

Preventive work with teenagers: evaluation of an adolescent support team

Adolescent support teams have developed rapidly since the early 1990s but little is known about their work. Their principal aim is to divert young people from the care system and they typically provide a short-term, intensive, preventive service to young people and families. This study, by Nina Biehal, Jasmine Clayden and Sarah Byford, evaluates the work of one such team, covering their work to prevent young people being 'looked after' and their work with homeless 16- and 17-year-olds. The study found that:

-  The most common reasons for preventive referrals to the team arose from concerns about young people's behaviour and difficulties in family relationships.
-  Many of the young people had complex problems and already received services from other welfare professionals.
-  Problems at school featured in 70 per cent of referrals for preventive work.
-  Homelessness among 16- and 17-year-olds was often associated with long-standing family problems.
-  The team's short-term, task-centred model of service led to positive change in families without long-standing and severe problems. A small amount of intensive input appeared to produce positive results with this group.
-  The team's model was less successful in work with families where problems were chronic and severe.
-  The team was effective in supporting homeless 16- and 17-year-olds, but its work was hampered by the lack of a clear multi-agency policy on youth homelessness and a lack of appropriate accommodation.
-  Fragmentation of services and poor inter-agency co-ordination hampered the efforts of the team.
-  The total cost of care to all agencies during the period of contact with the support team was estimated to be £2,500 per young person (or £125 per week). Social services were found to carry the greatest cost burden, contributing over 50 per cent of the costs.

Background

Adolescent support teams have been developed in recent years in response to concern about the high rates of admission of older children and teenagers to local authority care or accommodation. Previous research and official reports have also identified the need for greater attention to preventive work with teenagers, suggesting that specialisation might lead to improved outcomes for this group. Although the number of support teams has grown rapidly, little is known about the characteristics and circumstances of the families they work with, the nature of the work they do, the outcomes they achieve and the cost of the service they provide. This study assesses the preventive work and work with homeless 16- and 17-year-olds undertaken by a support team in a small unitary authority during a one-year period.

Reasons for referral

Most young people in the preventive sample were referred due to overlapping concerns about their behaviour and about difficulties in family relationships. Requests for accommodation by the local authority were made in 41 per cent of referrals (in most cases by parents). For many young people, problems at home went hand in hand with problems at school, which featured in 70 per cent of preventive referrals. Over half of these young people were out of school due to truancy or exclusion. Difficulties at home and at school were mutually reinforcing, with school problems often contributing to family stress.

The majority of homeless 16- and 17-year-olds were homeless at referral and a few were at imminent risk of homelessness.

The young people and families

Most of the young people referred came from one-parent or 'reconstituted' families and many of their parents had serious health, mental health or emotional problems. Parental conflict, mental health problems and domestic violence were a source of stress to many young people.

Among the preventive sample, parents' emotional and health problems and young people's behaviour problems were often closely inter-related. In some cases these problems were known to be long-standing, while others had developed or intensified during adolescence. Over half of these young people were known to have a history of abuse, neglect, placement in care and/or past social services involvement with their families. Two-thirds were already in touch with other welfare professionals at the point of referral, including social workers, education social workers and child and adolescent psychiatrists.

Homelessness among 16- and 17-year-olds was often associated with long-standing family problems. Over half had had past contact with social services, a fifth were known to have been looked after in the past and a quarter were known to have experienced abuse. Some of the young homeless people had mental health problems or were involved in offending.

The nature of the team's work

The team worked with young people aged 11 and over who were normally referred to them by social workers. Over half of those referred for preventive work were aged 13 to 15 years. The team provided intensive, time-limited support to young people and families. The average duration of the service was twelve weeks.

The support team had an informal, participative style of work, which most young people appreciated. In most cases the team used structured, task-centred methods, including 'solution-focused brief therapy' and behaviour management. Much of the team's work involved negotiation and mediation between young people and parents.

Effects of the team's intervention

Preventive sample

- Only two of the young people referred for preventive work during the course of a year were accommodated by the local authority by the time their cases were closed, and a number of the young people interviewed felt that the team's intervention had helped them to remain at home. However, a quarter of the preventive sample had left home by this point as a result of family breakdown, moving to stay with friends or relatives in circumstances which were sometimes uncertain.
- Some families felt that the team's work had helped to improve young people's behaviour:

"I'm reacting differently now ... probably because (she) has been talking to me." (12-year-old girl)

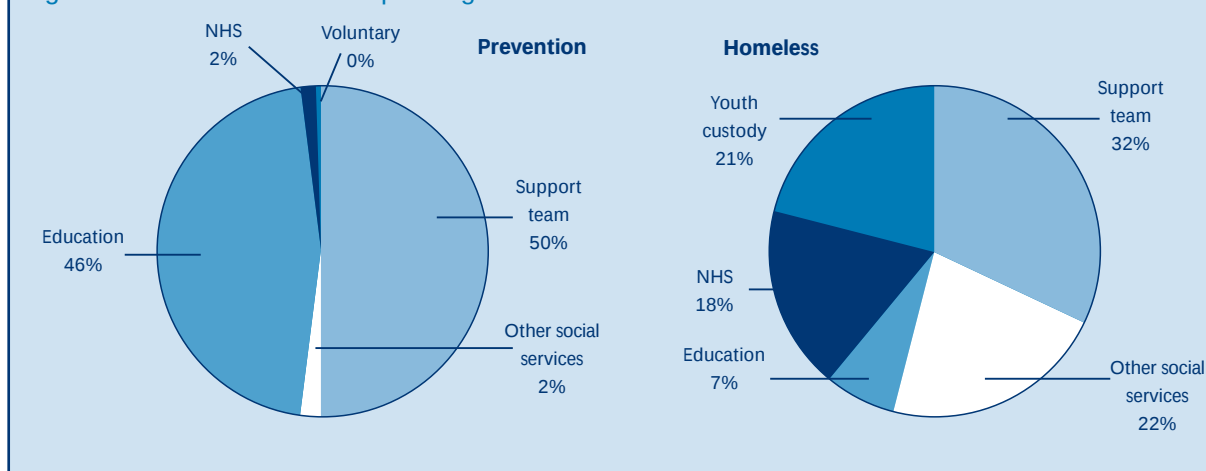
- Some parents appreciated help with parenting:

"I think it's just ways of reinforcing the boundaries that she's helped me with ... and strategies to lessen the tension." (mother of 15-year-old boy)

- Some felt that the team had helped to reduce family conflict and improve communication:

"(He) has been helping us a lot and he's made it better for us to talk to each other." (11-year-old boy)

Figure 1: Total cost of care packages



Homeless sample

- The team helped many young people to find accommodation. Over half of the homeless 16- and 17-year-olds were living in supported hostels or in shared private sector accommodation by the time their cases were closed. However, there was little stability in some young people's lives and the situation could change rapidly, so that a few were again homeless shortly after case closure.
- In some cases where young people were at imminent risk of homelessness, the team helped to delay eviction by parents to gain time to find alternative accommodation.
- The team provided wide-ranging support, including practical help and guidance with benefits, education and employment and referral to other specialist agencies for help with health or mental health problems.

"She, like, just spoke to me and got everything sorted out for me ... If I didn't go to them or anything I wouldn't be where I am now, on a training course, nearly going to college." (16-year-old)

How successful was the team's approach?

The team's short-term task-centred model, focusing primarily on immediate problems, appeared to be more successful in work with young people who had not experienced long-standing and severe family problems. In these circumstances, families felt the team had helped to improve young people's behaviour and family relationships. Short periods of direct work, often involving the use of negotiation and mediation, helped to resolve crises in families who did not have long-term difficulties.

This approach appeared to be less successful in work with families where underlying problems were

both chronic and severe, for example, in families with long histories of abuse, neglect, parental mental health or substance abuse problems or severe inter-parental conflict. In work with young people with more complex and long-standing problems, the team's approach may be too narrowly focused and may not address underlying problems. Some of these young people may require longer-term support, which does not fall within the brief of support teams.

Although many of the young people were involved with a range of agencies, service provision was often fragmented, particularly in cases where there was no allocated social worker to take overall responsibility for co-ordination. Poor inter-agency co-ordination, particularly with education and housing services, sometimes hampered the work of the team.

The team's efforts to support homeless 16- and 17-year-olds were hampered by a lack of appropriate emergency and supported accommodation for this age group. Their work was hindered by the lack of a single homelessness strategy in the authority, which might address the particular housing and support needs of homeless young people and improve co-ordination between social services and housing staff.

Cost analysis

Adolescents at risk of entry to local authority care or accommodation and those who are homeless can place a substantial financial burden on society, often involving many agencies. A cost analysis was carried out to assess the relative contribution of each agency to the total costs of caring for these young people.

During the period of contact with the support team, the total cost of support across all agencies was approximately £2,500 per young person (or £125 a week). Homeless young people were found to be relatively more expensive than the prevention group, costing a total of £2,900, compared with £2,350. This

was due, in part, to longer periods of contact with the support team. Including the provision of the support team, social services were found to carry the greatest cost burden. The education sector was responsible for a significant proportion of the total cost of the prevention group whilst the homeless group drew more on the health and criminal justice sector services (see Figure 1).

Conclusion

The researchers conclude that adolescent support teams may have an important role to play in offering a short-term, sharply focused preventive service to families where, although crises at the point of referral may be severe, problems are not entrenched. They may also provide a valuable service to homeless 16- and 17-year-olds. However, for young people with more severe and long-standing problems, longer-term family support may be required, co-ordinated between a range of professionals working with young people and their parents. This implies that more attention should be given to assessment, involving staff from other agencies - such as education, housing or health - where appropriate.

In order to meet the needs of young people in different circumstances, a more coherent inter-disciplinary approach is needed which can respond differently to meet different needs. The researchers suggest that the development of inter-agency youth teams might offer a more co-ordinated service to meet a variety of needs. Multi-disciplinary youth teams could operate from a central site and carry out assessments on all young people who may be considered 'children in need' under the Children Act 1989. Existing adolescent support team staff would have a central role in such teams but would be able to work in a more integrated way with field social workers and staff from education and housing seconded to the team. Inter-agency youth teams might offer joined-up services for adolescents in different circumstances and with different needs, developing a continuum of services for young people.

About the study

The study monitored the 56 referrals accepted by an adolescent support team during a one-year period, of which 37 were for preventive work and 19 for help to homeless young people. A qualitative study was also undertaken. In-depth interviews were carried out shortly after initial contact with the team with 20 of

these young people, as well as with their support team worker, social worker (if any) and parent (if available). Follow-up interviews took place one month after case closure. Data on services used were collected at follow-up interview and the unit costs of these services were derived from service providers, calculation from relevant salary scales or national publications.

How to get further information

The full report, **Home or away? Supporting young people and families** by Nina Biehal, Jasmine Clayden and Sarah Byford, is published for the Foundation by the National Children's Bureau (ISBN 1 900990 58 X, price £11.95)