

From Childhood to Adulthood via Adolescence: A Discussion of Transition

INTRODUCTION

The fact that the move from childhood through adolescence to adulthood comprises a transition is so self evident that it hardly merits discussion. ‘The process or period of changing from one state or condition to another’, as the OED defines the term, hints at a sequence of events but, in the case of children becoming adults, does not reflect the complex and numerous changes that occur in the teenage years.

GENERAL OBSERVATIONS ON TRANSITIONS

So, given this complexity, what general observations can be made about transitions from childhood to adolescence and on to young adulthood? Four points have been highlighted in the literature.

1. Several transitions have to be made during the period - social, emotional, economic and psychological. Individual children make these changes at different rates. In addition, some transitions occur at specific times, such as leaving school, while others, such as developing emotional and sexual relationships, are more extended, being more of a process than an event.
2. The difficulties that young people experience in making one transition can affect success in others, so a thwarted teenage crush might affect an adolescent’s academic achievement; similarly, a failure to find employment might hinder moves to social independence from the family.
3. Youth transitions are deeply felt, thus they may have lasting effects on a young person’s emotional state. Because of this heightened feeling, they can involve swings in political, religious and political views, sometimes accompanied by impulsive or risky behaviour.
4. While for adults there are compensations for *not* making some transitions, retirement or death being good examples, this is less the case for adolescents. They are generally keen to grow up and are under pressure to do so from the media and peer groups. Thus, things that arouse anxiety in adults, such as under-age drinking or early pregnancy, may not be viewed as negatively by the young people concerned.

Although transitions are perceived by those involved as a personal experience, they occur in a structured social context. So, five further points can be added:

1. The ways that the law and societal expectations control transitions are contradictory. In some instances, legal ages and societal expectations are reducing the age of transitions, such as for males wanting gay sex; whereas in other cases, the age is static or likely to rise. The ages for driving, purchasing alcohol or fighting wars are examples. An important variable affecting all of

this, namely the age of puberty onset, is falling and exerting pressure for change on these expectations.

2. Some transitions are marked by clear rites of passage, such as leaving school or starting work, while others, such as acquiring a partner or setting up a home, have no timetable and are a slower process. Nevertheless, the end state is usually clear to all concerned.
3. Transitions are also affected by wider national and international events. The economic turndown in the 1980s and early 1990s clearly affected the employment opportunities of poorly qualified school leavers and led to the creation of job creation programmes. The effects of this on young people's social life are reflected in contemporary studies (Coffield, 1986). While the employment situation has improved since then, the most recent evidence on social mobility in the UK shows declining opportunities for advancement for those in the lower social groups (Heath and Payne, 1999). Similarly, political concerns arising from 9/11 and terrorist threats have raised new difficulties for certain ethnic groups and immigrants.
4. Surveys of older adolescents helped by welfare services show that parents and teachers are more worried about transitions than are the young people involved. Adult concerns tend to be expressed in terms of manifestations of increasing independence, such as arguments about staying out late, the type of friends or fears about drug and alcohol abuse, rather than in terms of the more abstract concept of transition. Paradoxically, the young people rate the contribution of professionals to their development more favourably than do their parents (Biehal, 2006).
5. The administration of services requires that thresholds are set to manage demands for help but the criteria adopted may not be appropriate for every individual. For instance, the age of criminal responsibility is set for all adolescents, irrespective of the offender's level of emotional development. Similarly, there is often a clear demarcation between the age qualification for receiving children's as opposed to adult services, irrespective of the user's needs.

In addition to the management of services, policy changes can affect what is available to young people. For example, the decline in residential provision in children's services and greater support in the community for those in need have been accompanied by an increase in the use of prison custody for older teenagers, although, to be fair, the numbers in the latter are smaller than those that used to be placed in residential homes and schools. So, while the majority of adolescents might benefit from policy changes, there will be others, probably the more intractable cases, who miss out and whose service experience might actually be deteriorating.

It seems logical to conclude, therefore, that given the extent and complexity of all this change, transitions will be stressful for young people and there is a risk of things going awry. Indeed, actuarial calculations on illness in adults show that the two most significant predictive factors are both major transitions - bereavement and divorce in the preceding twelve months. So, it can be hypothesised that stresses arising from

transitions increase the more the future state is (i) unknown, (ii) unwanted and (iii) unanticipated.

EVIDENCE ON THE SUCCESSFUL COMPLETION OF TRANSITIONS

All of the above points are general observations about the move from childhood to adulthood and, despite the alarm bells they raise, transitions seem to be handled well by those involved. The empirical evidence from follow-up surveys of young people in Britain shows that most of them make all transitions satisfactorily in the end. Moreover, the tensions and difficulties that accompany stereotypes of adolescent turmoil are less common than is often portrayed. This was first suggested in the US by Offer (1969) and was confirmed in the UK in the Isle of Wight follow up study where only one in six adolescents was found to be in conflict with parents and only one in five showed mood swings (Rutter and Smith, 1995; Rutter, 2007)). Similar findings have emerged in research in other countries, such as that on risk-taking behaviour among Danish adolescents (Arnett and Balle-Jensen, 1993).

All of these studies have also found that most adolescents receive considerable support from their families which offer a base for physical care and emotional security when needed. However, some young people need special help along the way, either to meet a particular difficulty, such as being convicted of an offence, or for enduring conditions, such as a chronic disability. Thus, while there are universal services, such as those dealing with health problems or finding employment, and advice from voluntary groups with such things as emotional and sexual relationships, some young people need additional help from formal specialist sources, such as Children's Services, CAMHS, Connexions or Job Centres.

THREE FUNDAMENTAL QUESTIONS ABOUT TRANSITIONS

Several fundamental questions underlie these observations and have implications for the nature and style of services offered to young people. Three will be discussed.

Continuity and discontinuity

The first question concerns continuity and discontinuity. Are the needs of young adults the same as those of children, i.e. are they similar but writ large, or are they qualitatively different? Clearly, there are enduring needs arising from the human condition, such as that for love and security, but others are more ephemeral and increase or decrease with age. For example, emotional dependence on the family diminishes during adolescence although economic dependency continues for much longer. The need for peer approval also tends to decline as close personal relationships are made. In contrast, some mental illnesses and serious anti-social behaviour only become manifest in young adulthood, thus presenting new demands to health and welfare agencies. But even for problems that increase with age, difficulties in adulthood may turn out to be less than feared.

Group facing difficulty in making transitions

The second question is whether the conclusions about transitions that apply to the majority of young people in Britain are true for those who are deprived and

disadvantaged. It has been argued that those who are disabled, bereft of family support, isolated from peers or experiencing cultural conflicts not only face more adjustment difficulties in making transitions to adulthood but also need quite different services from the rest of the population.

Services to meet the needs generated by transition

The third question is whether the services provided and the administrative arrangements that underpin them adequately match the needs of the young people concerned, especially those who are disadvantaged in some way, and whether the interventions facilitate, delay or prevent successful transitions.

Taking these questions individually, what is the evidence about continuity and discontinuity?

The significance of continuity and discontinuity

One of the problems complicating discussions about continuity is that contrasting results are found when conclusions are drawn from retrospective and prospective samples. The first looks back from a selected time when outcomes are clear, the other follows up children over time from a point when their future is unknown.

Many evaluations of services for children in need rely on retrospective evidence. But there is an intrinsic problem to this method in that it exaggerates the links between past and present and leads to over-optimistic conclusions about causes. It usually identifies a plethora of significant factors, most of which are not confirmed by prospective studies which show much lower continuities in behaviour. Estimates of the likelihood of looked after children entering adult prisons, for example, reveal high rates of 20-30% when the data is based on a retrospective scrutiny of prison admissions. Prospective follow-up studies of all care leavers, in contrast, show a lower figure, perhaps less than 5%, most of whom are male. Similarly, research on adolescents presenting challenging behaviour shows that about 30% of children continue to display difficult behaviour throughout their lives, a figure that is much lower than that apparent to the agencies that have to deal with the 'failures' of earlier interventions.

While rates of continuity vary for different problems, many are lower than popular opinion suggests. Nevertheless, some problems, such as conduct disorders, continue and some worsen, as in the case of schizophrenia. The problem for those making decisions about these young people's future, such as parole boards and child protection workers, is not only one of resources but also the fact that the continuity rates are often sufficiently high to suggest future risk but low enough to generate fears of pejorative labelling. One of the fundamental research needs in children's services is to increase the accuracy of actuarial forecasts associated with particular needs. While this is reasonably robust for some psychological problems, it remains a virtually unknown area for most social ones.

Developments in this line of thinking are essential if effective preventative services are to be fashioned (Rutter, 2007). To achieve such a state of knowledge, it is necessary to construct multi-step pathways for each problem, recognising that the

mediating factors important at one stage may not be important at another and that individuals move along trajectories in different ways and at different rates. Gender, social class and ethnicity might also be important.

The second question concerns the transition experiences of deprived and disadvantaged children compared with the rest of the population

The experiences peculiar to disadvantaged young people

The arguments surrounding this question raise two issues: whether or not adolescence is a time of conflict, often referred to as a period of *sturm und drang*, and whether or not the transition experiences of poor and disadvantaged young people are fundamentally different from those who are better off.

Meyerson (1975) wrote that adolescents experience 'conflicting influences within themselves and the outside world that are so complex that even normal adolescence is a time of crisis and adjustment'. However, as explained earlier, this perception of adolescence is now regarded as something as an exaggeration but in the academic literature there is still a lively debate between the views of Coleman and Hendry that nearly all adolescents make the transitions demanded of them successfully and those of Coffield and colleagues that many young people, especially the deprived, do not.

In their book, *The Nature of Adolescence*, Coleman and Hendry (1999) argue that most adolescents have sufficient ego strength to make the transitions demanded of them and individualise, develop self-confidence, make decisions and free themselves from parental attachments. The authors thus emphasise the need to base theory on normality, not abnormality, and propose a 'focal' model' in which different sorts of relationships between transitions become prominent at different times, with no pattern being specific to a particular age. Thus, young people deal with one issue at a time and problems are not concentrated all at once. The authors claim that this perspective is more flexible than a fixed-stage model and stresses that young people do not have to solve problems at one stage to move onto the next, that there are no fixed boundaries between stages and that there is nothing immutable about the sequence involved. This, they argue, links the amount of change required to the observed success.

Coffield and colleagues (1986, p.213-4) challenge this view saying that 'in contrast to Coleman and Hendry, who argue that young adults cope with one issue at a time, we would claim that most of them are struggling to cope with all the different aspects of life, which impinge simultaneously'. Unlike Coleman and Hendry, who argue that their model is psychological and not economic and applies to the problems faced by all social classes, Coffield and colleagues stress that social situations complicate the process of change for young people. They say that it is simply not true that the transitions are not stressful simply because an individual appears to manage the process and determine his or her rate of development. So while a 'traditional' transition model might be true for most young people, there is a need for further disaggregation – (i) for a 'protracted' model which extends the processes and (ii) for a 'cyclical' model for those trapped in self-perpetuating poverty and blocked opportunity interspersed with welfare schemes and black economy employment. For

these last two groups, it does not seem unreasonable to expect increased rates of depression, drug and alcohol abuse, suicide and mental illness.

These sombre findings have been echoed by MacDonald and colleagues (1997), who found that the turndown in the youth labour market in the 1980s and 1990s made 'normal' transitions more complex and prolonged. Destinations became less certain, the steps became more risky and bridges had to be remade as youngsters moved in and out of employment. Failed transitions resulting from this collapse in the traditional school-employment transfer increased the risks of poverty and social exclusion, and associated problems such as offending, drug use, family tension and family breakdown. While these effects are experienced at a personal, individual level, it is in fact, the authors argue, a neighbourhood phenomenon and reflects the relationship of that neighbourhood to the local economy.

Care leavers provide an appropriate group on which to test these ideas as there is a body of research evidence on their experiences. In their studies of such young people, Stein, Broad, Biehal and colleagues have found that many of the transitions that young people are required to make occur in ways that are quite different, or are made in quite different circumstances, from the rest of the population. Firstly, there is less likely to be support from birth relatives and that as many as 50% of the 7,000 17 and 18 year olds leaving care annually in the UK have to 'go it alone'. Secondly, while the nature of the economic and social transitions is similar to those of other young people, they have to be made more rapidly. Hence, school leaving occurs at the earliest opportunity, emotional and economic independence are demanded at a younger age, early pregnancy is likely, tenancies have to be negotiated and maintained while still young and low self-esteem and poor social skills limit social and employment opportunities.

A study undertaken by Dartington-I in 2002 looked at all young people aged over 15 in the care of a large English local authority. It found that:

- the young people's showed high levels of need in all areas of their lives – living situation, family and social relationships, social and anti-social behaviour, mental and physical health, and education and employment
- While the patterns of individuals' needs differed, the young people fell into three groups, each displaying needs in common. These were:
 1. Young people with relatively low levels of varied needs who were well settled and well supported (48% of the sample)
 2. Young people from vulnerable and neglectful families but who did not display serious effects of poor parenting (23% of the sample)
 3. Troubled and troublesome young people from dysfunctional families who presented difficulties at home, school and in the community (30% of the sample)

This evidence suggests a varied picture with regard to the transition difficulties of older looked after children. Half of the young people are doing reasonably well while

a third of them are at clear risk of facing serious problems after they leave care. It was also significant that some needs affecting the young people were not immediately apparent in the local authority's records and reports. For example, the mental and physical health needs of young people in Group One, the poor self-esteem, reluctance to accept help and continuing risk of harm in Group Two and the learning difficulties and risks of self-harm in Group Three.

But when considering the needs of deprived adolescents, there is a danger in assuming that it is always early transitions that are thrust on them. There are examples of groups for whom the opposite is the case and change is deliberately delayed. A review of services for disabled adolescents by MacDonald (1997), for example, showed that for some, the aim of services is to delay or prolong moves to adulthood. Adolescents with learning difficulties, they argue, are excluded from mainstream society and can move from special schools to sheltered adult accommodation, a pattern that offers a marked contrast with the accelerated and unstable transitions for other children in need.

Whether the transitions are accelerated or delayed, the point made in all of these studies is that disadvantaged and deprived youth face more difficulties in making them than do other young people and that general models of transition may not apply to them. But even if this is acknowledged, the specific nature of their needs makes it difficult to generalise about them as a group as each of their problems has its own trajectory.

The Match between Needs, Services and Outcomes

The third question raises the issue of the match between the services provided and the needs of the young people and how far interventions ameliorate or exacerbate them.

There are two separate questions here. How effective are individual services? And, do the administrative arrangements facilitate or hinder their delivery?

In terms of service effectiveness, various studies have found that success varies for different groups of young people in need. In terms of services for disabled adolescents, for instance, a review of the literature (Harris, 2006) found more success with health provision for the physically disabled than with community support for those with learning difficulties.

With regard to looked after children, the aforementioned study of older children in care found that:

- services were fully accepted by 52% of the young people and only 14% rejected help completely. The largest rejection was in Group Two (26%)
- Young people's needs were met in all areas of their lives in 35% of cases. The majority were helped in some areas but not others, and only 8% failed to have their needs met at all
- Only 5% of the young people both rejected services and failed to have their needs met. Most of these were aged over 18
- Pejorative stereotypes of older looked after adolescents and care leavers, such as those portrayed by Sergeant (2006) in terms of offending,

homelessness, prostitution and substance misuse, were not supported by the evidence.

In assessing the suitability of services for those most in need, Webster and colleagues (2000) argue that the problems associated with youth transitions do not conclude at neat, age-specific points and, therefore, age-related policies, such as youth offending teams, Connexions and New Deal, do not 'fit' harmoniously with the realities of either early or extended transitions to adulthood. The joining-up of different areas of policy, such as family, housing, drug treatment and labour market policy, towards the multi-factorial problem of social exclusion remains essential but little developed. They suggest that this wider long-term agenda has been further displaced by narrower, shorter-term 'employability' political concerns. Moving people from welfare to work may not be appropriate in conditions of poor work and precarious local labour markets. Moreover, short-lived initiatives tend to reflect rather than remedy the conditions under which poor transitions are made and thus maintain an inter-generational cycle of deprivation and social exclusion, symbolised by a generation of NEETs (not in education, employment or training). As Rutter (2007) argues, 'we must avoid the assumption that all services should be organised by age (whether that be infancy, childhood, adolescence or adult life); rather we need to accept that some may be better organised according to particular need. For example, it is obvious that the peak age for eating disorders spans adolescence and early adult life. For young people to be transferred from an adolescent service to an adult service at a key point in their disorder makes no sense at all'.

While Webster and colleagues put their hopes in major economic change, those providing services have to be content with smaller reforms. Several areas have been highlighted in the social work literature about the deficiencies in current provision for young people that could easily be remedied. For example, there is widespread concern about the seemingly increasing fragmentation of services for adolescents in the UK. Instances include: the deteriorating mental health of young people revealed by research at the London Institute of Psychiatry (Maughan, 2005); reluctance of social services to accommodate 15 and 16 year olds because of fears about long-term responsibilities following the introduction of the *Leaving Care Act 2002*; growing numbers of young people in young offenders institutions; high unemployment masked by a favourable economic situation nationally; low educational achievements within an improving system for many; escalating accommodation costs; increasing family breakdown and homelessness; an increasingly unsympathetic benefit system; growing racial tensions and, a generally unfavourable social standing. Many observers feel that this fragmentation means that different services deal with young people with similar needs. Thresholds for receiving services are often set high, with much off loading and buck-passing, all of which contribute to the generally poor state of the UK's children, as revealed in international comparisons, such as that by UNICEF (2007).

Finally it is important to stress two points when contemplating new services. It is often assumed that adolescents in need require something very sophisticated. For example, teachers faced with an unruly teenager often suggest a need for psychiatry, when this is not what is needed. This view reflects a misconception about the causes of the young person's problems and a lack of familiarity with the professional structures that deal with them. While most professionals would agree that because of the number of factors that have to be considered and their interconnection,

assessments and arrangements for case responsibility should be based on a broad, holistic model of child development and that this should be underpinned by a multi-disciplinary service. But the important point is that many troubled and troublesome adolescents do not need a multi-disciplinary response, neither do they need the most intensive input from the profession designated to help them.

A problem often arises with adolescents who present difficulties in interactions at home, school and in the community but who do not meet the thresholds for specialist services, such as social work support, youth justice or CAMHS. This leads to damaging criticisms of professions by other professionals and service users and leaves the young people vulnerable to further deterioration. With regard to child and adolescent mental health services, for example, Goodman (2006) argues that 'provision should focus on young people with core mental health problems such as anorexia nervosa, schizophrenia, severe depression, obsessive-compulsive disorder and severe hyperactivity. At present, these young people often go untreated or undertreated. The 'four tier' model is unhelpful, dividing services up in a way that works against good practice. A more promising blueprint for evidence-based services involves: an outpatient service, fully funded by health, for core mental health problems; a contribution to multi-agency services need to provide consultation and training to primary health services and other agencies; and, taking an active role in facilitating self-help groups'.

Secondly, discussions about services cannot avoid the issue of cost. Interventions with adolescents are expensive and services such as secure accommodation and face-to-face consultations have to be used sparingly. The financial arrangements of services do not always help. Prison custody, for instance, is free to local authorities whereas a child care secure unit costs thousands of pounds per week. Health service facilities are paid for from NHS funds while out-of-area residential placements for looked after children are financed by local authority children's services. The age limit for receiving services is highly significant for calculating service costs. For example, if it were proposed to move the 3,800 under 18 year olds from prison department custody to residential homes, the sums of money involved would be greatly affected by the age threshold applied. As serious offending increases during the late teens, the number of candidates is greatly influenced by whether the criterion employed is: under 18 when the offence was committed, under 18 when sentenced (which can be months later) or under 18 when the majority of a custodial sentence is served. The former will produce at least four times as many young people as the latter. Thus, with secure units charging £250,000 per annum per child, the costs of providing a seemingly straightforward alternative to youth custody will vary enormously depending on how it is implemented.

Similar conclusions have been reached about adolescent mental health services by Goodman (2006) who has written 'because 16 and 17 year olds are particularly likely to have expensive-to-treat mental health problems, the cost of child and adolescent mental health services depends critically on its upper age limit. Thus a service for 0-18 year olds may be twice as expensive as a service for 0-16 year olds'.

WAYS FORWARD FOR RESEARCH AND SERVICE DEVELOPMENT

This review of transitions from child to adulthood indicates several ways forward for research and service development. They are as follows:

Areas where additional services may be beneficial

The review has indicated the difficulties that many young people face as they move to adulthood and where additional help might be beneficial. The areas highlighted that apply especially to children in need include: family and personal relationships, employment/education, accommodation, mental health and drugs and alcohol use. One research possibility is that rather than trying to tackle all of these with a single approach, different areas of Birmingham could undertake controlled experiments in one or more of these areas by providing an enhanced or redesigned service. This would most certainly sharpen practice in areas which, for the reasons given, do not receive adequate attention at present and which arouse concern among professionals and service users. If successful, these new services could then be adopted across the rest of the city.

Services for children presenting different needs

The review has indicated what needs to be done if services for different groups of young people are to become more effective. The relatively favourable situation emotional and employment situation of some young people, for instance, should not cause their less salient needs, such as mental and physical health problems or poor self-esteem, to be overlooked.

New methods of measuring young people's progress

The desire to coordinate services for adolescents and young people better should facilitate the introduction of a wide and consistent method for assessing young people's needs and matching them to interventions. There is perennial problem of measuring young people's progress in a context where global outcomes will never be dazzling. A useful model is provided by the Dartington *Prediction Practice Tool* (WHP, 2003) where at the point of entry, the needs of each young person are assessed and a prediction made about what is likely to happen to him or her in different areas of their lives. This forecast is then compared with the actual outcomes later on to see whether young people's situations are different. If this could be incorporated into the assessment process, it would help highlight the contribution of different service to young people's progress.

Administrative innovation

On administrative issues, the review suggests that attention might be given to discussions on multi-disciplinary work, partnerships between local authorities and voluntary organisations and how aims and achievements can be monitored from data collected for routine administration. We know little about how to achieve organisational change and a study of changes to children's services in Birmingham would be significant in its own right. A methodology for monitoring consistency and

ensuring high standards across a large local authority would also be an important contribution to management literature, as would the implementation of a model that successfully combines holistic oversight with specialist help.

Child development issues

At a more abstract level, a series of studies of young people could do much to inform child development issues that cloud so much social work evaluation. Three areas have been highlighted in the study. One is for clarification about the relationship between the care process and children's needs and how the two interact. There are studies of each, but very little is known about the relationship between them. The effect of this is to debilitate clinical work and dumb down practice, whereas an effective service should be strong on each.

A second area explored in this review concerns continuities and discontinuities in young people's needs. Considerable continuity has been found but insufficient detail is available about the severity of problems and whether this endures. Vulnerable children are likely to remain wobbly throughout their lives but the extent and detail are unclear. This knowledge is especially important for practice as the aim of interventions is often to reduce risk or help people cope with it rather than to eliminate it altogether.

Thirdly, the study shows that while many young people in need do well in later life and achieve stability, choice and fulfilment, a sizeable proportion, for example about a third of care leavers, remain vulnerable. It would be a major contribution to professional knowledge if it could be shown how to combine effective support for a large number of young people with intensive work for individuals who need it.

REFERENCES AND BIBLIOGRAPHY

Arnett, J. and Balle-Jensen, L. (1993) 'Cultural bases of risk behaviour: Danish adolescents', *Child Development*, LXIV, 1842-59

Biehal, N. (2006) *Working with Adolescents: Supporting Families, Preventing Breakdown*, London: BAAF

Biehal, N., Clayden, J., Stein, M. and Wade, J. (1995) *Moving On: Young people and Leaving Care Schemes*, London: HMSO

Broad, B. (1998) *Young People Leaving Care: Life after the Children Act 1989*, London: Jessica Kingsley

Bynner, J. (2001) 'British youth transitions in comparative perspective', *Journal of Youth Studies*, IV, pp.5-23

Bynner, J., Chisholm, L. and Furlong, A. (1997) *Youth Citizenship and Social Change*, Aldershot: Ashgate

Chase, E., Simon, A. and Jackson, S. (2006) *In Care and After: A Positive Perspective*, London: Routledge, 2006

Coleman, J. and Hendry, L. (1999) *The Nature of Adolescence*, London: Routledge

Coffield, F., Borrill, C. and Marshall, S. (1986) *Growing Up at the Margins: Young Adults in the North East*, Milton Keynes: Open University Press

Dartington-I (2002) *An Evaluation of a Service for Children aged over 15 Looked After by an English Local Authority*, Dartington-I

DeHart, G., Sroufe, L and Cooper, R. (2004) *Child Development: Its Nature and Course*, New York: McGraw-Hill

ESRC (1987) *Coping with Transition, 16-19 Research Initiative*, see related articles on ESRC website

Evans, K. (2002) 'Taking control of their lives? Agency in young adult transitions in England and New Germany', *Journal of Youth Studies*, V.

Goodman, R. (2006) Web ref: <http://www.iop.kcl.ac.uk/departments/?locator=482>
Accessed February 19th 2007

Harris, H. (2006) *Meeting the Needs of Disabled Children and their Families: A Review of the Literature*, Dartington-I

Heath, A. and Payne, C. (1999) *Twentieth Century Trends in Social Mobility in Britain*, Oxford: Centre for Research in Election and Social Trends

Johnson, L., MacDonald, R., Mason, P. and Ridley, L. *Snakes and Ladders: Young People, Transition, Alternative Careers*, Bristol: Policy Press

Kiernan, K. (1992) 'The impact of family disruption in childhood on transitions made in young adult life', *Population Studies*, XLVI, pp.213-34

MacDonald, R. (ed.) (1997) *Youth and the Underclass and Social Exclusion*, London: Routledge

Maughan, B. (2005) *Time Trends in Adolescent Well-Being*, London: Nuffield Foundation

Meyerson, S. (ed.) (1975) *Adolescence and Breakdown*, London: Allen and Unwin

Offer, D. (1969) *The Psychological World of the Teenager*, London: Basic Books

Osgood, D., Foster, E., Flanagan, C. and Ruth, G. (eds.) (2005) *On Your Own without a Net: The Transition to Adulthood for Vulnerable Populations*, Chicago: Chicago University Press

Rutter, M. (2007) 'Psychopathological development across adolescence', *Journal of Youth Adolescence*, XXXVI, pp.101-110

Rutter, M. and Smith, D. (eds.) (1995) *Psychosocial Disorders in Young People: Time Trends and their Causes*, London: Wiley

Sergeant, H. (2006) *Handle with Care: An Investigation into the Care System*, London: Centre for Young Policy Studies

Smith, P., Cowie, H. and Blades, M. (2003) *Understanding Children's Development*, Oxford, Blackwell Publishing

Stein, M. (1997) *What Works in Leaving Care?*, Barkingside: Barnardos

Thomson, R. and Holland, J. (2004) *Youth Values and Transitions to Adulthood: An Empirical Investigation*, Swindon: ESRC

UNICEF (2007) *Report Card 7: An Overview of Child Well-being in Rich Countries*

Webster, C., MacDonald, R., Shildrick, T. and Simpson, M. (2000) *Social Exclusion, Young Adults and Extended Youth Traditions*, www.bctrust.org.uk/snapshots/social-exclusion-young-adults/social-exclusion.young-adults.pdf. Accessed 7 Feb 2007

Warren House Press (2003) *Prediction: Perspectives on Diagnosis, Prognosis and Intervention*, Dartington: Warren House Press

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