemed to be associated with whether or not they became NEET. For example, around a third (34 per cent) of the young people who had been permanently excluded while at school were NEET at age 17. By comparison, only 6 per cent of young people who had never been excluded from school were NEET.

Figure 6. Proportion of 17-year-olds, by various subgroups, who were NEET in 2008


Source: DCSF 2009c

Anti-social behaviour and offending

In 2006, around a fifth (22 per cent) of all young people aged 10–25 reported that they had engaged in an act of anti-social behaviour (Roe and Asche 2008). Young people most commonly reported being noisy or rude in public (13 per cent) or having acted in a way that had caused a neighbour to make a complaint (11 per cent). Fewer young people stated that they had been involved in graffiti (4 per cent) or racial or religious abuse (2 per cent).

Anti-social behaviour, of any type, is more common among young males than among young females (see Figure 7). Around one quarter (26 per cent) of young men aged 10–25 had committed an anti-social act compared to less than one in five (18 per cent) of young females. Figure 7 shows that, for both genders, the proportion of young people engaging in antisocial behaviour peaked in the 14- to 15-year-old age group, suggesting that this is a period when young people may be most likely to exhibit this behaviour.

Figure 7. Percentage of young people aged 10–25 committing an act of anti-social behaviour in the previous 12 months in 2006: by gender
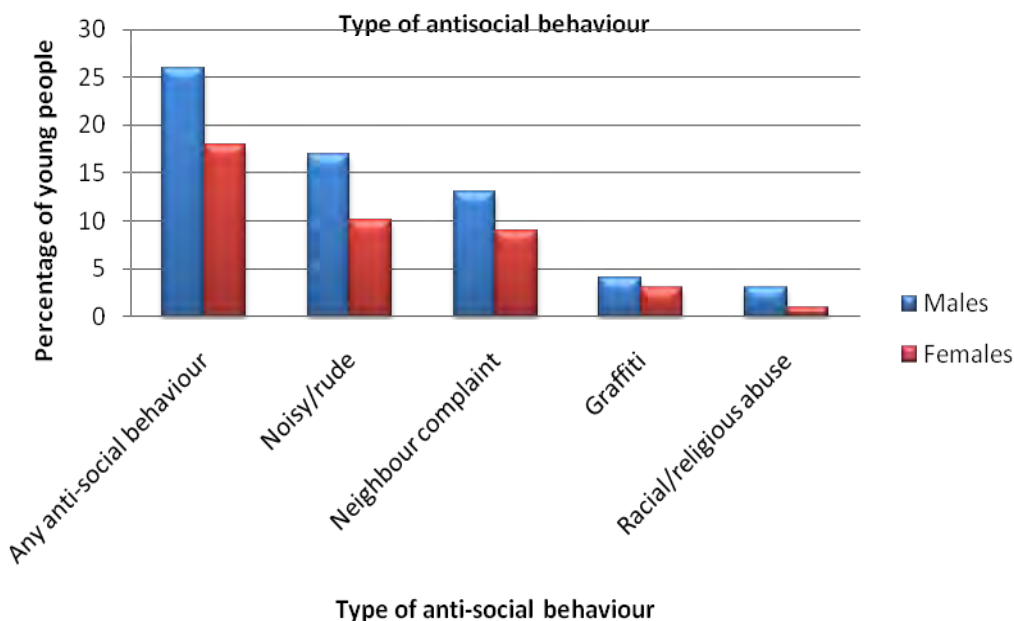
Note: 'Any anti-social behaviour' includes being 'noisy/rude', acting in a way that caused a neighbour to make a complaint, graffiti and racial or religious abuse.

Source: Roe and Asche 2008

Figure 8. Percentage of young people in each age group who had engaged in any anti-social behaviour in the previous 12 months in 2006
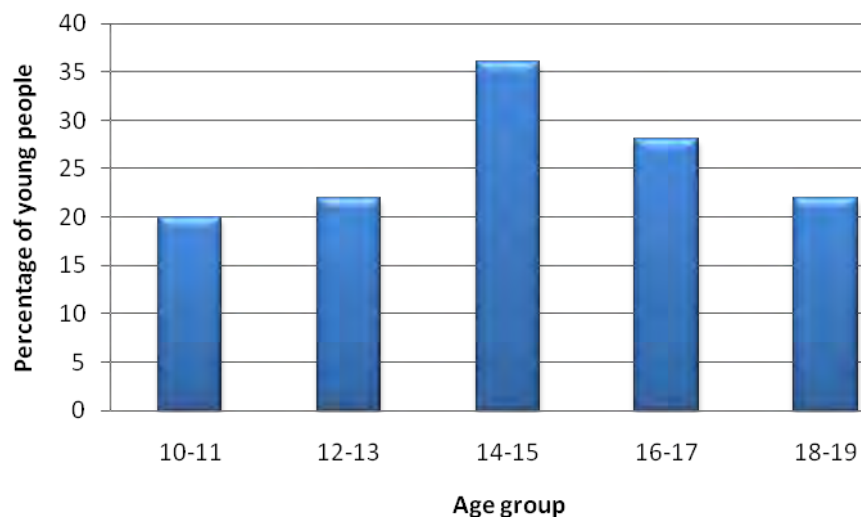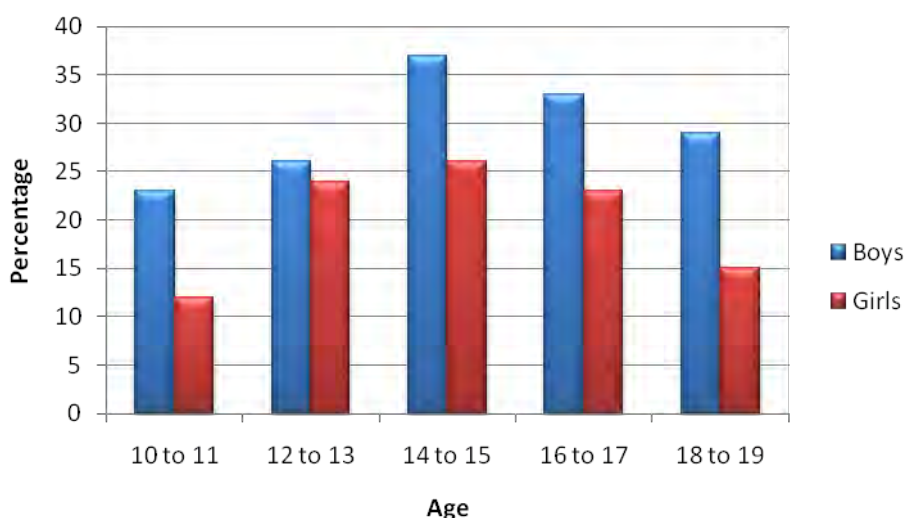

Source: Roe and Asche 2008

In line with the prevalence of anti-social behaviour among young males and females, proportionally more young males (26 per cent) reported that they had committed a criminal offence[3] in the previous 12 months than did females (17 per cent) (Roe and Asche 2008). As Figure 9 shows, criminal offences were more prevalent among males than among females across every age group.

Similarly to anti-social behaviour, the proportion of young people reporting that they had committed a criminal offence was the highest among 14- and 15-year-olds. Nearly two in five boys (37 per cent) and a quarter of girls (26 per cent) in this age group said that they had committed an offence, again suggesting that this is an age group where young people are particularly vulnerable to engaging in these activities.

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[3] Young people were asked whether they had committed any of 20 core offences related to theft or property damage, violent offences and drug selling.

Figure 9. Young people's self-reported offending in the previous 12 months in 2006: by age and gender
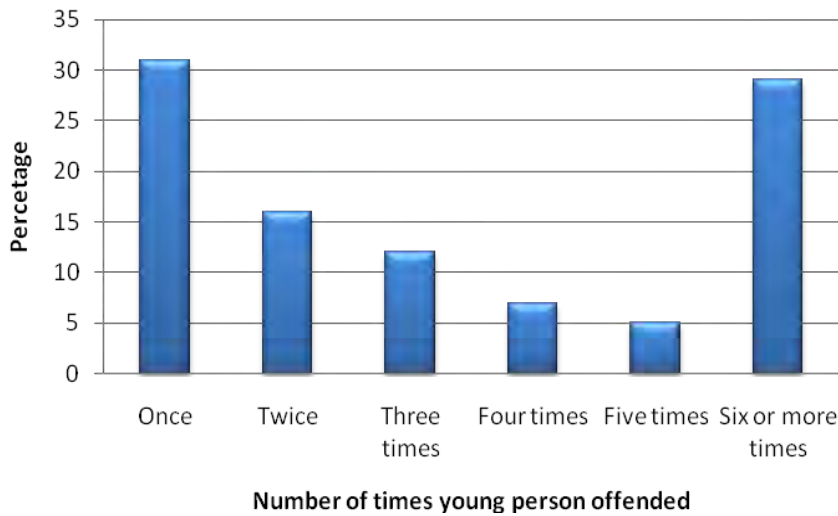

Source: Roe and Asche 2008

The majority (69 per cent) of the young people who reported that they had committed an offence in the previous 12 months said that they had done so on more than one occasion, with 29 per cent stating that they had offended six times or more (see Figure 10). This suggests that, in the majority of cases, offending is not a one-off behaviour and is likely to be repeated.

Repeat offending was particularly prevalent among young people who had been involved in selling illegal drugs or who had committed assault (see Figure 11). Around four in five (82 per cent) young people who had sold drugs had done so on two or more occasions, while three in five (60 per cent) young people who had assaulted someone had also done this more than once in the previous 12 months.

Figure 10. Frequency of offending in the previous 12 months among young people who had committed any offence in 2006

Source: Roe and Asche 2008

Figure 11. Frequency of offending in the previous 12 months among young people who had committed specific offences in 2006
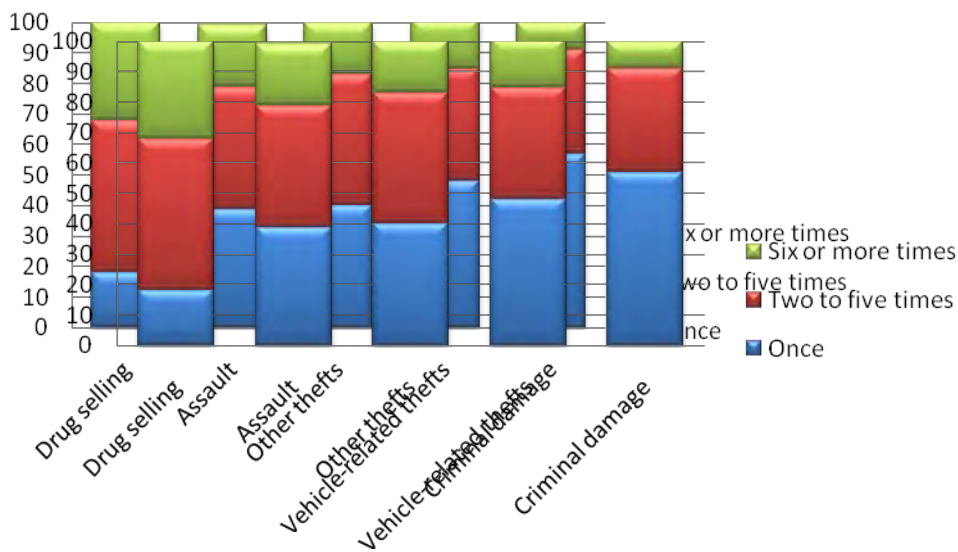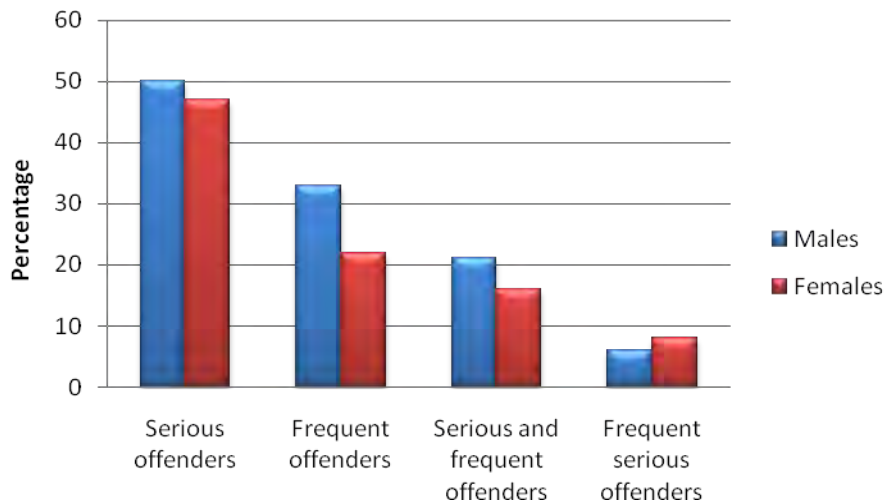

Source: Roe and Asche 2008

Just under half (49 per cent) of all the young people who had committed a crime in the previous 12 months were classified as serious offenders in the Home Office survey, as they had committed one or more serious offences in the previous year, such as burglary, assault leading to injury of the victim or selling Class A drugs (Roe and Asche 2008). Around one in twenty (6 per cent) young people who had offended had committed six or more serious acts within the previous year, suggesting that only a minority of offenders were prolific serious offenders.

A similar proportion of young males and females were classed as serious offenders (50 per cent and 47 per cent, respectively) (see Figure 12). However, significantly more males (33 per cent) than females (22 per cent) were frequent offenders who had committed six or more offences of any kind in the previous 12 months, suggesting that repeat offending was more common among males.

Figure 12. Proportion of young offenders committing a crime in the previous 12 months who were defined as serious or frequent offenders, 2006: by gender


Note: Percentages do not add up to 100, as young people could be in more than one category.

**Source:** Roe and Asche 2008

Drug and alcohol use

In 2008, the majority of young people reported that they did not drink alcohol or take drugs on a regular basis (see Figures 13 and 14). Seven in ten (71 per cent) reported that they either did not drink alcohol or only did so a few times a year. Similarly, eight in ten (83 per cent) stated that they had never taken drugs. Only a minority (six per cent) reported drinking alcohol almost every day or twice a week and an even smaller proportion (2 per cent) stated that they took drugs either every day or once a week. This suggests that few young people extensively abuse drugs or alcohol.

Figure 13. Young people's self-reported frequency of drinking alcohol in 2008
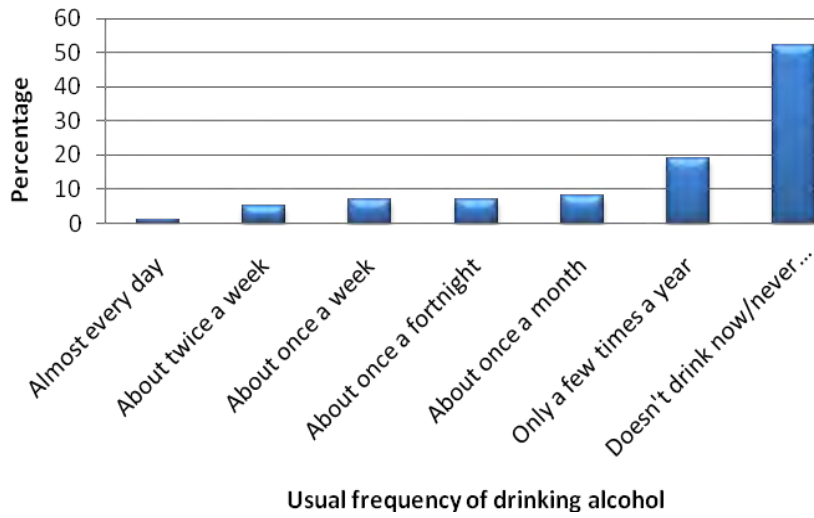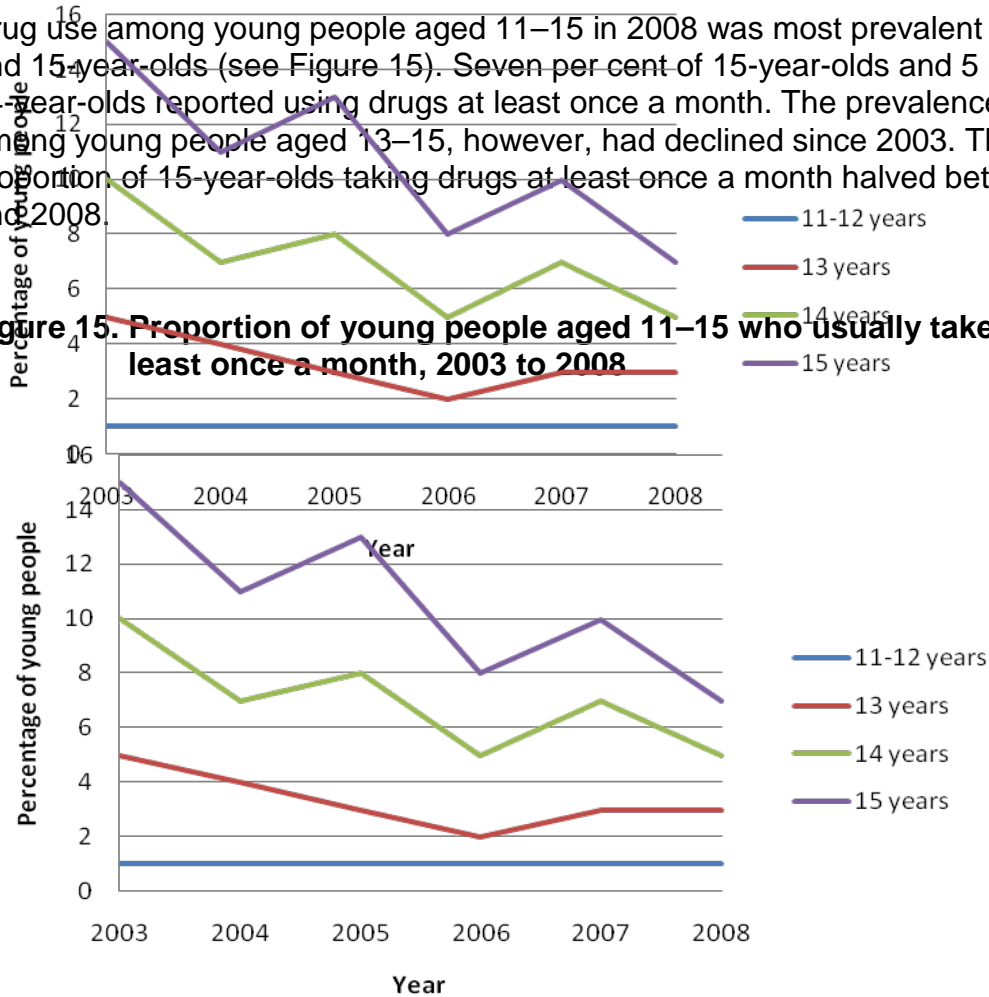

Source: Fuller 2009

Figure 14. Young people's self-reported frequency of drug use in 2008
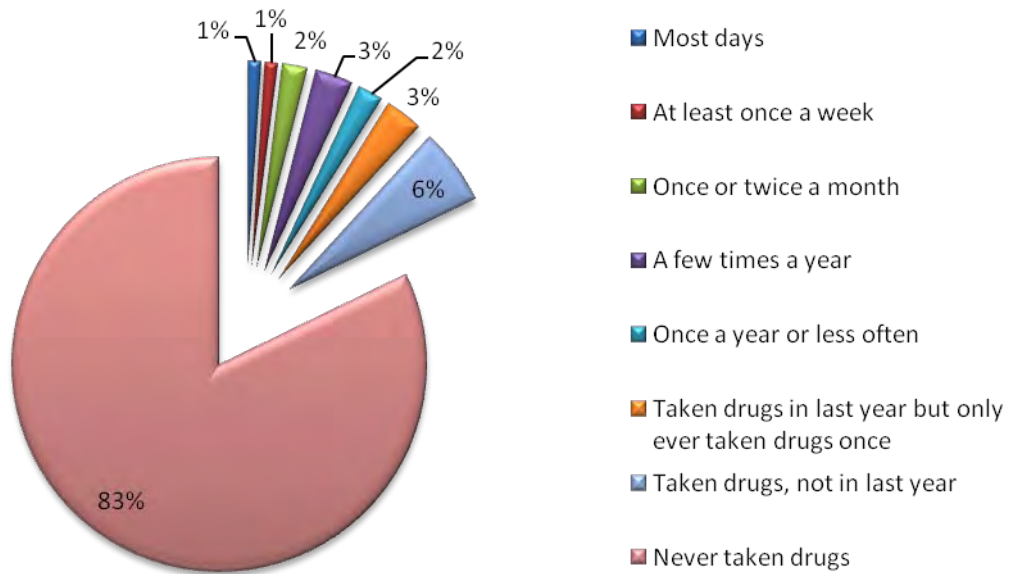
Source: Fuller 2009

Drug use among young people aged 11–15 in 2008 was most prevalent among 14- and 15-year-olds (see Figure 15). Seven per cent of 15-year-olds and 5 per cent of 14-year-olds reported using drugs at least once a month. The prevalence of drug use among young people aged 13–15, however, had declined since 2003. The proportion of 15-year-olds taking drugs at least once a month halved between 2003 and 2008.

Figure 15. Proportion of young people aged 11–15 who usually take drugs at least once a month, 2003 to 2008

Source: Fuller 2009

Data on the number of young people in treatment offers some insight into how many may abuse drugs or alcohol to the extent that they are dependent on them. Data from 2008–09 shows that the number of young people in treatment for drug or alcohol misuse increased with age, with more young people aged 17–18 being in treatment than any other age (see Tables 16 and 17).
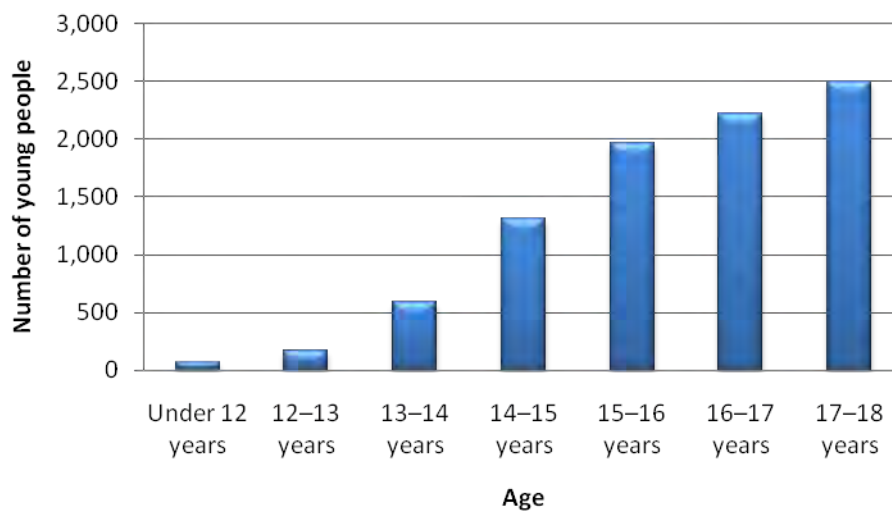
Figure 16. Numbers of young people in treatment for substance misuse 2008/09: by age
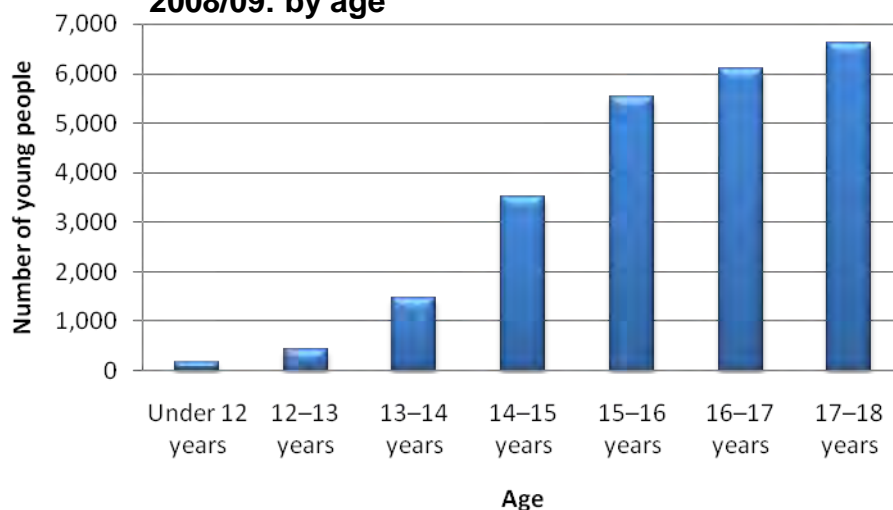
Note: Substance misuse includes drugs and alcohol.

Source: National Treatment Agency for Substance Misuse 2010

Figure 17. Numbers of young people in treatment for alcohol misuse 2008/09: by age

Source: National Treatment Agency for Substance Misuse 2010

Emotional and behavioural disorders

In 2004, it was estimated that around one in eight (12 per cent) young people aged 11–16 had a mental disorder (Green *et al* 2005). Overall, mental health problems were slightly more prevalent among boys (13 per cent) than girls (10 per cent). However, as Figures 18 and 19 show, proportionately more girls than boys to experienced emotional disorders such as depression and anxiety, while proportionately more boys than girls had conduct disorders. Autistic spectrum disorders were also more common among boys.

Since 1999, there has been a slight reduction in the proportion of young people experiencing emotional disorders, while the proportion with conduct disorders has marginally increased (Figure 20).

Figure 18. Prevalence of emotional and conduct disorders among young people in Great Britain aged 11–16 in 2004: by gender
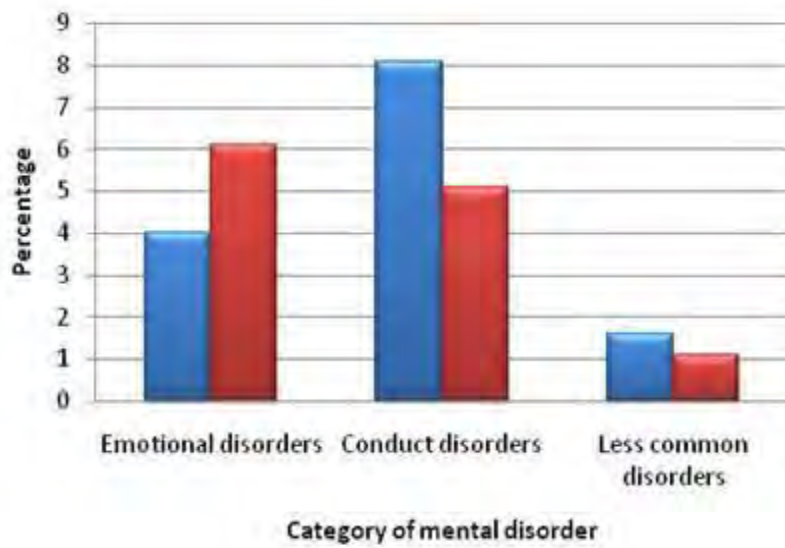
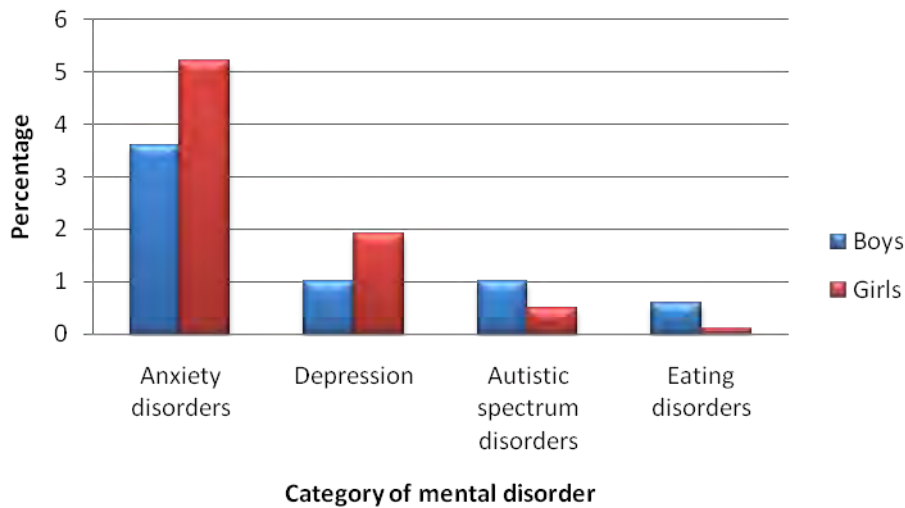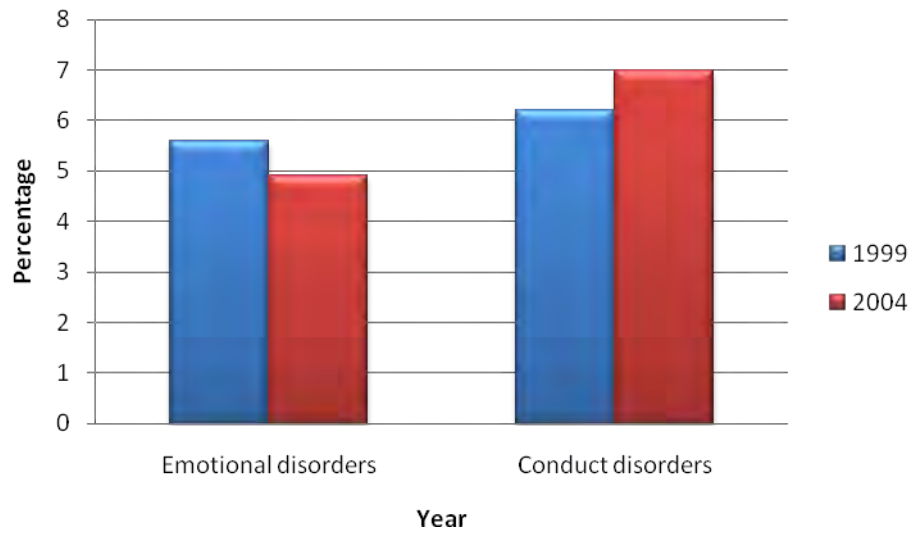**Source:** Green *et al* 2005

Figure 19. Prevalence of specific emotional and conduct disorders among young people in Great Britain aged 11–16 in 2004: by gender

Source: Green *et al* 2005

Figure 20. Prevalence of specific emotional and conduct disorders among young people in Great Britain aged 11-16 in 1999 and 2004

Source: Green *et al* 2005

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Thomas, J., Vigurs, C., Oliver, K., Suarez, B., Newman, M., Dickson, K. and Sinclair, J. (2008) *Targeted youth support: rapid evidence assessment of effective early interventions for youth at risk of future poor outcomes*, London: Institute of Education, Social Science Research Unit, EPPI-Centre (available at www.education.gov.uk/research/data/uploadfiles/DCSF-EPPI-06-08FR.pdf, accessed 20 August 2010).

Turner, D. and Martin, S. (2004) 'Managerialism meets community development: contracting for social inclusion?' *Policy & politics*, vol 32, no 1, pp 21–32.

Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth inclusion and support panels: preventing crime and antisocial behavior* (DCSF research report RW018), London: DCSF (available at www.education.gov.uk/research/data/uploadfiles/DCSF-RW018.pdf, accessed 20 August 2010).

Wiggins, M., Bonell, C., Sawtell, M., Austerberry, H., Burchett, H., Allen, E. and Strange, V. (2009) 'Health outcomes of youth development programme in England: prospective matched comparison study', *British medical journal*, vol 339, p 2534.

Wiggins, M., Rosato, M., Austerberry, H., Sawtell, M. and Oliver, S. (2005) *Sure Start Plus national evaluation: final report, London: Institute of Education, Social Science Research Unit, EPPI-Centre* (available at www.eukn.org/binaries/united-kingdom/bulk/research/2006/5/surestartplus.pdf, accessed 9 April 2010).

World Health Organization (1992) *International classification of diseases and related health problems* (10th edition), Geneva: World Health Organization.

Appendix 1: Research review methods

Apart from reference harvesting and investigation of the suggestions made by the Theme Advisory Group, no further searching for material other than that located by the scoping review was undertaken for the review for the first three research questions. Separate searching was conducted at this stage for the fourth research question on the cost-effectiveness literature. All coding took place on the basis of the full texts of documents.

The review team used a 'best evidence' approach to select literature of the greatest relevance and quality for the review. This entailed identifying:

- the items of greatest relevance to the review questions
- the items that came closest to providing an ideal design to answer the review questions
- the quality of the research methods, execution and reporting.

The team reviewed all priority items and summarised their findings in relation to the review questions. The reviewer also assessed the quality of the evidence in each case. This was done by assigning each priority item a rating of 1, 2 or 3, where 1 represents good quality and 3 represents fair quality. Items were appraised for their reporting of methodology, including sample sizes and population information; and (in view of the applied nature of the review questions) for issues of 'relevance' and 'fit'.

The scoping study had generated a total of 39 items; the more stringent review process resulted in a sample of 30 items. This final sample was predominantly based on UK and US studies, with the majority of studies from the UK. This can be attributed to the significance of the UK (and to an extent, the US) policy and practice context in answering the review questions. Almost all the final sample consisted of original research studies, usually involving a mix of qualitative interviews, surveys and case studies. There was a good distribution of types of empirical literature included (refer to Table 2) with seven studies that were either randomised controlled trials or controlled trials. Included in the review was a 2008 systematic review commissioned by the Department for Children, Schools and Families (now the Department for Education) on the topic of targeted youth support (Thomas *et al* 2008).

Appendix 2: Scoping study process

The study began with the National Foundation for Educational Research and the Theme Advisory Group – a group of experts in youth policy, research and practice – establishing the key questions to be addressed and the parameters for the search (see Appendix 3). The scoping study identified relevant material by searching a range of databases indexing relevant literature. The records from these searches were loaded into an EPPI-Reviewer database and any duplicates removed.

See Table 7 below for an overview of databases searched. Slightly different search string strategies were employed for various databases, as not all databases deal with syntax in the same way. Details of this can be found in the scoping review, *Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development* (Lorenc *et al* 2009) and is also presented in Table 8 below.

The research team undertook an initial screening process of the search results, using record titles and abstracts (where available) to ensure that the search results conformed to the search parameters and were relevant for answering the scoping study questions. Items were excluded if they:

- did not concern a service falling within the scope of TYS, defined as a service that targets young people with multiple needs and seeks to improve outcomes, including any of the following: absence/exclusion from school, crime, drug/alcohol use, teenage pregnancies, poor sexual health, poor educational attainment, homelessness, mental/emotional health problems, low self-efficacy and poor social/coping skills

- did not include people between the ages of 11 and 19 inclusive

- were published prior to 2003

- were conducted in a non-Organisation for Economic Co-operation and Development (OECD) country

- were published in a language other than English

- did not present data on (a) the reach of TYS services, their delivery or implementation, (b) the effectiveness or cost-effectiveness of TYS services for any outcome or (c) the barriers or facilitators of effective TYS services.

The inclusion/exclusion criteria are shown in Table 5.

A proportion of records of doubtful relevance according to the available abstract/title were set aside for later examination. Those studies that did not provide an abstract were retrieved and screened on full text. The database searches were conducted by information specialists at King's College London working with Matrix Evidence. The records returned by the searches were then loaded into the EPPI-Reviewer database, and duplicates were removed. The research team then assessed the remaining items and coded them on the basis of their abstracts in relation to, for

example, type of literature, country of origin, research methods used and relevance to the review questions.

Table 5. Inclusion/exclusion criteria

The following criteria were applied sequentially from the top down:

Inclusion/ exclusion criteria		Guidance
1	**EXCLUDE TOPIC**	Exclude services not targeted to improve outcomes (e.g. absence/exclusion from school, crime, drug/alcohol use, teenage pregnancies, poor sexual health, poor educational attainment, homelessness, mental/emotional health problems, low self-efficacy, poor social/coping skills)
2	**EXCLUDE AGE** (not between the ages of 11 and 19)	Studies that do not specify age, but use terms such as young people and adolescents were included pragmatically.
3	**EXCLUDE YEAR** (not published after 2003)	
4	**EXCLUDE COUNTRY** (non-OECD country)	
5	**EXCLUDE LANGUAGE** (not English)	
6	**EXCLUDE DATA** (not empirical research; does not address review questions)	Exclude data on (a) the reach of TYS services, their delivery or implementation, (b) the effectiveness or cost-effectiveness of TYS services for any outcome or (c) the barriers or facilitators of effective TYS services

After removing 553 duplicates, 3,858 sources were assessed, which led to the exclusion of 3,731 sources.

The content of the **rejected** records included those that focused on:

- adopted children
- policy
- overviews or briefings of the topic
- descriptions of interventions with no indication of outcomes.

A sample of 10 per cent of the included studies (127) was coded by two reviewers independently and any disagreements resolved by consensus. After this, each study was coded by one reviewer only.

Among the included studies, 39 items were classified as key items for the review. An item was deemed 'key' based on an informal appraisal of the study's likely relevance, value and rigour in the context of TYS services research.

The research team retrieved the full text of key items, then extracted data from the key items and coded them in relation to the following:

- relevance to research question or questions

- relevance to cross-cutting issues (integrated services, child poverty)

- country (OECD countries)

- study type (including experimental study with comparison/control, non-experimental study and systematic review)

- main methods (including survey, interviews and focus groups, controlled trial and literature review)

- intervention description (including school setting, community setting and at-home setting)

- study population (at-risk/vulnerable young people: social exclusion, anti-social behaviour and crime, low educational attainment, teenage pregnancy or parenting, drug and alcohol abuse and those NEET).

A sample of 30 per cent of the full-text key items were coded by two reviewers independently and any disagreements were resolved by consensus. After this, each study was coded by one reviewer only. The checks on coding demonstrated a high degree of consistency and reliability in the use of the coding tool. Ten studies were excluded after reading and coding the fulltext and one study was included as a peer-recommended study (30 studies were therefore included in the final review). In all 10 cases, an exclusion decision was subject to further discussion before being resolved.

The process is summarised in Table 6.

Table 6. Summary of different stages

	Stage	Material used
1	Question setting and search strategy	
2	Searching databases for relevant material	(Refer to list of databases in Table 7)
3	All studies entered into EPPI-Reviewer software	
4	Initial screening using inclusion/exclusion criteria	Using title and abstract
5	Included studies coded on abstract (by type of literature, country of origin, research methods, relevance to review questions)	Using abstract
6	Quality Assurance on 10 per cent of coded papers	Using abstract
7	Sources were classified as key items for the review	Using abstract
8	Full text retrieval of key items	
9	Key items were data extracted/coded (by relevance to review question, relevance to cross-cutting issues, country, study type, main methods, intervention description and study population)	Full text
10	Quality Assurance on 10 per cent of key items	Full text
11	Exclusion on full text (by initial inclusion/exclusion criteria)	Full text

The numbers of items found by the initial search, and subsequently selected, can be found in Table 7. The three columns represent:

- the databases searched

- items found in the initial searches

- items considered relevant to the study at second screening by a researcher who had read the abstract and/or accessed the full document.

Table 7. Overview of searches for all topics – effectiveness review

Source	Unique items found	Items identified as included studies/relevant to this study
Databases	3,858	127
AEI	52	0
IBSS	124	3
Social Policy and Practice	298	49
Web of Knowledge	1,858	13
ASSIA	151	4
Community wise	14	0
ERIC	77	3
Scopus	799	31
Social Services Abstracts	447	21
BEI	38	3
Theme Advisory Group and peer-reviewer recommendations (including texts and organisations)	1	0

Note: Duplicate removal was ongoing throughout the process. 127 items represent the included studies based on abstract. The final number of items included for this review was 30.

Table 8. Search strategy

Database Name and host	Strategy Applied
Australian Education Index (AEI) via Dialog	targeted youth support OR tys OR (target* AND support AND (young person OR young people OR adolescen* OR student* OR pupil* OR teen* OR school age OR juvenile* OR minor* OR youth* OR early adulthood OR older child* OR sixth form* OR apprentice* OR young man OR young men OR young woman OR young women OR young male* OR young female* OR young adult))
International Bibliography of the Social Sciences (IBSS) via EBSCO	targeted youth support OR tys OR (target* AND support AND (young person OR young people OR adolescen* OR student* OR pupil* OR teen* OR school age OR juvenile* OR minor* OR youth* OR early adulthood OR older child* OR sixth form* OR apprentice* OR young man OR young men OR young woman OR young women OR young male* OR young female* OR young adult))
Social Policy and Practice (SPP) via OVID	targeted youth support OR tys OR (target$ AND support AND (young person OR young people OR adolescen$ OR student$ OR pupil$ OR teen$ OR school age OR juvenile$ OR minor$ OR youth$ OR early adulthood OR older child$ OR sixth form$ OR apprentice$ OR young man OR young

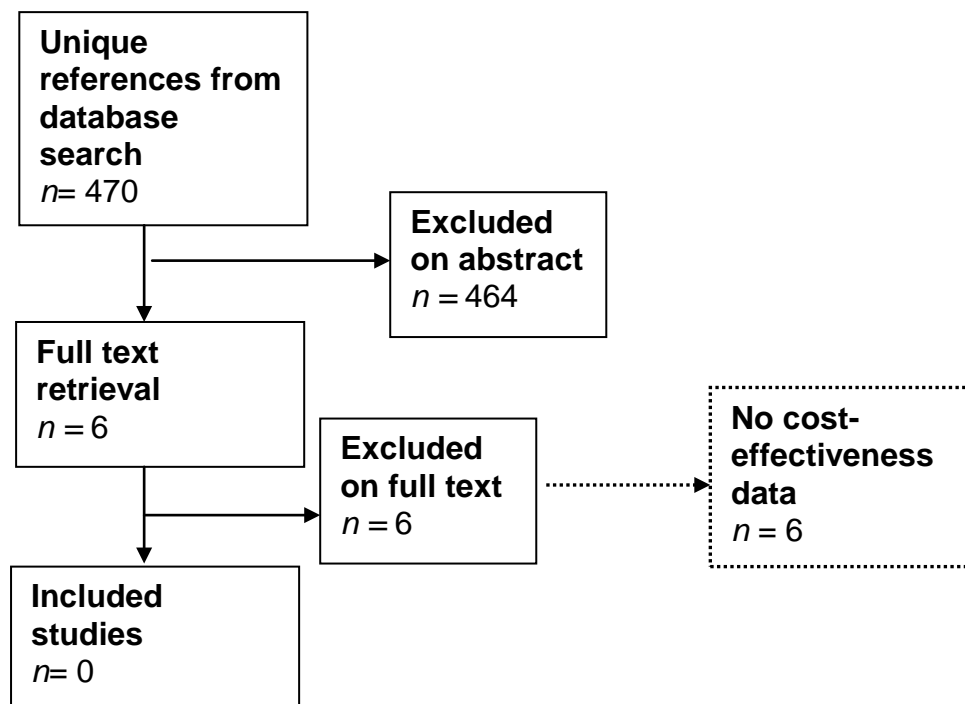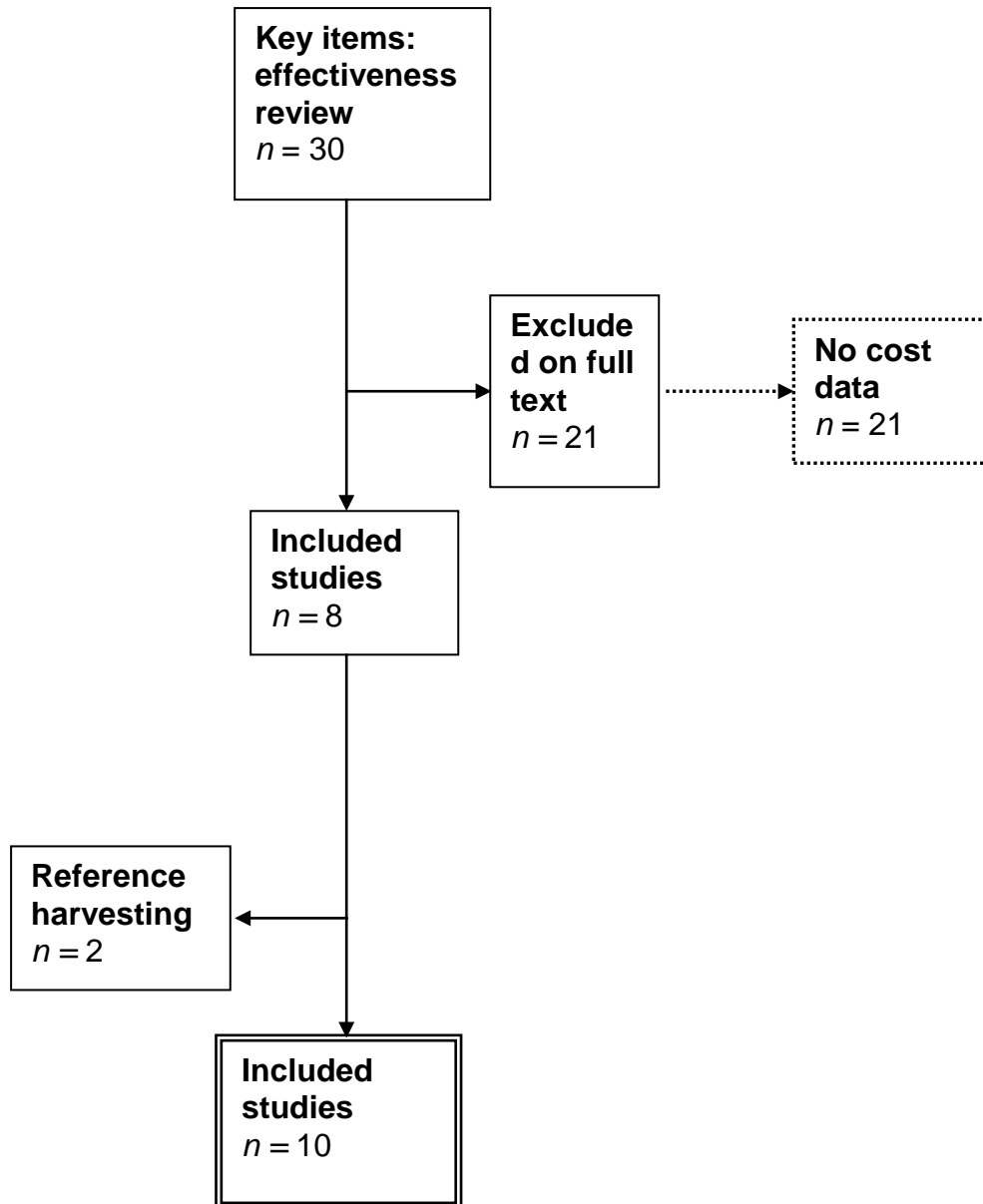|	men OR young woman OR young women OR young male$ OR young female$ OR young adult))
Web of Knowledge via ISI	targeted youth support OR tys OR (target$ AND support AND (young person OR young people OR adolescen$ OR student$ OR pupil$ OR teen$ OR school age OR juvenile$ OR minor$ OR youth$ OR early adulthood OR older child$ OR sixth form$ OR apprentice$ OR young man OR young men OR young woman OR young women OR young male$ OR young female$ OR young adult))
Applied Social Sciences Index and Abstracts via Cambridge Scientific Abstracts (CSA)	targeted youth support OR tys OR (target* AND support AND (young person OR young people OR adolescen* OR student* OR pupil* OR teen* OR school age OR juvenile* OR minor* OR youth* OR early adulthood OR older child* OR sixth form* OR apprentice* OR young man OR young men OR young woman OR young women OR young male* OR young female* OR young adult))
Community Wise via Oxmill	This resource could not handle a full strategy. Searching applied as if hand-searching
Educational Resources Information Center (ERIC) http://www.eric.ed.gov/	targeted youth support OR tys OR (target$ AND support AND (young person OR young people OR adolescen$ OR student$ OR pupil$ OR teen$ OR school age OR juvenile$ OR minor$ OR youth$ OR early adulthood OR older child$ OR sixth form$ OR apprentice$ OR young man OR young men OR young woman OR young women OR young male$ OR young female$ OR young adult))
Scopus via Elsevier	targeted youth support OR tys OR (target* AND support AND (young person OR young people OR adolescen* OR student* OR pupil* OR teen* OR school age OR juvenile* OR minor* OR youth* OR early adulthood OR older child* OR sixth form* OR apprentice* OR young man OR young men OR young woman OR young women OR young male* OR young female* OR young adult))
Social Services Abstracts via Cambridge Scientific Abstracts (CSA)	targeted youth support OR tys OR (target* AND support AND (young person OR young people OR adolescen* OR student* OR pupil* OR teen* OR school age OR juvenile* OR minor* OR youth* OR early adulthood OR older child* OR sixth form* OR apprentice* OR young man OR young men OR young woman OR young women OR young male* OR young female* OR young adult))
British Education Index (BEI) via Dialog	targeted youth support OR tys OR (target* AND support AND (young person OR young people OR adolescen* OR student* OR pupil* OR teen* OR school age OR juvenile* OR minor* OR youth* OR early adulthood OR older child* OR sixth form* OR apprentice* OR young man OR young men OR young woman OR young women OR young male* OR young female* OR young adult))

Flow of literature – effectiveness

```
┌─────────────────┐
│ Unique          │
│ references from │
│ database        │
│ search          │                          ┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ n = 3,858       │                          ┊ EX 1              ┊
└─────────────────┘                          ┊   n = 3, 504      ┊
         │                                   ┊ EX 2              ┊
         │        ┌─────────────┐            ┊   n = 157         ┊
         │───────▶│ Excluded    │            ┊ EX 3              ┊
         │        │ on abstract │· · · · · ·▶┊   n = 4           ┊
         │        │ n = 3,731   │            ┊ EX 4              ┊
         ▼        └─────────────┘            ┊   n = 11          ┊
┌─────────────────┐                          ┊ EX 5              ┊
│ Included        │                          ┊   n = 6           ┊
│ studies         │                          ┊ EX 6              ┊
│ n = 127         │                          ┊   n = 49          ┊
└─────────────────┘                          └ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
         │
         ▼
┌─────────────────┐
│ Selected key    │
│ items           │
│ n = 39          │
└─────────────────┘
         │
┌──────────────────┐                         ┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ Peer-review      │                         ┊ EX 2 (age)        ┊
│ recommended      │◀─────┐                  ┊   n = 2           ┊
│ n = 1            │      │                  ┊ EX 5 (data)       ┊
└──────────────────┘      │  ┌─────────────┐ ┊   n = 3           ┊
                          │─▶│ Excluded    │ ┊ EX OTHER          ┊
                          │  │ on full text│·┊  (summaries or    ┊
                          │  │ n = 10      │ ┊  interim data)    ┊
                          │  └─────────────┘ ┊   n = 4           ┊
                          ▼                  └ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
                 ┌──────────────────┐
                 │ Included studies │
                 │ n = 30           │
                 └──────────────────┘
```
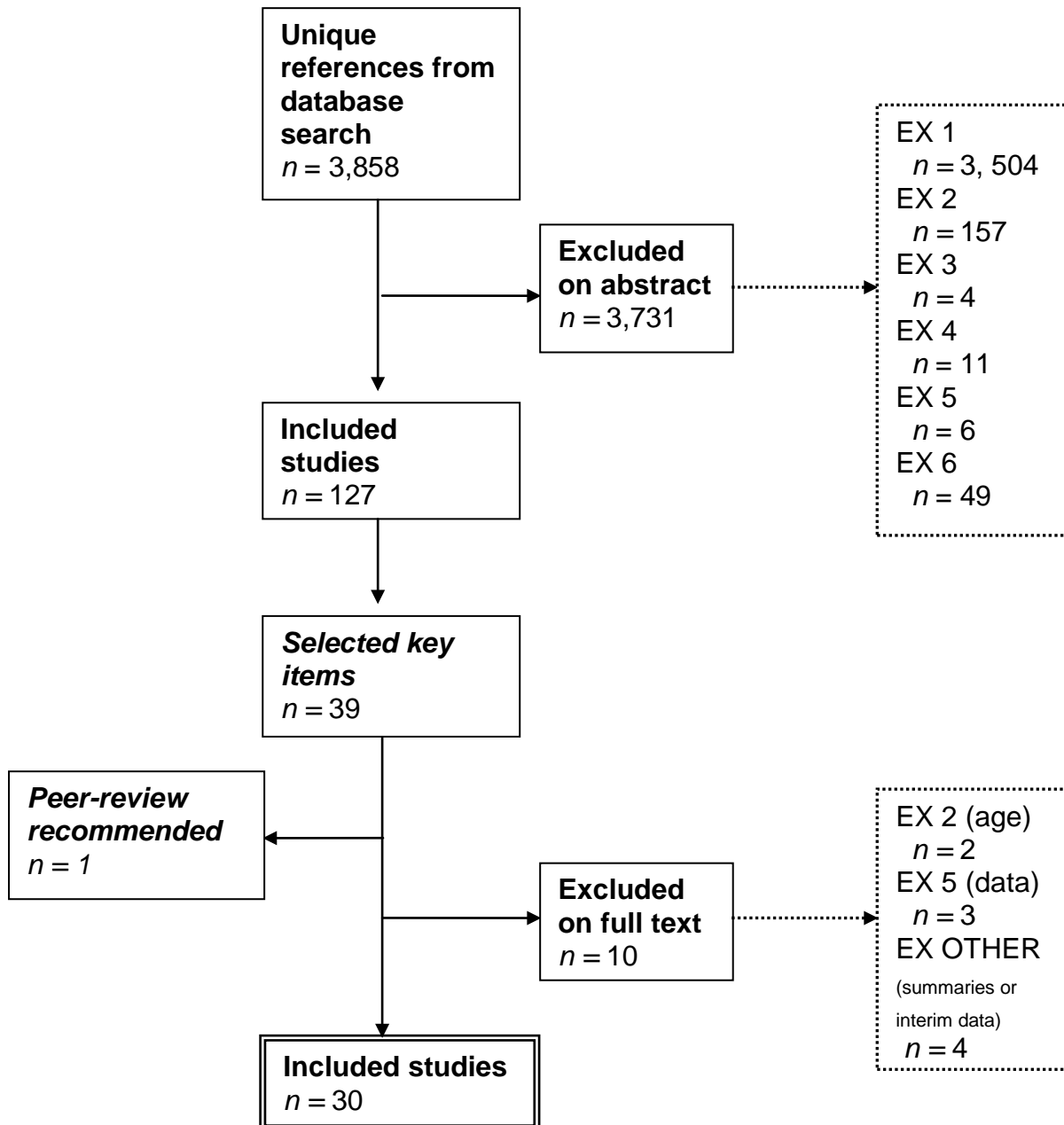
Flow of literature – costs/cost-effectiveness

```
┌─────────────────┐
│ Unique          │
│ references from │
│ database        │        ┌─────────────────┐
│ search          │───────▶│ Excluded        │
│ n= 470          │        │ on abstract     │
└────────┬────────┘        │ n = 464         │
         │                 └─────────────────┘
         ▼
┌─────────────────┐                                    ┌ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ Full text       │                                      No cost-
│ retrieval       │        ┌─────────────────┐         │ effectiveness   │
│ n = 6           │───────▶│ Excluded        │           data
└────────┬────────┘        │ on full text    │·········▶│ n = 6           │
         │                 │ n = 6           │          └ ─ ─ ─ ─ ─ ─ ─ ─ ┘
         ▼                 └─────────────────┘
┌─────────────────┐
│ Included        │
│ studies         │
│ n= 0            │
└─────────────────┘
```

None of the studies were included from the cost-effectiveness search.

Consequentially, the review team searched for general cost data from the final included items in the effectiveness review ($n = 30$).

Key items:
effectiveness
review
n = 30

Excluded on full text
n = 21

No cost data
n = 21

Included studies
n = 8

Reference harvesting
n = 2

Included studies
n = 10

Appendix 3: Parameters document

1. C4EO Theme: Youth

2.Priority: Improving outcomes for young people by spreading and deepening the impact of targeted youth support (TYS) and development

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3. Context for this priority

Local authorities and their partners have had a good deal of support in the development of TYS. Arrangements put in place comprise seven core delivery elements, which collectively are intended to put in place systematic and joined-up prevention, early intervention and support for vulnerable teenagers. Many local authority areas have met the challenge to have these arrangements in place by December 2008, others will do so in the coming months. However, there is a need to deepen the impact and share emergent effective practice across all local authority areas.

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4. Main review questionsto be addressed in this scoping study (no more than five; preferably fewer)

1. Who is eligible for or targeted by TYS services for vulnerable young people, and what is known about the uptake of services and barriers to accessing services?

2. What is the impact of TYS services on desirable outcomes for vulnerable young people?

- Perspectives of young people, parents, carers and providers

- Outcomes to include attendance, exclusion, attainment, entry into training or employment, resilience, emotional wellbeing and a reduction in risk-taking behaviours.

- Cross-cutting issues: child poverty, integrated services delivery, workforce development

- Potential negative impacts and how to avoid them

- Differences between groups of young people with different characteristics.

3. What are the facilitators and barriers of effective TYS services?

- Cross-cutting issues
- Support pathways through and between services, including transitions
- Personalisation
- Differences between groups of young people
- Multi-agency working
- Duration and intensity of interventions.

5. Which cross-cutting issues should be included? (Child poverty; equality and diversity; disability; integrated services; workforce development; change management; leadership; learning organisations)? **Please specify the review questions for cross-cutting issues in this scope**

- Integrated services
- Child poverty
- Workforce development.

6. Definitions for any terms used in the review questions

'Emotional wellbeing' is not just about an individual's sickness or health. It can be about feeling that, whoever you are, you have a chance to get your voice heard, that you can speak out and make an impact on issues that affect your life and your community.

'Targeted youth support' does not refer to a specific delivery model, but rather to a framework based around seven delivery elements of high-quality TYS:

- identifying vulnerable young people early, in the context of their everyday lives
- building a clear picture of individual needs, shared by young people and the agencies working with them, using the Common Assessment Framework
- enabling vulnerable young people to receive early support in universal settings
- ensuring that vulnerable young people receive a personalised package of support, information, advice and guidance, and learning and development opportunities, with support for their parents or carers as appropriate, coordinated by a trusted lead professional and delivered by agencies working well together
- strengthening the influence of vulnerable young people, and their families and communities, and their ability to bring about positive change
- providing support for vulnerable young people across transitions, for example moving on from school or from the support of one service to another as needs change
- making services more accessible, attractive and relevant for vulnerable young people. (*Targeted youth support: next steps*: DCSF 2009, available at http://publications.everychildmatters.gov.uk/eOrderingDownload/Targeted-

Youth-Support_NextSteps.pdf).

All TYS programmes that developed as a result of Every Child Matters are within the scope of this review.

'Vulnerable young people' – 11- to 19-year-olds who are at risk of problems such as substance misuse, youth offending, teenage pregnancy and homelessness. In particular, this is likely to include young people who experience a combination of the following factors:

- persistent absence or exclusion from school

- behavioural problems

- poor emotional, social or coping skills

- poor mental health

- learning difficulties and disabilities

- low self-efficacy

- poor aspirations

- attitudes that condone risky behaviours

- poor family support, family conflict or problems such as parental substance misuse

- poor support networks

- family, friends or involvement in gangs who condone high-risk activities

- living in a deprived neighbourhood poverty. (Based on *Targeted youth support: a guide*: DCSF 2008, available at http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00206/).

7. What will be the likely geographical scope of the searches?
(Work conducted in/including the following countries)

  Europe and other countries (English language)

8. Age range for CYP:

11–19

9. Literature search dates

Start year 2003

10. Suggestions for key words to be used for searching the literature.

11. Suggestions for websites, databases, networks and experts to be searched or included as key sources.

12. Any key texts/books/seminal works that you wish to see included?

13. Anything else that should be included or taken into account?

Please note that a C4EO review on improving the emotional and behavioural health of looked-after children will be published in December 2009. Overlap with this review should be avoided.

Appendix 4: Relevant national indicators and data sources

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Be healthy							
NI50	Emotional health of children	Office for National Statistics –Mental health of children and young people in Great Britain, 2004	National and Government Office Region (GOR)	Ad hoc – around every three years	2004	1999	www.statistics.gov.uk/StatBase/Product.asp?vlnk=14116&Pos=1&ColRank=1&Rank=272
NI50	Emotional health of children	Office for National Statistics – Mental health of children and young people in Great Britain, 2007	National and GOR	Ad hoc – around every three years	2007	1999	www.statistics.gov.uk/cci/article.asp?id=2063
NI50	Emotional health of children	Local Index of Child Wellbeing	Lower Super Output Area	Unknown	2005/01	Unknown	www.communities.gov.uk/publications/communities/childwellbeing2009
NI57	5- to 16-year-olds participating in at least 2 hours per week of high-quality physical education and sport at school	PE and Sport Survey 2008/09	National and GOR	Annual	2008/09	2003/04	www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR168.pdf

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI112	Under 18 conception rate	Office for National Statistics – Conception statistics: England and Wales	England and Wales – GOR and health authority	Annual	2008	2001 – conceptions statistics were published previously as a supplement to 'Birth statistics: Births and patterns of family building England and Wales'	www.statistics.gov.uk/statbase/product.asp?vlnk=15055
NI115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Smoking, Drinking and Drug Use among Young People, 2008	National and GOR	Every two years until 1998 and then annually	2008	1982 (under the name 'Smoking Among Secondary School Children' initially to provide national estimates of the proportion	www.ic.nhs.uk/pubs/sdd08fullreport

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
						of secondary school children who smoked and to describe their smoking behaviour)	
NI115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Health Survey for England – 2008 Trend Tables	National	Annual	2008	1994	www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables
NI115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	MORI Youth Survey 2008: Young People In Mainstream Education	National and GOR	Annual	2008	1999	/www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=437&eP=
NI115	Reduce the proportion of young people frequently using	Getting to grips with substance misuse among young people: the data for	National and GOR	Annual	2007/08	2005/06	www.nta.nhs.uk/uploads/nta_young_peoples_report_2009.pdf

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
	illicit drugs, alcohol or volatile substances	2007/08					
NI115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	DCSF: Local Authority Measures for National Indicators Supported by the Tellus4 Survey 2009–10	National, GOR and local authority	Annual	2009	2006	www.dcsf.gov.uk/rsgateway /DB/STR/d000908/index.sht ml
NI115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Statistics from the National Drug Treatment Monitoring System (NDTMS): 1 April 2008 – 31 March 2009	National and GOR	Annual	2008/09	2001 (data was previously collected by Regional Drug Misuse Databases and published in Departme nt of Health statistical bulletins from 1993 to 2001)	www.nta.nhs.uk/uploads/ndt ms_annual_report_200809_ final.pdf

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI115	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Drug Treatment Statistics, England – Monthly Bulletin December 2009	National	Monthly	December 2009	August 2008	www.statistics.gov.uk/hub/release-calendar/index.html?newquery=*&uday=0&umonth=0&uyear=0&title=Drug+Treatment+Statistics%2C+England&pagetype=calendar-entry
Stay safe							
NI111	First time entrants to the youth justice system aged 10–17	DCSF: Youth Crime: Young people aged 10–17 receiving their first reprimand, warning or conviction, England, 2008–09	National, GOR and local authority	Annual	2008/09	2000/01	www.dcsf.gov.uk/rsgateway/DB/STR/d000895/index.shtml
Additional indicators	Self-reported offending and anti-social behaviour among young people	Home Office –Young People and Crime: findings from the 2006 Offending, Crime and Justice Survey	National	Annual	2006	2003	http://rds.homeoffice.gov.uk/rds/pdfs08/hosb0908.pdf
Enjoy and achieve							
NI87	Secondary school persistent absence rate	DCSF: Pupil Absence in Schools in England: Autumn Term 2008 and	National, GOR and local authority	Annual	2008/09	Unknown	www.dcsf.gov.uk/rsgateway/DB/SFR/s000882/index.shtml

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
		Spring Term 2010					
NI114	Rate of permanent exclusions from school	DCSF: Permanent and Fixed Period Exclusions from Schools in England 2007/08	National, GOR and local authority	Annual	2007/08	1997/98	www.dcsf.gov.uk/rsgateway/DB/SFR/s000860/index.shtml
NI75	Proportion of pupils achieving 5 or more A*–C GCSEs (or equivalent) including English and maths	DCSF: GCSE Attainment by Pupil Characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI87	Secondary school persistent absence rate	DCSF: Pupil Absence in Schools in England, Including Pupil Characteristics: 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000918/index.shtml
NI108	Key stage 4 attainment for black and minority ethnic groups	DCSF: GCSE Attainment by Pupil Characteristics, in England 2008/09	National, regional and local authority	Annual	2009	Trend data available from 2006	www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
NI114	Rate of permanent exclusions from school	DCSF: Permanent and Fixed Period Exclusions from Schools, in England 2007/08	National, regional and local authority	Annual	2008	Trend data available from 1998	www.dcsf.gov.uk/rsgateway/DB/SFR/s000860/index.shtml

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Making a positive contribution							
NI 110	More participation in positive activities	DCSF: Youth Cohort Study and Longitudinal Study of Young People in England: The Activities and Experiences of 17 year olds: England 2008	National	Annual	2008	2004	www.dcsf.gov.uk/rsgateway/DB/SBU/b000850/index.shtml
NI110	More participation in positive activities	TELLUs Survey, 2009	National, GOR and local authority	Annual	2009	2007	www.dcsf.gov.uk/rsgateway/DB/STR/d000908/index.shtml
Achieve economic wellbeing							
NI117	16- to 18-year-olds who are not in education, employment or training (NEET)	DCSF: NEET Statistics – Quarterly Brief	National and GOR	Quarterly	2009	1994 (data prior to this was collected by the Labour Force Survey)	www.dcsf.gov.uk/rsgateway/DB/STR/d000913/

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
NI117	16- to 18-year-olds who are not in education, employment or training (NEET)	DCSF: Participation in Education, Training and Employment by 16–18 Year Olds in England	Local authority and GOR	Annual	2008	1985	www.dcsf.gov.uk/rsgateway /DB/SFR/s000849/index.sht ml

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Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development

This review aims to draw out the key 'what works?' messages on improving outcomes for vulnerable young people through targeted youth support (TYS) initiatives. It addresses three questions, which were set by the C4EO Theme Advisory Group, a group of experts in youth policy, research and practice. These questions are:

- Who is eligible for, or targeted by, TYS services for vulnerable young people, and what is known about the uptake of services and the barriers to accessing services?

- What is the impact of TYS services on desirable outcomes for vulnerable young people?

- What are the facilitators and barriers of effective TYS services?