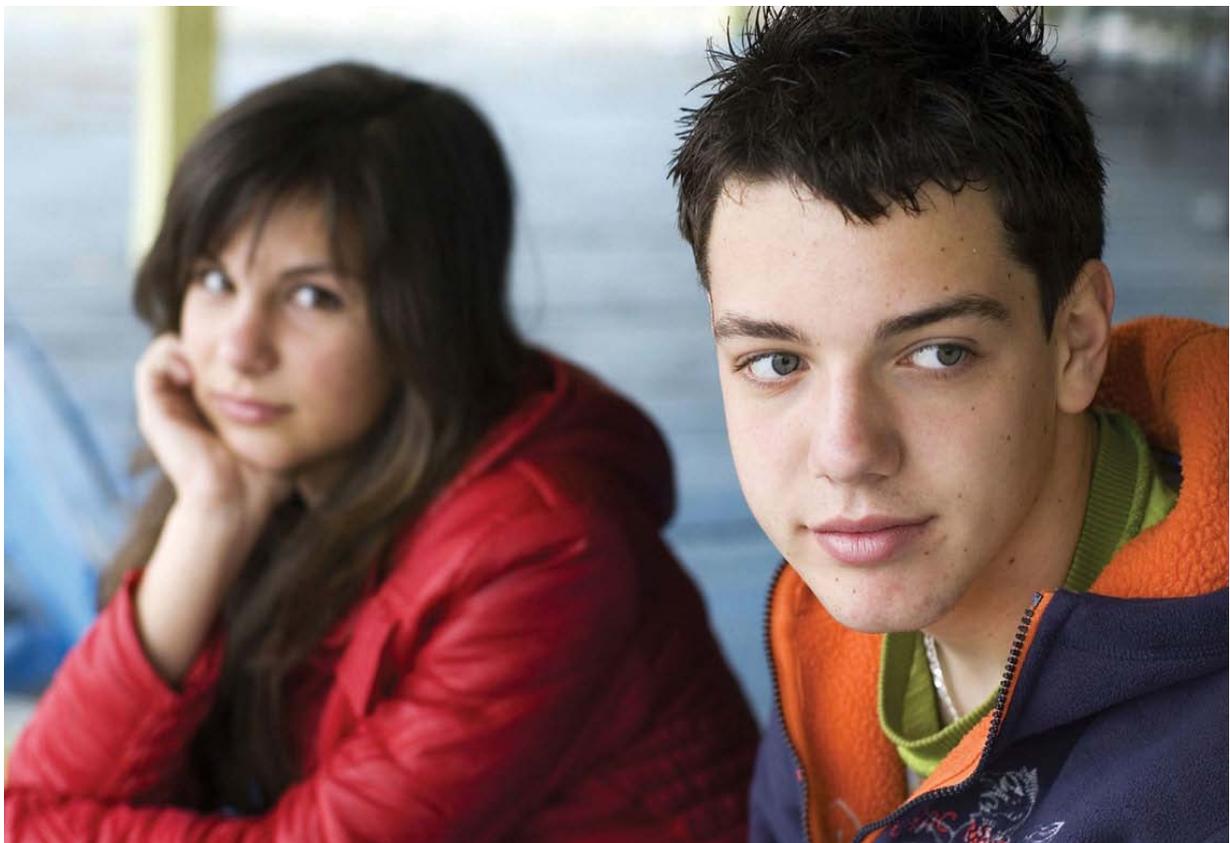YOUTH

KNOWLEDGE 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.

C4EO is funded by the Department for Education.

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

Alison O'Mara (Matrix Evidence)
Farah Jamal (Matrix Evidence)
Angela Lehmann (Matrix Evidence)
Alison Martin (Matrix Evidence)
Chris Cooper (King's College London and Matrix Evidence)

Data annexe:
Karen White and Caroline Bergeron
(National Foundation for Educational Research)

This report is available online at
www.c4eo.org.uk

Centre for Excellence and Outcomes in Children and Young People's Services
(C4EO)
8 Wakley Street
London
EC1V 7QE

Tel 020 7843 6358
www.c4eo.org.uk

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Acknowledgements

Foreword

I am delighted to introduce this knowledge 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 that 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 the 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. C4EO's cost-effectiveness tool will also be of use to leaders and managers who need to assess the cost-effectiveness of local interventions in order to operate within reduced budgets.

Christine Davies CBE

Summary

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

- eligibility and uptake of TYS services
- impact of TYS on desirable outcomes
- facilitators of and barriers to effective TYS services.

The review also looks at the available evidence on the 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.

Reviews on increasing the engagement of young people in positive activities, and reducing alcohol consumption by young people, are also available on the C4EO website.

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

> - The literature review and knowledge workshops both found evidence that many TYS services are effective in the areas of reducing teenage pregnancies; promoting positive behaviours; reducing emotional and behavioural problems, including delinquency/offending, school exclusion and truancy; increasing confidence and motivation in at-risk young people; and can improve family relationships and parental engagement.
> - Barriers and issues around TYS can be grouped into three categories: relationships, resources and research.
>
> **Relationships**
>
> - **Young people** need to trust service providers, teachers and friends to maintain confidentiality and to understand the issues relevant to their experiences.
> - **Young people** want to be able to access services and meet other youth in similar situations, but have concerns about stigmatisation through being targeted for restricted, as opposed to universal, programmes.
> - **Parents** want to be involved in the planning and implementation of TYS services, but need support from service providers to help them participate.

- **Service providers** recognise that multidisciplinary and collaborative working with each other and parents and effective sharing of accurate information about at-risk young people are important for successful TYS services.

- **Schools** have a central role in promoting and sustaining these relationships.

Resources

- **Young people** want services to be available universally, and to be able to access support via social networks and new media as well as more traditional services.

- **Parents** want to be able to access services, but may need incentives or material support such as babysitting or transport to help them attend meetings.

- **Service providers** need to know that funding is available both to maintain the service and to train and support the multidisciplinary team.

- **Costs** of TYS services were infrequently reported and rarely included all costs. Consequently, no firm conclusions can be drawn as to the extent to which these programmes provide a measureable return on public investment.

- **Outcomes** from programmes such as Sure Start Plus seem to be dependent on levels of funding for the programme. Underfunding has been linked to a reduction in benefit for the target group because of delayed start-up and roll-out of services.

Research

- Despite a number of success stories, there is only a weak overall evidence base showing improved key outcomes from TYS, and some evidence that certain programmes can lead to worse outcomes.

- Effective programme evaluation to measure relative costs and benefits is therefore crucial if commissioners are to focus finite resources on programmes that have been shown to be beneficial and cost-effective.

- **Service providers** need training, guidance and support if they are to evaluate services adequately.

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 shows that interventions that 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 and so on) 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 programmes that support their needs), counselling, conducting interventions, community organisation, and policy and practice development. They work directly with vulnerable young people who 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 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 and 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 TYS aims to address.

The evidence base

The introduction of the TYS agenda has undoubtedly led to a rise in the volume of research concerning at-risk and hard-to-reach young people in the UK. However, to provide more effective information to both providers and commissioners, the evidence base would be enhanced through:

- supporting those who deliver services to collect robust performance management data that would enable them to monitor the impact of their services

- developing simple but robust frameworks that would allow service providers to monitor delivery costs and provide commissioners with data on cost-effectiveness

- greater consistency and clarity of thought around theoretical and conceptual frameworks, particularly concerning referral and definitions of 'risk'

- more cross-disciplinary research that bridges the psychological and social issues inherent in TYS

- better understanding of the differing and diverse experiences of young people, including disability, gender, ethnicity and immigration status.

Knowledge review methods

This knowledge review is the culmination of an extensive information gathering process. It builds on a scoping study and research review, the latter of which is available as a separate publication on the C4EO website.

Research literature was identified through systematic searches of relevant databases and websites, recommendations from the Theme Advisory Group, and 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.

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.

The knowledge review contains examples of local practice sent in from the sector, which have been assessed and validated by specialists in the Youth theme using agreed criteria. Full versions of all the practice examples contained within this review, and both validated and promising practice examples published since the review was written, are available on the C4EO website. Evidence was also gathered from service providers during discussion groups at C4EO training events, while evidence from service users was collected via C4EO's Parents and Carers Panel and Young People's Network.

1. Introduction

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

- 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 of and barriers to effective TYS services?

Reviews on positive activities and reducing alcohol consumption among young people are also available on the [C4EO website](#).

The reviews are based on:

- the best research evidence from the United Kingdom (UK) – and where relevant from abroad – on what works in improving services and outcomes for children and young people

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

- the best validated local experience and practice on the strategies and interventions that have already proved to be the most powerful in helping services improve outcomes, and why this is so

- service user and provider views on 'what works' in terms of improving services and outcomes.

C4EO will use the reviews to underpin the support it provides to service providers to help them improve service delivery, and ultimately outcomes for children and young people.

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 criteria for receiving statutory or specialist services but who, without help, are at 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 identified in the subsequent search (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 was 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.

Examples of local practice were sent in from practitioners within the sector. Each example was assessed and validated by specialists in the area of TYS using agreed criteria. Evidence was also gathered from service providers during discussion groups at C4EO training events. Evidence from service users was collected from C4EO's Parents and Carers Panel and Young People's Network.

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 previously agreed 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

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.

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. The key elements of TYS are:

- 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 misuse, 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 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 of 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 suggested 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 (p 6).

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

Fourth, the present review addresses different questions from that of the EPPI-Centre review. The present review looks particularly at uptake, impact, and barriers to 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 report 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 the 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 TYS yielded 470 unique studies, 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.

During the review development and feedback stages, the Theme Advisory Group and other groups identified additional resources of relevance to the topic of TYS. Data on stakeholder views as also added. No additional studies met our inclusion criteria.

The review team searched for general data on TYS programme costs from screening and following up the citations from the 30 final included items in the effectiveness review. Ten studies were identified, of which two were systematic reviews: one by Hahn *et al* (2005) and the other by Romeo *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 of 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 of and barriers to 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, which is important 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

Study population

The population studied in this review were all vulnerable young people between the ages of 11 and 19. The specific characteristics of the population studied were 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.

Half of the studies (15) were conducted in the UK. A minority of studies (8) were conducted in the United States (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 the 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 to and facilitators of 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. What do service users and providers tell us about what works?

The experiences of parents and carers, young people and those providing services to vulnerable young people have much to add to our knowledge of 'what works' in improving outcomes for young people through effective practice.

This section is drawn from group discussions with parents and carers and, separately, with young people and local service providers, to discuss key issues affecting support services for vulnerable young people. It is based on their experiences and opinions rather than the research evidence on which the rest of this review is based.

Stakeholder views were gathered and summarised through a Parents and Carers Panel, two focus groups, consultation with young people, and a series of training events that were held to discuss the findings that emerged from the C4EO research review, *Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development* (O'Mara *et al* 2010).

Key messages

- Service providers generally recognise the need to evaluate what they are providing and monitor intended and additional outcomes. However, they also believe that the difficulties in undertaking adequate and robust evaluation are a key barrier to success.

- Parents and carers want to be more involved in the development, delivery and evaluation of programmes for their children, but need support to do so.

- Parents value being asked about what they think works when new services are being planned.

- Young people have mixed views on the benefits of targeting young people for support services. They see being linked with other young people with similar experiences and problems as helpful, but are also concerned about being stigmatised as part of a targeted group, or, if they were not targeted, of being excluded from services that could help them.

- Young people are most likely to seek support from friends when in difficulty, but also value having access to trustworthy and confidential sources of support.

- Professionals emphasise the value of the referral process and multi-agency collaboration in delivering targeted programmes to young people.

Views from parents and carers

The review questions were the subject of group discussions by the Parents and Carers Panel in London in March 2010 and consultation via email during summer 2010. Parents were also asked to identify any examples of good practice. All the views presented here are from the mothers of young people.

Involvement in targeted programmes and interventions

Parents and carers gave mixed responses regarding the involvement of their children in targeted programmes or interventions. Some parents mentioned that their children were involved in targeted programmes and others reported that they had experienced or heard of other parents who had experienced barriers to accessing such support.

Useful support services identified by parents or carers included a community radio station where young people could volunteer and various learning programmes provided by schools.

Less useful support was mentioned by two mothers. One mother reported that services were provided at her child's school, but she felt that her daughter was excluded from participation due to her autism. She described the programme as 'not inclusive'.

> 'The training is not there and the facilities are not there to make that particular extended school work [because my daughter is autistic].'

Another parent reported that a shortage of funding led to the closure of a teen learning programme that had been provided by the school.

Engaging parents and carers

All parents said that it was important to involve them in support programmes and many provided examples of how they could be better engaged. These included:

- involving them as leaders or co-coordinators of groups or initiatives
- ensuring that meetings are held at times and places that are suitable for parents' schedules
- allowing parents to bring a friend if they are single
- giving incentives
- ensuring that the agencies/people involved in the support process are not the same as those who are involved in any initial 'exclusion' process
- providing training and support (such as through family advocacy services or cultural awareness programmes)
- working with parents by listening to their needs

- building a relationship between parents and teachers

- providing opportunities for parents to get involved in 'fun' activities as well as learning activities.

Barriers to engagement included:

- the perception that programmes are discontinued quickly because of a lack of funding

- programmes that are wholly reliant on parental engagement (since vulnerable children are likely to have the least available parents)

- lack of trust

- too much bureaucracy relating to the selection of parents for participation, the provision of monetary incentives, or health and safety and insurance issues.

Involving young people and parents and carers in planning and monitoring

Mothers interviewed regarding how young people, parents and carers can be further involved in the planning and monitoring of support programmes consistently made two key points:

- Ask them what they think works.

- Provide incentives for participation.

Asking them what they think works

Most parents thought that a programme would work better if their views and the views of young people were fed into the planning process. The benefits from this were thought to include increased sustainability of the programme, and an increased sense of ownership and responsibility for the programme from young people.

Parents said that asking them for input on what works best in service provision should be done by people who have the appropriate skills. One parent mentioned that by doing this, programmes become more sustainable.

> 'In Devon, there's a play park example…. But the lady who did it, she asked all the…, she went round special schools and said what do these, this group of children need and everything else, she went to the local primary school, she went to the local secondary school. She went and spoke to all the youths that were hanging out on the street corners within about a mile radius of where this park was being built, and she said to them 'what do you want?' And they wanted two things, they wanted a shelter, somewhere where they could meet when it's raining, and they wanted a rubbish bin so they could put their cans and bottles…. But they do seem to have taken ownership in as much as there seems to be less vandalism there than other parks locally.'

Provide incentives for participation

Some parents reported that providing incentives could encourage parents to get involved in programmes. Examples were reimbursing transport costs, paying for work done, providing information and providing work experience for parents.

Views from young people

The aim of this consultation exercise was to give children and young people the opportunity to provide feedback about their experiences in order to better understand the issues faced by young people, the reasons why young people are sometimes reluctant to take up support services, and what would be more effective ways of engaging them. The people consulted in this section include:

- 50 Youth4U young inspectors from the following areas: Bromley, Thurrock, Nottinghamshire, Southampton and Sutton

- 12 members of the Skills Development Programme

- nine Young NCB members (YNCB).

Examples of targeted youth projects

Some young people were able to list various targeted services, most of which are mentioned in this review. Examples include FAST Track, The Prince's Trust and Connexions. However, most participants only mentioned groups that may be targeted, such as people with disabilities, people with eating disorders, looked-after children, homeless young people and pregnant girls, rather than the services themselves. Many participants had difficulty listing targeted services, largely because the term 'targeted services' was unknown. The following remark displays one example of how targeted services were perceived: 'religious groups target the non-religious'. Another participant mentioned that one service (Project 9) was 'aimed at nerds'. One group suggested that the services should be more widely advertised in order to increase awareness about what services are available for whom.

Views on targeted services

The young people interviewed provided very mixed responses to the idea of providing activities for specific groups of young people.

The discussion about the **benefits of targeted support** was focused on services for disabled young people. Participants reported that disabled young people would benefit from ring-fenced services because their support needs would be difficult to meet in programmes that included all young people. One participant mentioned that she felt nervous being involved in the same programme as a disabled person because she was scared she would say the wrong thing or offend them. However, another participant reported that disabled people should mix with other groups and that this would be a learning experience for all the young people involved.

Other positive aspects of targeted support included:

- spending time with people who are 'in a similar situation'

- being in a non-stigmatised environment: 'you won't get laughed at' or 'don't feel isolated'

- being provided with 'something more' that some young people felt they needed

- improving self-esteem and self-inspiration

- promoting inclusion

- reducing disruption or bad behaviour

- allowing those in need to progress to 'mainstream' groups

- fostering a sense of awareness for everyone involved

- accommodating race and class differences, which are sensitive and may not be catered for equally by a single service.

A commonly reported **drawback to targeted support** was that it was exclusionary and segregated young people. One participant mentioned that this can cause stereotyping; however, it was mentioned that if there was an explanation for why a group is targeted, it could combat stereotyping. Young people in this group consistently reported that if young people want to participate in any service, it should be available to them.

> 'I don't want to feel different and would not want to be seen going to something that was for one "type" of person. Activities should be available to everyone who wants to go.'

One participant suggested that services could be available to all young people, while still being directed to a specific group.

Other reported drawbacks from targeted services included:

- They are unable to provide services for every group of young people.

- 'Bad kids' are rewarded with activities while others are only given book vouchers.

- They do not allow people to meet others who are different from them.

- They may promote disruptive behaviour.

Sources of support when facing difficulties

Most participants reported that the source of help that they seek when facing difficulties depended on the type of problem they were facing. For example, for issues relating to pregnancy, they would seek help from friends, teachers or doctors, while for shoplifting they would seek help from parents or police officers, but not friends. The most valued aspect of support was that it was anonymous and confidential. Despite this, seeking help from friends was the most commonly reported source of support. In one group, however, some participants thought that the term 'best friends' was used loosely. This may suggest that the participants could not

evaluate the trustworthiness of this source at all times. Interestingly, males were more likely to adopt a 'deal with [it] yourself' attitude to their problems.

Services mentioned as being helpful included various Connexions services, C2U drop-in sessions and ChildLine. However, one participant reported that the procedure to speak to someone using ChildLine was too lengthy. Another participant mentioned that services such as these were government recorded and therefore may not be confidential. A third participant mentioned that counsellors from these services often 'read off a sheet and think they know you'.

Other reported sources of support included the internet, youth support workers, social workers, peer mentors, school nurses, other healthcare professionals, the police, Facebook and Talk to Frank. Additional services that young people suggested would be useful included email support services, telephone and texting services and websites where they could meet other young people in a similar situation.

Few participants reported seeking advice from family members, foster parents or friends of the family. This was because problems were considered "too personal". Some participants mentioned that they would not seek help from anyone at school or doctors.

Views from service providers

Targeting hard-to-reach young people

The referral process was the most frequently reported way to facilitate the targeting of hard-to-reach young people. Service providers made referrals using the Common Assessment Framework, establishing school panels such as a targeted youth support panel or prevention panels that take referrals. Some service providers indicated that the referral process can work best in targeting hard-to-reach young people when referral staff are trained well and by providing one-to-one time for young people who are going through the process. One participant reported that schools have become a less important point of referral due to the shift to a needs-led approach to targeting rather than just focusing on behaviour.

Establishing a team of youth workers was also a frequently reported strategy. One participant noted that the strength of the youth worker teams is that they work in the locality rather than only in schools, which suggests that they have an increased potential to reach more young people and perhaps the most vulnerable of them. Another participant noted as a related strength that youth worker teams operate flexibly, working with families, individuals and multiple agencies.

Multi-agency collaboration was another frequently reported mechanism to facilitate the targeting of young people. Suggested processes of collaboration included multi-agency panels or through providing positive activity packages of support that involve multiple agencies such as the police, Connexions, housing and schools.

Types of programme delivery that have facilitated the targeting of young people include an increased focus on group work activities, school intervention projects and establishing a closer collaboration between universal and targeted programmes.

Many service providers reported that a barrier to the targeting of hard-to-reach young people was the absence of a thorough evaluation process. This suggests that service providers are unable to assess whether the referral process or targeting process is effective. One participant noted: 'There are standardised assessment procedures but no standardised evaluation toolkits'.

Another reported barrier was the problem with positioning a service within the locality. It was difficult to distinguish and frame the relationship between the police, libraries and leisure services and the targeted youth support service, since all the services both collaborate and compete with each other.

One service provider reported that building strong relationships has 'kept academies in[volved]' and another service provider reported that shifting the time or dates of service provision to meet the needs of those involved (for example, Strong Learning Partnership shifted positive activities to Friday and Saturday) has maintained relationships. It was not clear whether these participants were referring to relationships between agencies, local communities, young people or families. None of the participants reported challenges faced when building relationships or how these challenges were managed locally.

Monitoring and evaluating interventions

Service providers reported that evaluation should measure unintended as well as expected outcomes. They also recommended:

- making use of testimonies and case studies
- recording outcomes consistently
- measuring long-term impact and progress
- ensuring that there is little bias in reporting
- asking young people involved in services to report outcomes.

One participant mentioned that it was important to demonstrate where the service can make savings and to ensure that the service is evaluating outcomes in areas where grants are given. Another participant reported that their service made use of the Common Assessment Framework and had produced a version that was easier for their members to use.

One example of monitoring was a service where all vulnerable young people had access to the service's database in order for them to provide feedback of the support offered. This was reportedly a useful way to divert resources when it became necessary. Another reported example of monitoring and evaluation was a service that gathered qualitative evidence from young people about the value of their relationships with youth workers.

Not all service providers thought that evaluation was straightforward:

> 'Youth work is about changing lives – cannot measure intervention in this respect.'
> 'Progress cannot be measured by simply the intervention … you have to take a whole view.'

5. 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 to and facilitators of 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' was 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 and criminal activity) 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 suggested 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; Thomas *et al* 2008) of youth vulnerability were 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) review (see also Turner and Martin 2004) 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
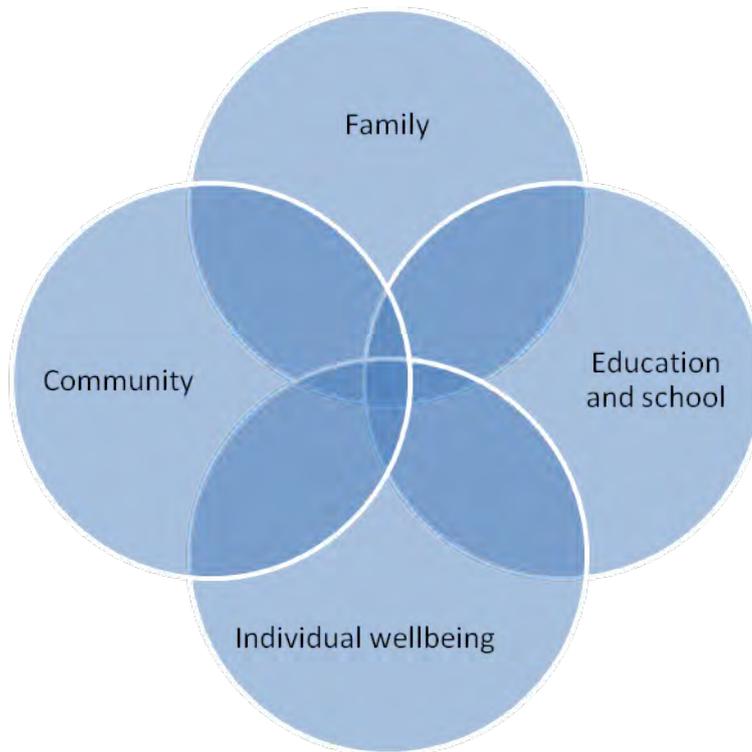
Source: Walker *et al* (2007)

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 (NEET); 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

See Figure 6 in the data annexe for a summary of data on the percentage of young people aged 18 who were classified in 2009 as NEET, by gender, ethnicity, parental occupation and education, free school meals eligibility, disability, qualifications, school exclusions and living arrangements in Year 11.

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.

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

> See Figures 1 and 2 in the data annexe for a summary of data on teenage conception rates for girls aged under 14 to 19 years from 2000 to 2008.

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. Where a healthy relationship between the partners exists, it might be useful to work with the teenage mothers to engage the fathers in the programmes.

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 advisers 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).

Services such as Sure Start Plus 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

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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.

young parents back into education and employment, and undermine the benefits of allowing them the flexibility to find something they enjoy and value' (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) and 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.

> See the data annexe for a summary of data on the percentage of 11- to 18-year-olds who were excluded from school in 2008–09 on a temporary (Figure 3) or permanent basis (Figure 4), by free school meal eligibility (Figure 5).

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 was 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 did 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 groups 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 were also needed.

> See the data annexe for a summary of data on the percentage of young people aged 10 and older who committed anti-social acts in 2006 (Figures 7 and 8) or who reported offending (Figure 9), by frequency of offending (Figure 10), type of offence (Figure 11) and gender (Figure 12).

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 were that more than 60 per cent of those referred were identified as being 'at risk' because of a combination of factors, including where they lived, who they associated with or whether they were 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. They 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 was 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, had to have four or more risk factors. 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

> See the data annexe for a summary of data on the percentage of young people with emotional or conduct disorders by gender (Figure 18), disorder (Figure 19) and in 1999 compared with 2004 (Figure 20).

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 suggested promising improvements in the students' career goal-setting, planning, and 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 included:

- **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,

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

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.

6. 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.

- It is therefore essential that programmes are evaluated, so that resources can be concentrated on programmes that have been demonstrated to be beneficial.

- 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-to-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.

B uilding s tronger families and relations hips

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) suggested that the programme had a positive impact on the quality of young women's relationships with their families and their partners. This data suggested 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) showed 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 multilevel family-based intervention. They suggested that this was 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 and meta-analysis found that cognitive-behavioural interventions produced 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 immediately after the 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 that an intervention would reduce 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 overall 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 2003–06) 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 was 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 was 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* (2006) found that the Quantum Opportunity Programme 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 was effectively targeting some of the most disadvantaged young people. Street-based youth work, combined with the Connexions service, was shown to have a significant impact on those young people's status, 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. They found that all participants made progress towards each of their goals and were satisfied with the support provided.

The Cambridgeshire UProject is an example of a successful programme that aims to improve social skills and confidence in young people at risk of becoming 'not in employment, education or training' (NEET). More details are given in the validated local practice example below.

Validated local practice example

The Cambridgeshire UProject

The project engages young people aged 15 to 18 who are at risk of becoming 'not in employment, education or training' (NEET) by providing a variety of group activities, including an intense residential experience. The activities help to develop the young people's social skills and improve confidence in planning for the future. Participation leads to a nationally recognised accreditation and enables youth workers and Connexions advisers to better understand young people's needs.

Young people are referred through a number of agencies to the programme if they have been identified as having poor school attendance and truancy, school exclusion, anti-social behavior, mental health issues, involvement in crime or at risk of offending, family problems, deprivation, or residence in a rurally isolated area. The programme provides one team day and a three-day residential and celebration event. Young people participate in a range of outdoor adventure activities (e.g. canoeing, sailing, high ropes) that encourage them to work as a team, solve problems, set goals and improve interpersonal skills. Upon completion, participants are given the ASDAN Activities Award in recognition of the skills gained at the residential course. For many participants, this is their first academic accreditation.

Ninety per cent of participants transfer to education, employment or training after the programme. All participants felt that they were involved in decision-making and that workers had listened to them. The residential component of the programme was the most life-changing feature, according to participants and workers. Participants had the opportunity to return as volunteer Peer Leaders and complete their Entry Level in Youth Work or participate in extension projects to develop their skills further.

Multiple points were noted that were imperative for the programme's success, including identifying and building relationships with relevant young people at the start of the programme; establishing a project co-coordinator with a project plan; developing early commitment from locality managers; ensuring ongoing commitment of staff (e.g. by sending texts or by telephone calls); maintaining county council funding; and the provision of extended projects to continue development.

Reducing teenage pregnancies and supporting teenage parents

Reducing teenage pregnancy and supporting teenage parents emerged as a strong theme within the literature. Nevertheless, the published 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). An example of one multi-component intervention aimed at preventing teen pregnancy, Teens and Toddlers, is described in the validated local practice example below.

Validated local practice example

Teens and Toddlers

Teens and Toddlers is a multi-component intervention comprising a youth development programme, which aims to raise self-esteem, aspiration and educational attainment, and a teenage pregnancy prevention and sexual health programme.

The process of inclusion commences by schools identifying young people at risk for teenage pregnancy through risk assessment. The programme consists of a 20-week course, one afternoon a week, consisting of three elements: (1) one-to-one contact between a teenager and a pre-school child, whom they mentor; (2) personal development sessions on topics of effective parenting, anger management, sexuality and relationships, and child development – this culminates in an accredited National Award in Interpersonal Skills, Level 1 (NCFE); and (3) counselling and life-coaching sessions.

Data from 254 participants found a reduction in teenage conceptions, with 95 per cent of participants aged under 16 and 93 per cent of under-18s not becoming pregnant over the following two years. Other positive outcomes identified from the programme included an increased ability to take responsibility and capacity to make individual decisions; learned non-violent ways of self-assertion; and increased motivation and educational engagement. The programme also strengthened the relationships with schools, children's centres, youth workers and other agencies through its multi-agency approach.

Effective communication between the agencies involved was said to be key to the smooth running of the programme. Sufficient planning time needs to be built into the initial lead time to ensure effective delivery of the programme.

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 (a 27 per cent pregnancy rate in the following 12 months, compared with a 47 per cent pregnancy rate in the usual care group). 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 findings of the knowledge review add to and reinforce the results of the research review on TYS, and show that this is a complex topic where success is not guaranteed.

At-risk young people and their parents and carers have mixed views about the benefits of being targeted for support. Participants value mixing with others with similar experiences and problems, where they can be supported by peers who understand them. However, if the targeting is not done sensitively, participants can feel stigmatised from membership of a 'problem' group. There can also be a perception that, by targeting certain at-risk groups, others who may benefit from the programme might be excluded. It is unclear whether relaxing the criteria for inclusion into TYS programmes would allow more young people to benefit, and whether the

gains for the newly included young people would be at the cost of a diluted benefit for the highest-risk groups who might have the most to gain from participation.

We found little evidence to clarify what motivates at-risk youth and their parents or carers to participate in different TYS programmes. It is therefore unclear what factors are necessary to overcome possible stigmatisation and exclusion, so that as many young people as possible can benefit from effective services. However, parents and young people value being asked what they think about services, and it therefore seems sensible to seek their thoughts and ideas about what works when planning new TYS programmes.

In general, TYS has been shown to improve outcomes for at-risk young people, although the size of the benefit has not been well reported, especially in the UK literature. Programmes have been found to reduce anti-social behaviour and increase participation in educational programmes and skills training. Some programmes, such as the Teens and Toddlers validated local practice reported in this section, have shown a reduction in teenage pregnancy rates and increased support for teenage parents.

The literature also demonstrates that programmes can have unintended but positive effects on participants in addition to the key outcomes being measured. For example, interventions aimed at promoting behavioural changes also tend to increase confidence, motivation or emotional wellbeing in participants; and interventions aimed at reducing teenage pregnancy tend to increase autonomy and confidence, whether or not a reduction in teenage pregnancy is achieved.

However, not all the unintended outcomes from TYS programmes are beneficial. One large UK programme, focused largely on providing sex education to young people thought to be at high risk of pregnancy, found a significantly higher pregnancy rate in the intervention group than the control group. The impact of a programme depends on the way in which interventions are both designed and delivered. Important in this respect are encouraging discussion, building effective relationships, and paying attention to participant views and reflecting those views in the programme design.

The research and stakeholder views identified in this review suggest that planned discussions with participants should be an integral part of any programme. The outcomes of these discussions should then be incorporated into the design and delivery of the programme so that the target groups feel positively about participating.

Finally, while service providers recognise that they need to systematically evaluate their services, they believe that they are hampered in their efforts by a lack of necessary technical expertise. If service commissioners are going to make consistent use of evidence to inform their decisions on what to fund, it is essential to develop tools to enable and support service providers in collecting robust data on both costs and the impact of TYS services.

7. Facilitators of and barriers to the effectiveness of TYS

This section reviews what we know about the facilitators of 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 reviewed literature predominantly advocated focusing the programme on the specific needs of the participants to facilitate effective services. This was further supported by frequent calls for flexible programme structures, which could be tailored to the needs of the participants. Other facilitators of effectiveness 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 was 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.

Frequently cited barriers to the successful implementation of TYS included:

- the pressure to meet policy targets that might be inconsistent with young people's needs

- difficulties in scheduling meetings so that young people and parents can attend

- inadequate evaluation data on what works and how much services cost.

Facilitators to successful TYS services included:

- tailoring flexible services to the needs of the young people and their families

- an adequately trained multidisciplinary team of service providers with good relationships with each other and service users

- adequate resources to run services

- positive involvement of parents and peer groups

- starting the support early to prevent risk factors from becoming intractable.

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 to and facilitators of 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 management systems	Structural	5
	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
	Matching of 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 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; Rodger *et al* 2007; Palmer and Kendall 2009). 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 advisers, 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 the 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 was 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) noted 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 of 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 was 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 have hindered attempts to start interventions earlier.

Perceptual barriers and facilitators

The positive attitudes of participants were 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 were 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.

One programme that has successfully used a whole-team approach is 'Time Out', described in the validated local practice example below. The programme tailors

activities to the individual needs of young people within or at risk of entering the care system, so that their foster carers are supported and less likely to withdraw from offering care.

Validated local practice example

Time Out

Since 2004, Dreamwall has been implementing a programme with 182 young people within, or at risk of entering, the care system. The aim of the programme is to improve placement stability by providing carers with planned breaks from fostering responsibilities, and to reduce the financial burden of respite care for Southampton City Council by decreasing the number of requests for respite at 'crisis' points. Essentially, it provides an alternative, regular and less stigmatising form of respite for carers and young people in order to prevent carers from leaving the service as result of discontent or 'burnout'.

Each young person at risk of placement breakdown is provided with a four-day residential activity break during the summer, and a subsequent package of 12 weekends throughout the year. Activities include informal outdoor team games, sports, drama workshops, crafts, cooking and group discussions. Important to the programme functioning is that each residential trip is individually tailored according to the interests of the group and therefore young people are grouped together according to their shared interests.

Southampton City Council had experienced a reduction of 95 per cent in the number of foster carers leaving its services and placement stability within foster care improved by 29 per cent. When comparing GCSE results, programme participants had better educational performance than other children looked after in England over the past three years.

Key to this success was integrating young people's needs and interests into suitable activities, and making use of the whole system approach by establishing good relationships between front-line staff, management and commissioners. Although Dreamwall contributes to the whole system, it was effective and efficient for it to only have direct links with one statutory team, the foster care service.

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. However, matching staff skills with participant needs may be 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).

Peer-to-peer programmes 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 a 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 was also evidence, mostly coming from reviews of the literature, that interventions of longer duration or higher intensity were 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 to and facilitators of 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.

8. 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.

- Outcomes from programmes such as Sure Start Plus seem to be dependent on levels of funding for the programme.

- Some studies reported concerns about underfunding and the uncertainty of future funding. Such underfunding has been linked to delayed start-up and inadequate roll-out of programmes, and therefore to reduction in benefit for the targeted groups.

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 are 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) underfunding 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.

9. 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 stakeholder views reported in the knowledge review reflected the complexity of the issues. Many parents and carers wanted to be involved in planning and delivering services for the young people in their care, but needed support to do so, and service providers also struggled to get all parents engaged in the available programmes. Young people felt that many services improved their self-esteem and confidence, but generally feared the stigmatisation and potential adverse consequences from being targeted for support.

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 associated with the 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 Kendall 2009).

A variety of effective intervention types were identified, including:

- one-to-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 Kendall 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 view was echoed in those of stakeholders who contributed to the knowledge review.

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 findings from the evidence and knowledge reviews 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. The stakeholder views reflected the importance of evaluating programmes to make sure that they were having positive effects, and some stakeholders reported examples of how this had been achieved.

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. The variety of problems covered under the TYS agenda makes data collection challenging, as many of these issues 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.

In this data annexe we present national data about some of the issues TYS aims to address, 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 levels).

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 2008/09 (DfE 2010a).

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 (DfE 2010b). It also annually publishes the Statistical First Release *Participation in education, training and employment by 16-18 year olds in England* (DfE 2010c), 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 (DfE 2010d) 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 nationally 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). Local authorities can access information about the number and rate of young people entering the criminal justice system for the first time in their area from the publication *DCSF: youth crime: young people aged 10–17 receiving their first reprimand, warning or conviction, England 2008–09* (DCSF 2009c).

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* (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 2009 (Fuller and Sanchez 2010). 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 offers a clearer picture of how many young people may be dependent on these.

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
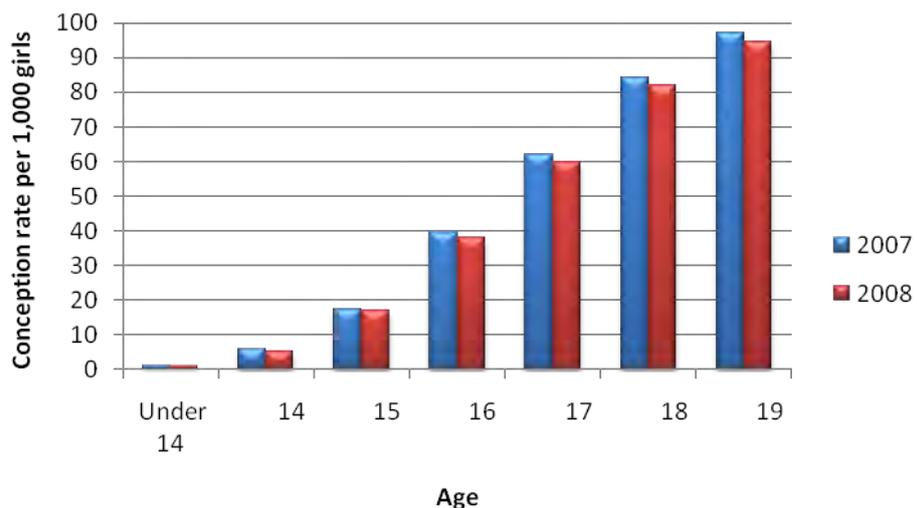
age

Source: ONS 2010

Figure 2. Rate ... between ...
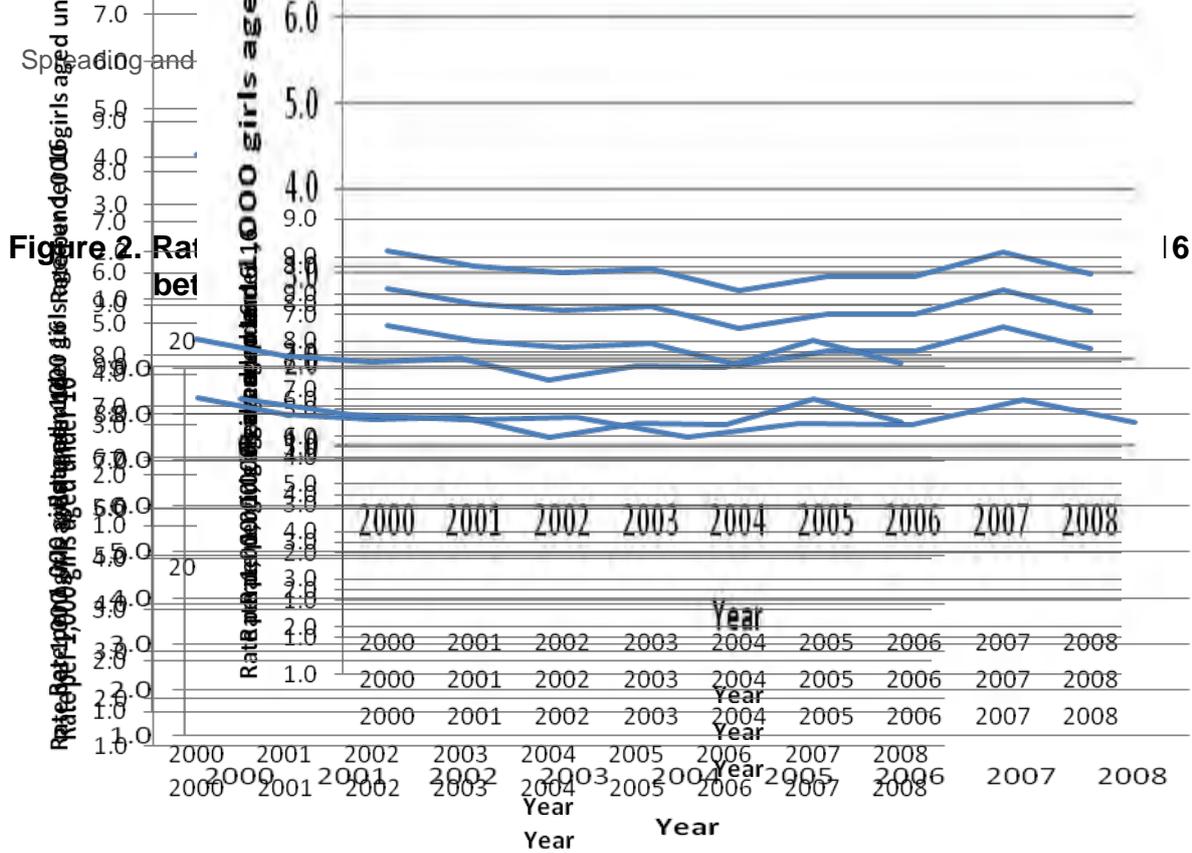
Source: ONS 2010

Exclusion from school

There were 363,280 fixed period exclusions and 6,550 permanent exclusions from state-funded secondary schools in 2008/09, according to data from the Department for Education (2010a). 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) (although proportionally fewer pupils eligible for free school meals received a fixed term exclusion in 2008/09 than in 2007/09 (DCSF 2009a).

In general, a higher proportion of young people aged 11–15 were excluded from school than those aged 16–18, 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 who were subject to a fixed period exclusion in 2008/09: by age and gender
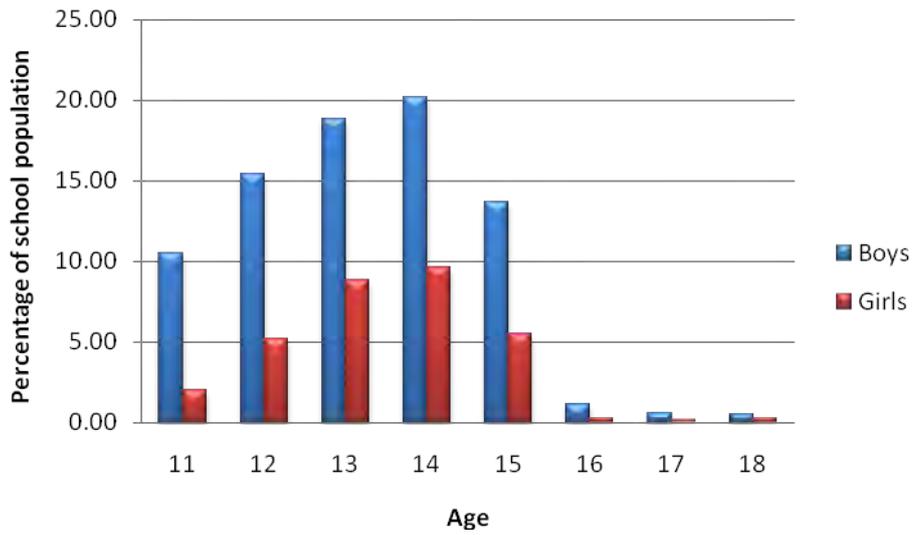
Source: DfE 2010a

Figure 4. Proportion of the school population who were permanently excluded in 2008/09: by age and gender
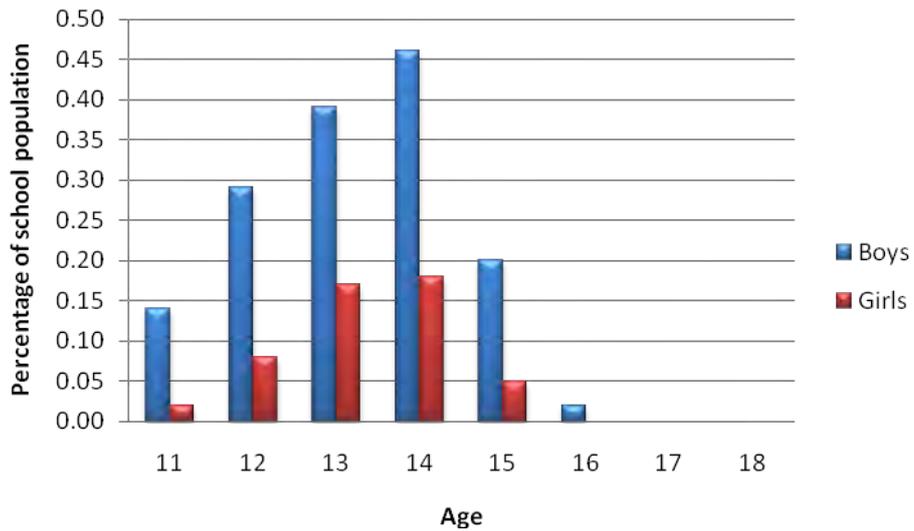
Source: DfE 2010a

Figure 5. Permanent and fixed period exclusions in secondary schools in 2008/09: by eligibility for free school meals (FSM)
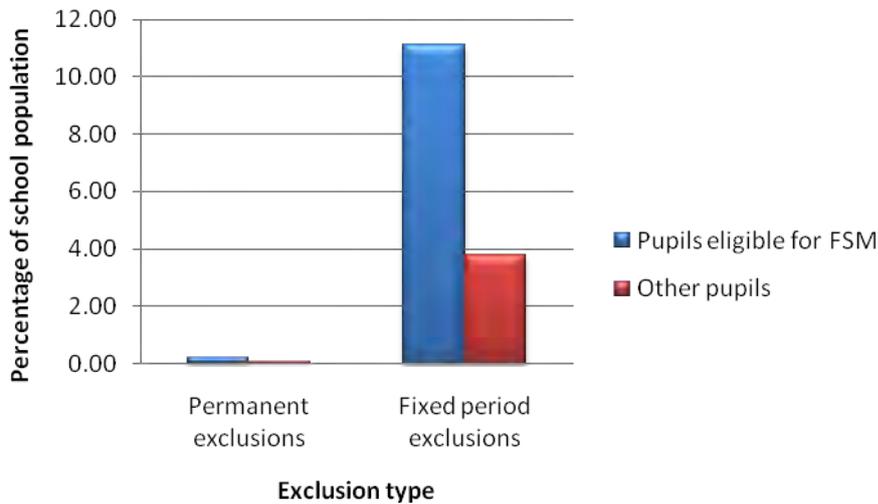
Source: DfE 2010a

Young people who are NEET

Quarterly NEET statistics for July to September 2010 showed that around one in 10 young people (14 per cent) aged 16–18 were NEET (DfE 2010b) – an increase of 0.4 percentage points in comparison to the same period in 2009. Figure 6 shows the characteristics of young people who were NEET in 2009 (DfE 2010d). Proportionally more young people from disadvantaged backgrounds were NEET at age 18 in comparison to their peers. For example, around one-third (29 per cent) of young people who were eligible for free school meals were NEET at age 18 in comparison to 13 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 (16 per cent) and girls (14 per cent) were NEET. In terms of ethnicity, young people from an Indian, Other Asian or a Black African 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 18. Proportionally more young people with disabilities (22 per cent) were NEET than those without disabilities (15 per cent). Young people's attainment and engagement with school also seemed to be associated with whether or not they became NEET. For example, nearly half (47 per cent) of the young people who had been permanently excluded while at school were NEET at

age 18. By comparison, only 14 per cent of young people who had never been excluded from school were NEET.

65

Figure 6. Proportion of 18-year-olds, by various subgroups, who were NEET in 2009
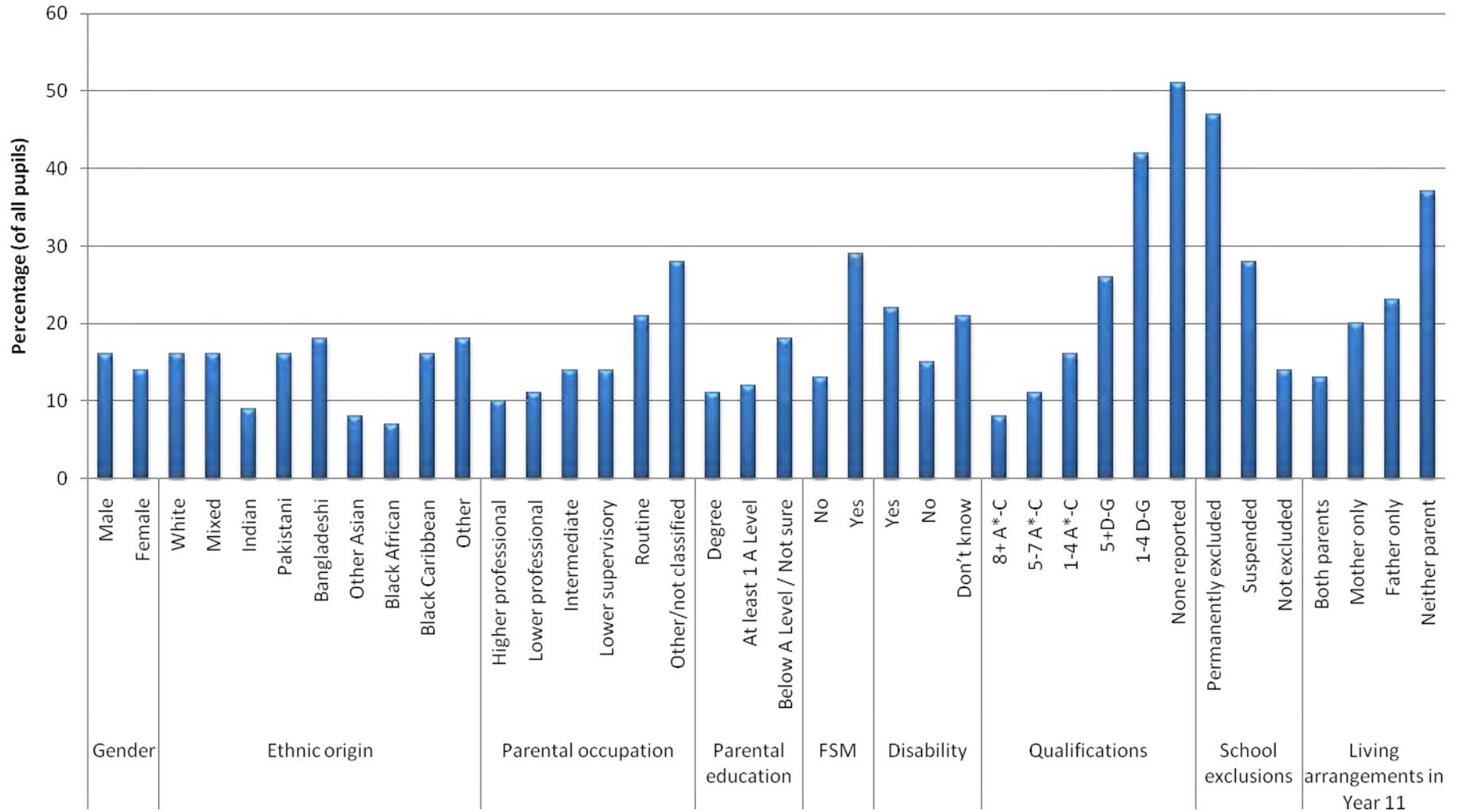

Source: DfE 2010d

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 a 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 8 shows that, for both genders, the proportion of young people engaging in anti-social 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
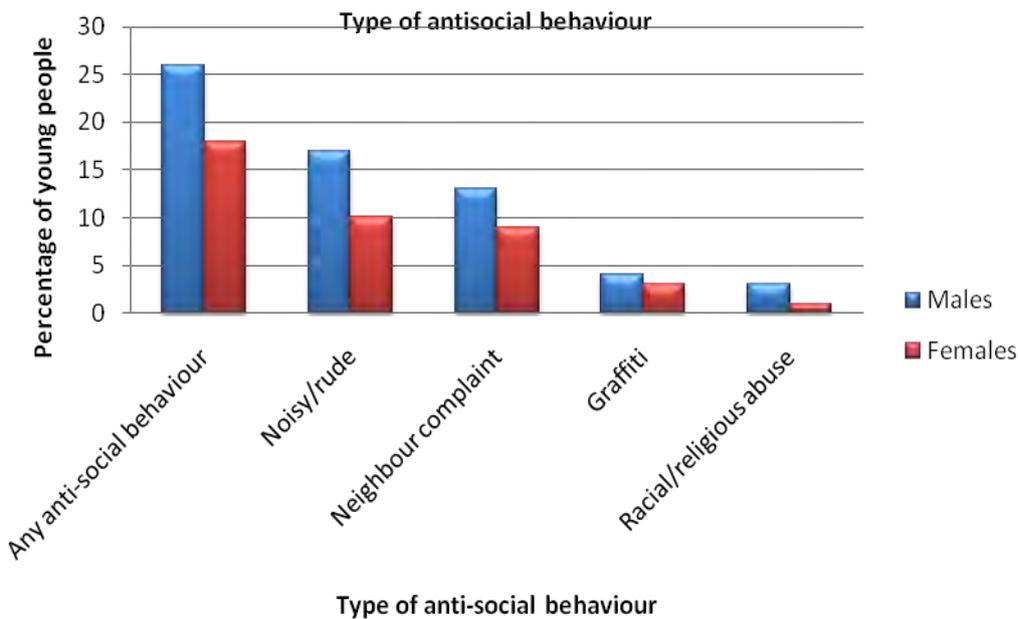
Note: 'Any anti-social behaviour' includes being 'noisy/rude', acting in a way that caused a neighbour to make a complaint, graffiti and racial or religious abuse.

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
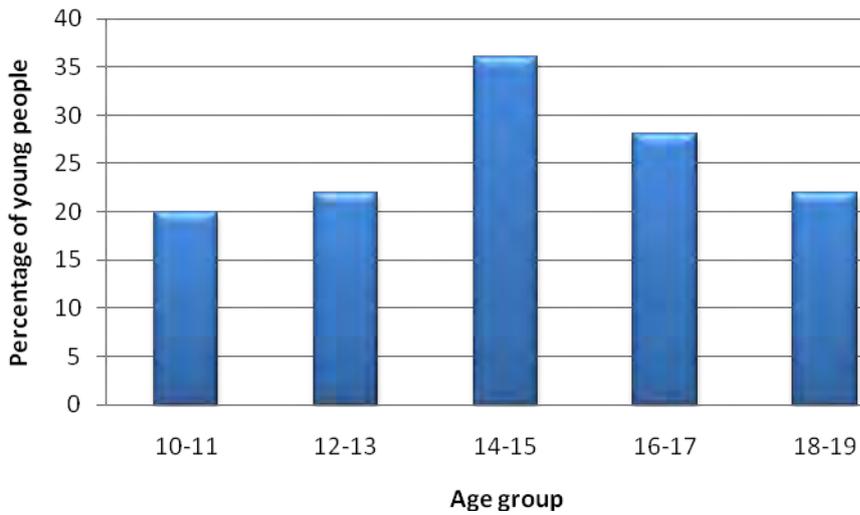
Source: Roe and Asche 2008

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
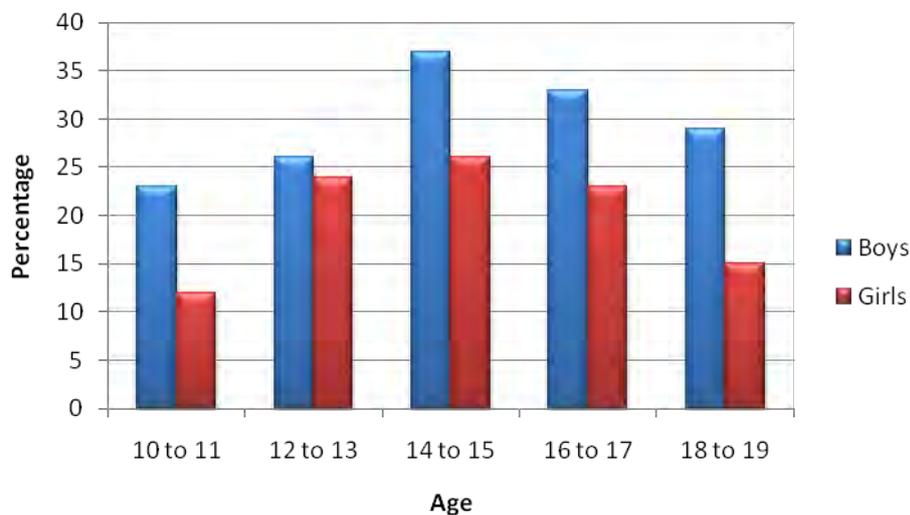
Source: Roe and Asche 2008

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
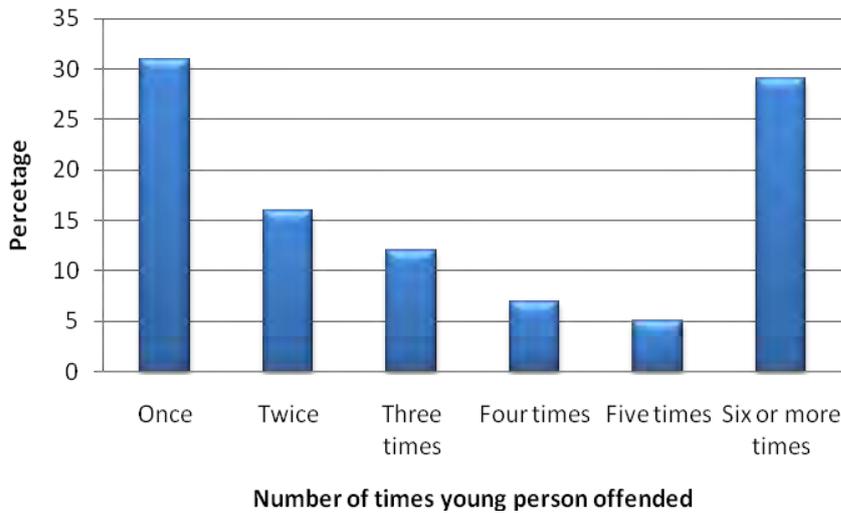
Source: Roe and Asche 2008

Figure 11. Frequency of offending in the previous 12 months among young people who had committed specific offences in 2006
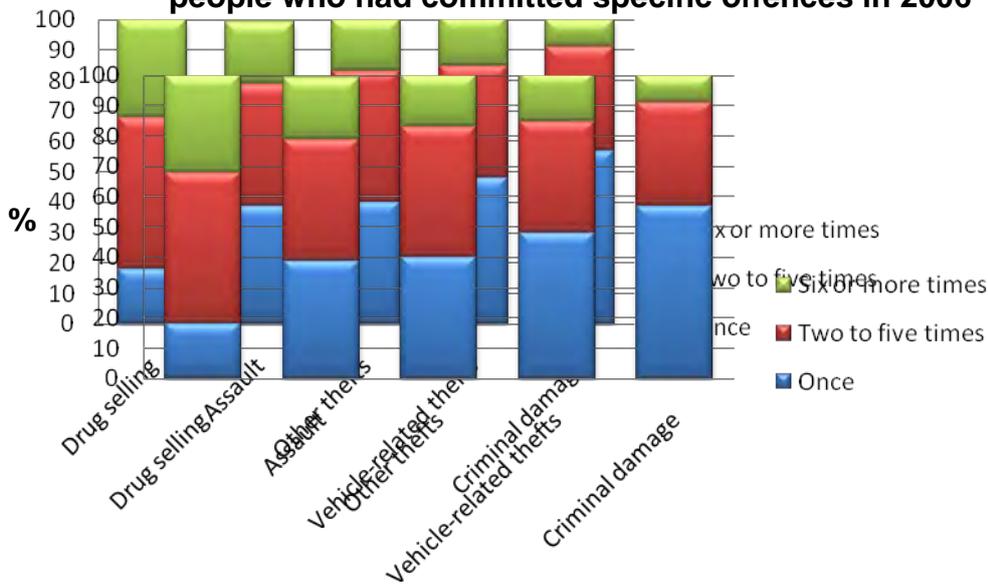
Source: Roe and Asche 2008

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 20 (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
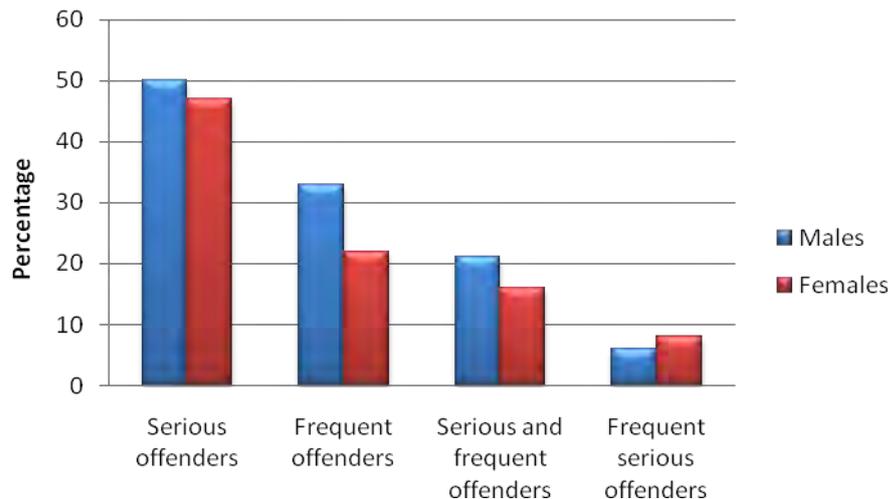
Note: Percentages do not add up to 100, as young people could be in more than one category.

Source: Roe and Asche 2008

Drug and alcohol use

In 2009, 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 10 (72 per cent) reported that they either did not drink alcohol or only did so a few times a year. Similarly, eight in 10 (82 per cent) stated that they had never taken drugs. Only a minority (6 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 usual frequency of drinking alcohol in 2009
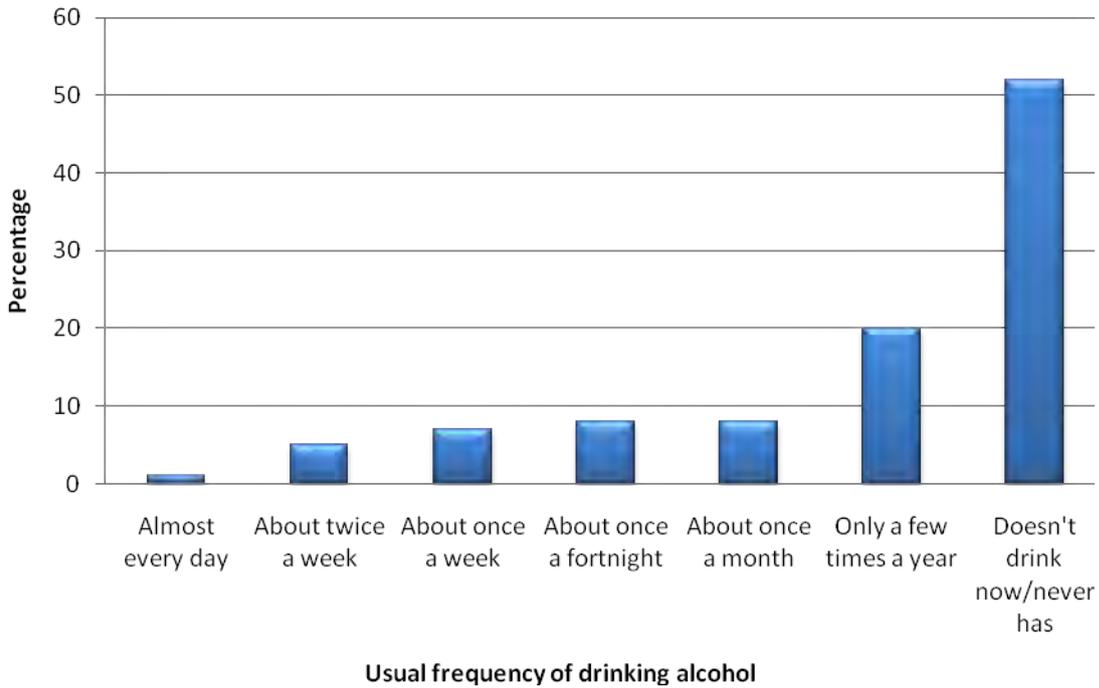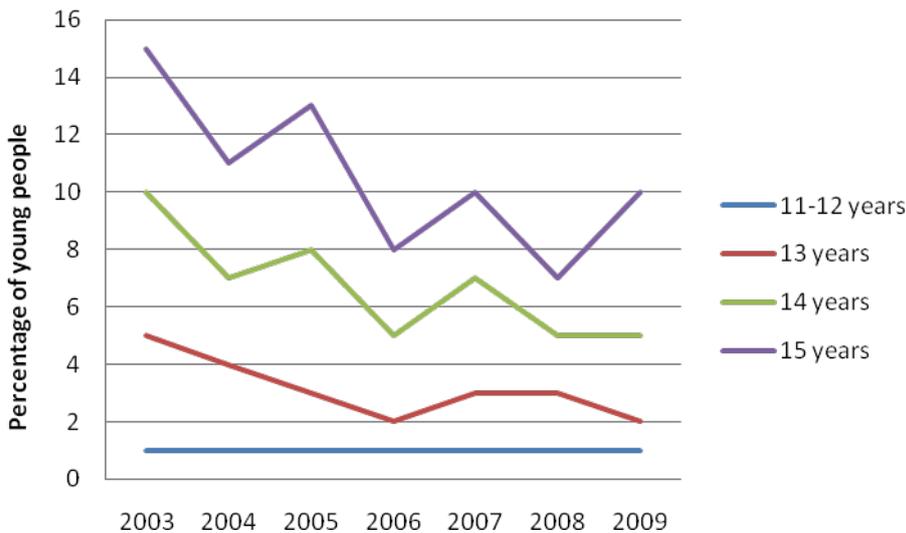

Source: Fuller and Sanchez 2010

Figure 14. Young people's self-reported frequency of drug use in 2009
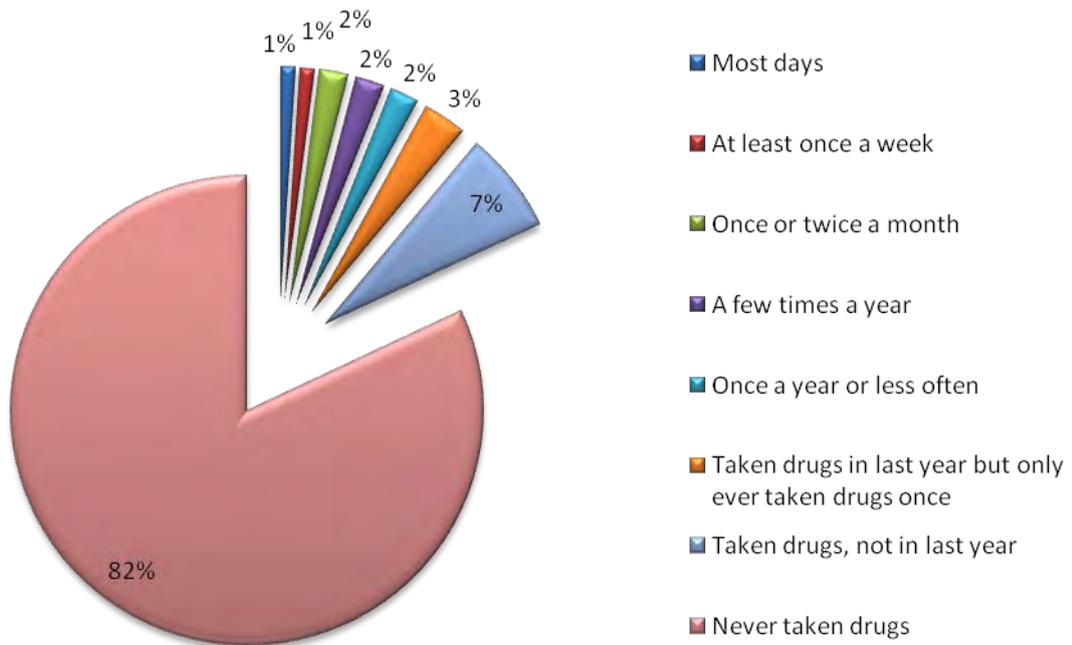
Source: Fuller and Sanchez 2010

Drug use among young people aged 11–15 in 2009 was most prevalent among 14- and 15-year-olds (see Figure 15). Ten 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, although there was a slight increase again in the prevalence of this in 2009.

Figure 15. Proportion of young people aged 11–15 who report usually taking drugs at least once a month, 2003 to 2009

Source: Fuller and Sanchez 2010

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).
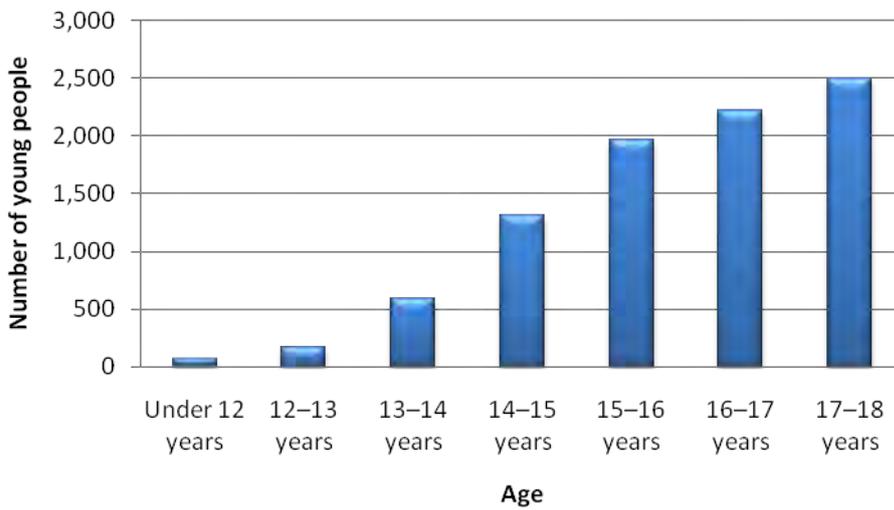
Figure 16. Numbers of young people in treatment for substance misuse 2008/09: by age
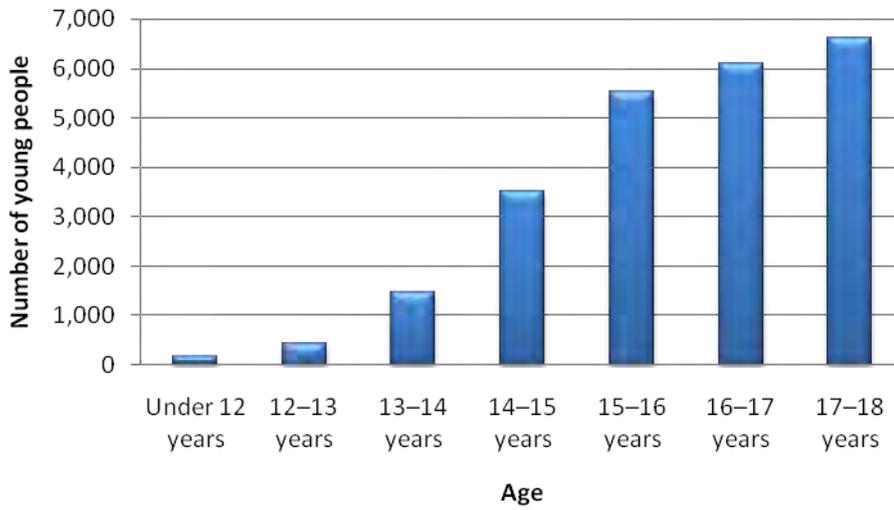
Note: Substance misuse includes drugs and alcohol.

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 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
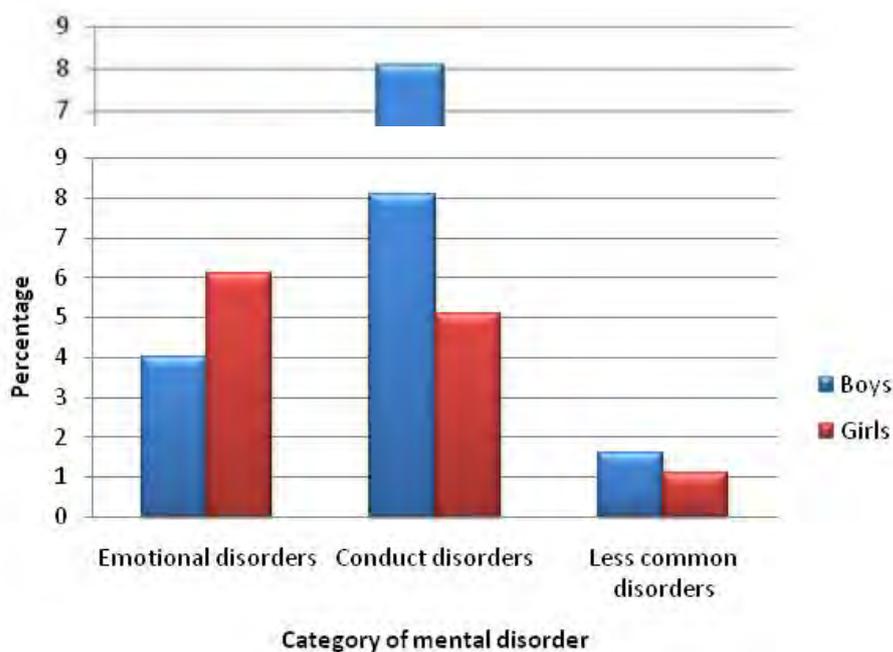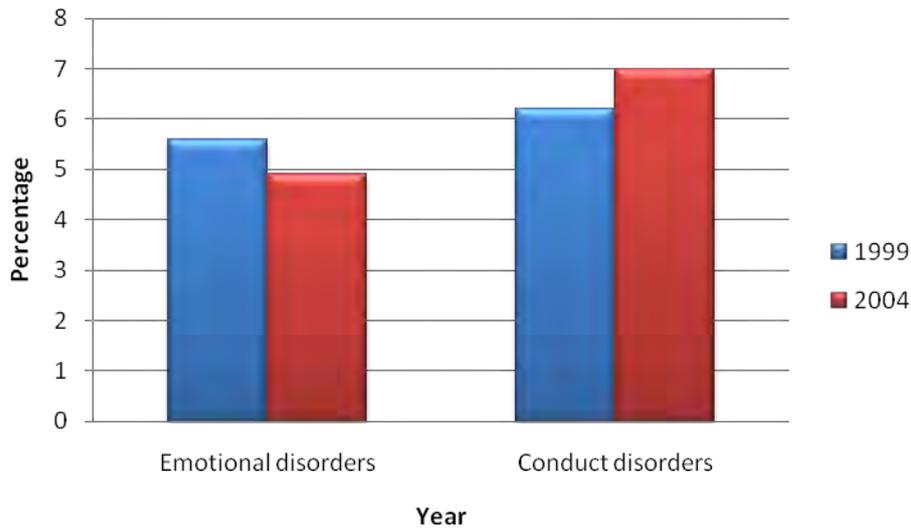

Source: Green *et al* 2005

Figure 19. Prevalence of specific emotional and conduct disorders among young people in Great Britain aged 11–16 in 2004: by gender
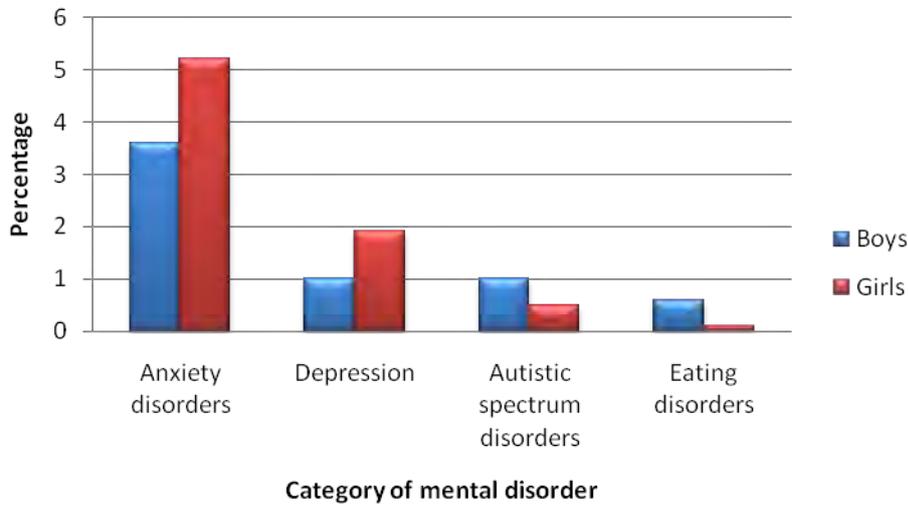
Source: Green *et al* 2005

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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Appendix 1: Knowledge 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 research 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).

In addition to the data gathered for the research review, the review also contained examples of local practice sent in from the sector, which were assessed and validated by specialists in the Youth theme using agreed criteria. The full versions of all the practice examples contained within this review and those published since the review was written, are available on the C4EO website. Evidence was also gathered from service providers and users via the Parents and Carers Panel and the Children and Young People's Network. The knowledge gathered here was based on the experiences and opinions of individuals consulted rather than on the research evidence.

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* 2010) 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 to 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 to 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 was 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 full text 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

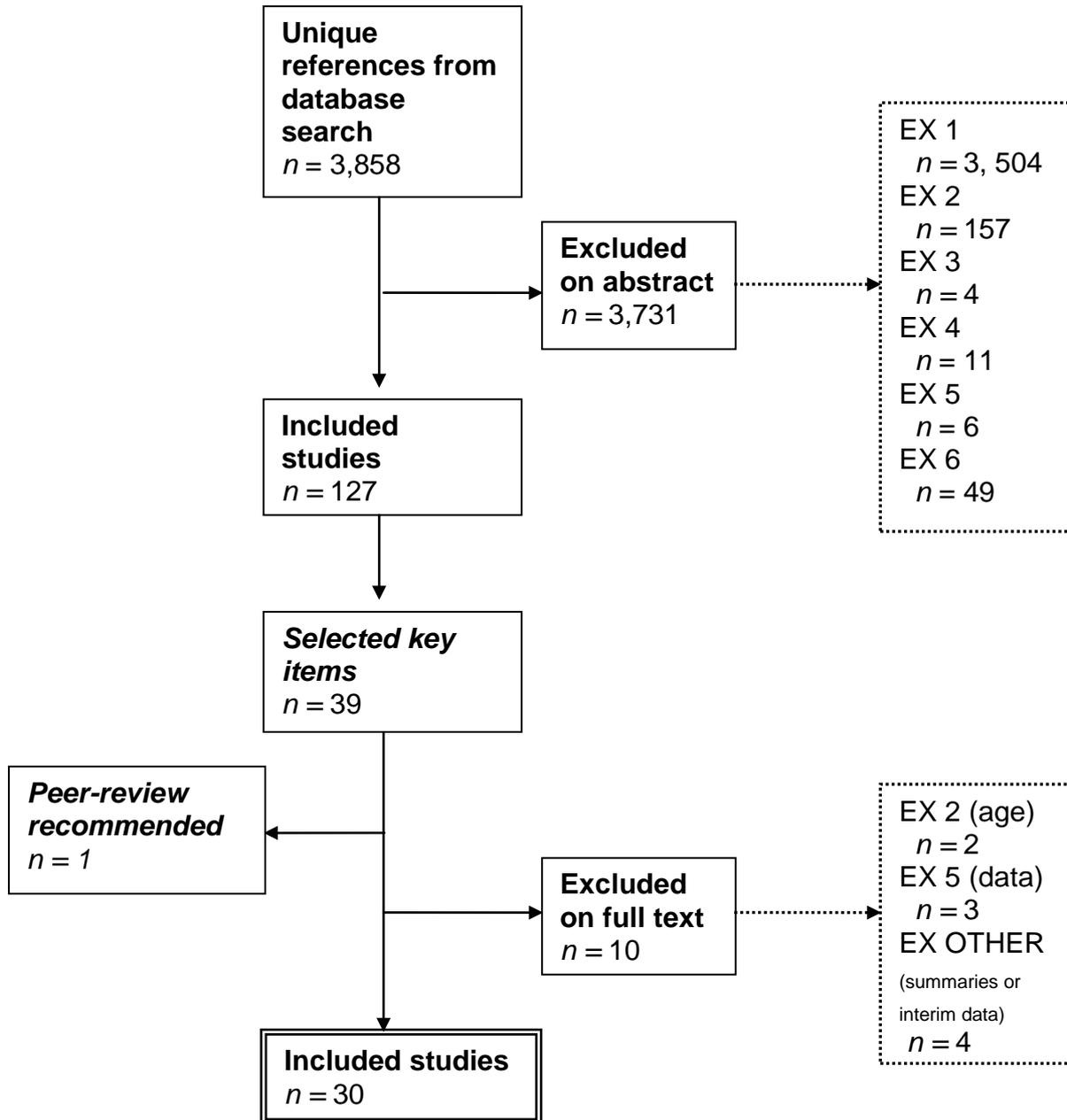| Source	Unique items found	Items identified as included studies/relevant to this study
Databases	3,858	127
AEI	52	0
IBSS	124	3
Social Policy and Practice	298	49
Web of Knowledge	1,858	13
ASSIA	151	4
Community wise	14	0
ERIC	77	3
Scopus	799	31
Social Services Abstracts	447	21
BEI	38	3
Theme Advisory 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.
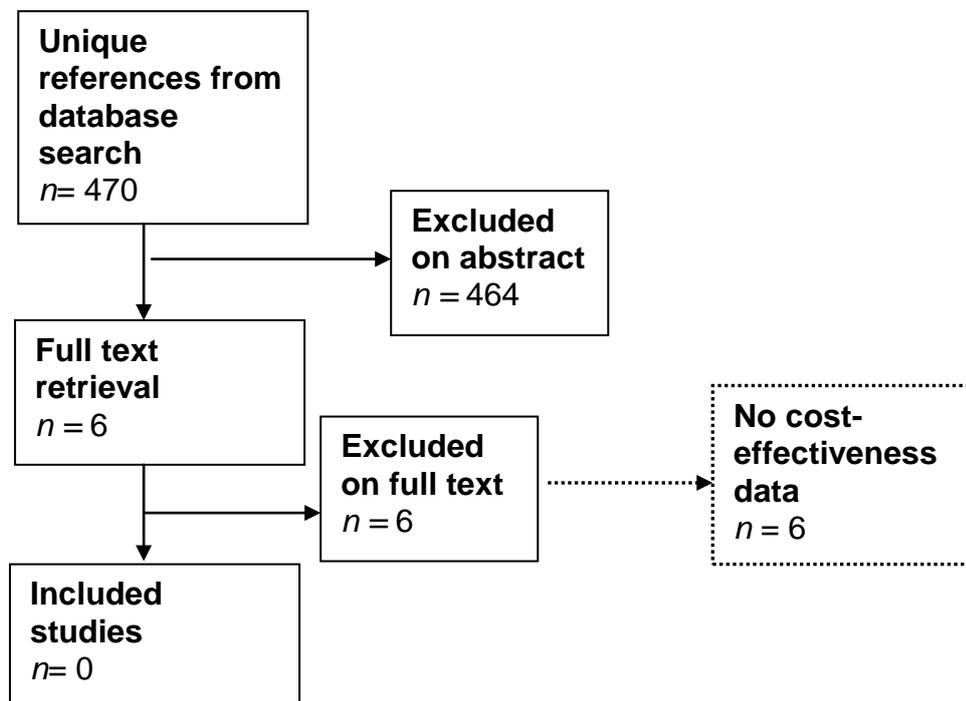
Table 8. Search strategy

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) 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

			EX 1
Unique references from database search $n = 3,858$			$n = 3,504$

Diagram flowchart:

Unique references from database search
$n = 3,858$

→ **Excluded on abstract** $n = 3,731$ ┈┈> EX 1 $n = 3,504$
EX 2 $n = 157$
EX 3 $n = 4$
EX 4 $n = 11$
EX 5 $n = 6$
EX 6 $n = 49$

↓

Included studies $n = 127$

↓

Selected key items $n = 39$

← ***Peer-review recommended*** $n = 1$

→ **Excluded on full text** $n = 10$ ┈┈> EX 2 (age) $n = 2$
EX 5 (data) $n = 3$
EX OTHER (summaries or interim data) $n = 4$

↓

Included studies $n = 30$

Flow of literature – costs/cost-effectiveness

```
┌─────────────────┐
│ Unique          │
│ references from │
│ database        │
│ search          │          ┌─────────────────┐
│ n= 470          │─────────▶│ Excluded        │
└────────┬────────┘          │ on abstract     │
         │                   │ n = 464         │
         ▼                   └─────────────────┘
┌─────────────────┐
│ Full text       │
│ retrieval       │                                    ┌┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┄┐
│ n = 6           │          ┌─────────────────┐       ┊ No cost-        ┊
└────────┬────────┘          │ Excluded        │       ┊ effectiveness   ┊
         │                   │ on full text    │┄┄┄┄┄▶ ┊ data            ┊
         │──────────────────▶│ 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 ($n = 30$).
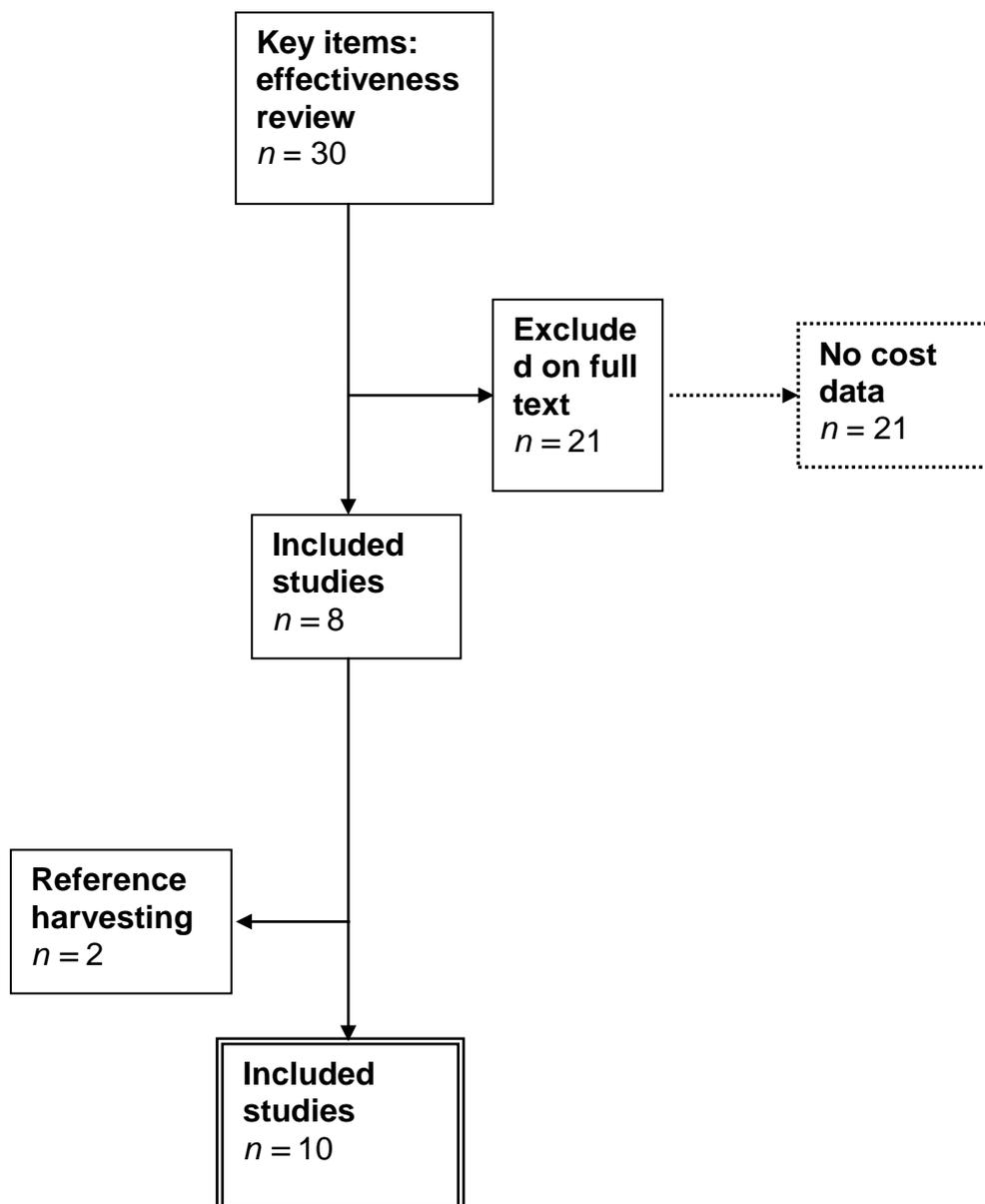
Appendix 3: Parameters document

1. C4EO Theme: Youth

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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 questions to 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 of 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. (DCSF 2009b)

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).

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

Below we have provided data sources in relation to targeted youth support. We have mapped these against national indicators, where relevant. It should be noted that the new Coalition Government abolished national indicators in March 2011, as part of its aim to offer local authorities more freedom. Some data collections are continuing as part of the proposed Single Data List for Local Government. The Audit Commission's website[5] contains information about the ongoing work on this and provides a regular update on the national indicators that have been so far abolished. In this appendix, we refer only to national indicators that were retained as of November 2010.

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							
Additional indicators	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
Additional indicators	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

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[5] www.audit-commission.gov.uk/localgov/audit/nis/pages/guidance.aspx

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Additional indicators	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	DfE: PE and Sport Survey 2009/10	National and GOR	Annual	2009/10	2003/04	www.education.gov.uk/rsgateway/DB/STR/d000957/index.shtml
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/pdfdir/con1110.pdf

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Additional indicators	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Smoking, Drinking and Drug Use among Young People, 2009	National and GOR	Every two years until 1998 and then annually	2009	1982 (under the name 'Smoking Among Secondary School Children' initially to provide national estimates of the proportion of secondary school children who smoked and to describe their smoking behaviour)	www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england/smoking-drinking-and-drug-use-among-young-people-in-england-in-2009
Additional indicators	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

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Additional indicators	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=
Additional indicators	Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances	Getting to grips with substance misuse among young people: the data for 2008/09	National and GOR	Annual	2008/09	2005/06	www.nta.nhs.uk/uploads/nta_substance_misuse_among_yp_0809.pdf
Additional indicators	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.shtml

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	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 Department of Health statistical bulletins from 1993 to 2001)	www.nta.nhs.uk/uploads/ndtms_annual_report_200809_final.pdf
Additional indicators	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 2010	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

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
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	DfE: Pupil Absence in Schools in England – spring term 2010	National, GOR and local authority	Annual	2010	Unknown	www.education.gov.uk/rsgateway/DB/SFR/s000946/index.shtml
NI114	Rate of permanent exclusions from school	DfE: Permanent and Fixed Period Exclusions from Schools in England 2008/09	National, GOR and local authority	Annual	2008/09	1997/98	www.education.gov.uk/rsgateway/DB/SFR/s000942/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

National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
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/SF R/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/SF R/s000860/index. shtml
Making a positive contributi on							
Additional indicators	More participation in positive activities	DfE: Youth Cohort Study and Longitudinal Study of Young People in England: The Activities and Experiences of 18 year olds: England 2009	National	Annual	2009	2004	www.education.g ov.uk/rsgateway/ DB/SBU/b000937 /index.shtml
Additional indicators	More participation in positive activities	TellUs Survey, 2009	National, GOR and local authority	Annual	2009 – note that the TellUs survey has now been decommissi oned	2007	www.dcsf.gov.uk/ rsgateway/DB/ST R/d000908/index. shtml

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National indicator (NI) number	National indicator (NI) detail	Source (published information)	Scale	Frequency of data collection	Latest data collection	First data collection	Link
Achieve economic wellbeing							
NI117	16- to 18-year-olds who are not in education, employment or training (NEET)	DfE: NEET Statistics – Quarterly Brief – Quarter 3 2010	National and GOR	Quarterly	2010	1994 (data prior to this was collected by the Labour Force Survey)	www.education.gov.uk/rsgateway/DB/STR/d000969/index.shtml
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.shtml

Appendix 5: Validated local practice process and assessment criteria

What is validated local practice?

Validated local practice examples describe how local authorities and their partners have successfully tackled key challenges and improved outcomes for children and young people. Their success in achieving improved outcomes has been assessed as being sufficiently well evidenced to merit inclusion within the review.

Collection methods

C4EO collected practice examples by sending invitations to local authorities and services to submit promising or proven practice examples to C4EO relevant to each theme. The 'call' for local practice examples was also advertised at the Youth training events, placed on the C4EO website and publicised through various publications. Members of the Theme Advisory Group were also asked to use their own contacts and networks to publicise the call for practice examples. Respondents submitted examples in hard copy, online via the C4EO website or via email.

Validation process

Local authorities and their partners were asked to submit their practice examples on a form that was designed to encourage them to fully describe their practice and to provide evidence of how it had improved outcomes. The forms were then assessed by a validation panel made up of a small group of sector specialists, professionals drawn from across the children's sector who have an expertise and a track record of achievement in youth. Two sector specialists assessed each example against the following validation criteria:

Adequacy of the information supplied. Is there enough to apply the validation process?

Strength of the rationale. Was the intervention/practice fit for purpose and based on a clear and sound rationale? Was it based on prior and good-quality evidence of need and what works in similar contexts?

Sufficiency of impact and outcome evidence. Is there sufficient external and/or internal evaluation evidence that the practice/intervention has made a difference and led to improved outcomes? Are there good practitioner, service user and other stakeholder views? Do others implementing the same or similar practice or strategy changes or interventions report similar findings?

Evidence of what has/has not worked and why. Is there some good guidance here which will be useful to others? What are the golden threads for what works? What barriers and ways of overcoming these have been documented?

> **Actual or potential for replication or transfer** to other contexts and settings. What evidence is there that the practice has already been successfully transferred to different settings, or has the potential for replication? Which elements are especially transferable? What elements are non-negotiable, and which are open to adaptation to suit other contexts? What do people need to put in place to transfer the practice, without substantial loss of effect?

Where two sector specialists assessed an example as being strongly supported by practice experience and evidence, or as describing promising practice along with a good rationale for the intervention and some evidence of success and potential to be replicated, the Theme Lead reviewed the assessment. Only examples that were endorsed by the Theme Lead were validated.

This review has drawn on three validated practice examples.

Appendix 6: Stakeholder data

Stakeholder views were gathered and summarised through a Parents and Carers Panel, two focus groups, consultation with young people, and a series of training events that were held to discuss the findings that emerged from the C4EO Research Review, *Improving outcomes for young people by spreading and deepening the impact of targeted youth support and development* (O'Mara *et al* 2010).

Children and young people

The young people consulted for this knowledge review included:

- 50 Youth4U young inspectors from the following areas (Bromley, Nottinghamshire, Southampton, Sutton and Thurrock)
- 12 members of the Skills Development Programme
- nine Young NCB members (YNCB).

Participants in the consultation included seven white British teenagers aged 16 to 18 in Newcastle and North Tyneside, who were part of the Pathways entry to employment programme, and five boys aged 16 to 18 who were Afghan unaccompanied minors who were members of the Freedom Youth Club.

Parents and carers

The review questions were the subject of group discussions by the Parents and Carers Panel in London in March 2010. Participants were mainly mothers, with one father present. Parents were from the East Anglia, East Midlands, London, South East and South West regions. C4EO's Parents and Carers Panel was also consulted on the research review (O'Mara *et al* 2010) via email during summer 2010.

Service providers

Evidence was gathered from service providers and managers during discussion groups at C4EO training events (events at which the authors presented findings from the Youth research reviews). These were held in Leicester, London, Manchester and Taunton during September 2010 and attended by 134 service providers. Providers took part in facilitated groups, focusing on the following questions for discussion:

Q1. Do you know of any youth projects in your community or school that are targeted at specific groups of young people?

Q2. What is your view on providing activities for specific groups of young people?

Q3. Who do you think is the best source of help for children and young people facing difficulties?

March 2011

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 of and barriers to effective TYS services?