

# IMPROVING SERVICES FOR ADOLESCENTS IN THE UK

Centre for Social Policy  
Warren House Group at Dartington<sup>1</sup>

## Introduction

This year has brought some dismal news about British children. In addition to reports of widespread psychological malaise, the UK was bottom of the UNICEF rating of child welfare in developed countries, there was a major resignation at the Youth Justice Board, disappointing statistics about child poverty and violent crime saw teenagers shot in their homes.

While these events are significant in their own right, they are additionally important because they reflect wider dissatisfaction with children's services among professionals and the general public. Examples cited include: the deteriorating mental health of young people revealed by research at the London Institute of Psychiatry; reluctance of social services to accommodate 15 and 16 year olds because of fears about long-term responsibilities; 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 unsympathetic benefit system; growing racial tensions and the generally unfavourable social standing of adolescents. It is also felt that services are becoming too fragmented with different agencies dealing with the same sorts of young people in terms of their needs. Thresholds for receiving services are often set high, leading to off-loading and buck passing.

The responses have been predictable. Government officials have questioned the validity and currency of some of the supporting data and the media have been clogged with expert opinion. But many discussions have barely scratched the surface, showing limited understanding of the problems. Some of the television and radio debates have been particularly depressing. Typically, assembled panellists each present their pet theory, suggesting as causes everything under the sun: absent fathers; national curriculum; poverty; Mrs Thatcher; soaps and so on, usually falling back on the catch-all, tautological explanation of 'culture' and the accusation that British people do not like children. The script usually comprises a proposed cause – single parents or abolishing the cane – followed by a disproving example – Scandinavia has single parents, Poland abolished beating in the 1700s and they don't have... Time runs out with no conclusions and violin-like faces all round.

The proffered solutions have been equally disparate, ranging from tender loving care to mass flogging. The shallowness of the analysis has also been exacerbated by the tendency for the clinical expert contributors to come from voluntary organisations.

---

<sup>1</sup> This article stems from a Centre for Social Policy seminar in May 2007. The contributors were: Margaret Adcock, Roger Bullock, Bridget Harris, Peter Harris, Jean Harris-Hendricks, Douglas Hooper, John Irwin, Sonia Jackson, Annemieke Kalsbeek, Michael Little, Peter Mittler, Frank Orlando, Roy Parker, June Thoburn, Barbara Tizard, Eileen Vizard and James Wetz.

While charities do a great job in providing information, implementing projects and pressurising governments, their role as social scientists is more questionable. A contrasting approach was highlighted in the contemporary outbreak of bird flu. Here, Professor Pennington explained the cause and nature of the disease and the associated risks with knowledge and a no-nonsense demeanour. Admittedly, biological phenomena are less complex to discuss than social ones and scientific experts are not always right, but listeners have been left feeling more assured about the safety of eating turkey twizzlers than being shot in their beds.

It is evident that there is no single answer to the problems facing children in British society, although some of them can be reduced. The UNICEF league position can be (and probably is being) improved by broad Government policy; but tackling anti-social behaviour and fractured relationships is more difficult. The problem is fundamentally a technical/clinical one in that we frankly do not know what to do and pin hopes on legislative and administrative change rather than on new interventions. Anton Chekhov, dying from the then incurable consumption, pithily described this situation in *The Cherry Orchard*; 'If a lot of cures are suggested for a disease, it means the disease is incurable'.

### **Aim of the article**

The aim of this article is to address some of these shortcomings by constructing a framework that clarifies the problems highlighted as they affect adolescents in Britain today. It seeks to identify the essential elements of an effective service for young people and proposes a robust model of service design, implementation and evaluation. While this is unlikely to produce magical remedies, it is a necessary prelude to discussions that fashion them.

The discussion has eight stages, the first of which considers definitions of adolescence.

### **Definitions of Adolescence**

One of the problems in discussions about adolescence is the tendency to choose a definition that supports an argument. Thus, behaviours that are quite different are often lumped together, so that football hooliganism (an activity of young men usually in their 20s) is considered in the same breath as railway vandalism (usually an offence of younger adolescents) as though there is a common cause and a graduation from one to the other.

Adolescence can be viewed in several ways and three seem particularly illuminating. First there is chronological age, the emphasis being on the time period between 11 and 18, 13-16 or whatever. Like other perspectives, this approach has strengths and weaknesses. Obviously, the significance of age varies depending on the social context and child's stage of development. Ages for the onset of puberty have fallen in recent years while formal education has been extended. A striking feature of Victorian photographs is how many young children worked long hours in factories and yet how physically immature they now appear.

There are also 'official' ages for certain activities, such as leaving school, learning to drive and getting married. Not only do individuals of the same age differ in their capacity to cope with these transitions but there are also conflicting expectations, with some legal ages falling and others rising. A teenager can have gay sex before they can drink alcohol in a pub. 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.

This confusion over the legal age for different activities has been discussed by Graham (2004) who recommends that the age of 14 should be accepted as the beginning of adulthood and 'recognised as such by our legal system and in our behaviour towards young people generally' (p. 236). This suggestion, of course, has enormous social implications as it would mean raising the age of criminal responsibility while reducing the legal ages for doing part-time work, buying alcoholic drinks and cigarettes, having sexual intercourse and voting. Whatever opinions might be expressed on these changes, the essential features of Graham's proposal are greater empowerment of young people in schools as a preparation for adulthood and stronger links between adolescent and adult services at home, school and in the community.

A different view is to scrutinise the life-style features of adolescence, such as growing independence and the pursuit of emotional relationships outside of the family. The important point here is that several transitions have to be made during adolescence - social, emotional, economic and psychological. 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. Moreover, because transitions are deeply felt, they may have lasting effects on a young person's emotional state. Because of this heightened feeling, they can involve swings in political and religious views, sometimes accompanied by impulsive or risky behaviour and family discord.

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 negatively by the young people concerned.

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 of British youth (Coffield et al., 1986). While the employment situation has improved since then, recent evidence on social mobility in the UK shows declining or, at best, static opportunities for advancement for those in the lower social groups (Heath and Payne, 1999; Ferri et al., 2003). Similarly, political concerns arising from 9/11 and terrorist threats have raised new difficulties for certain ethnic groups and immigrants.

The significance of social class has perhaps been neglected in recent discussion as the negative aspects of contemporary culture can affect all young people. But, middle class adolescents undoubtedly have more opportunities for activities and education than others. Whether this is due to parents' education, wealth or style of supervision or to the fact that they themselves have more realistic and positive aspirations for the future is unclear, but the effect is noticeable – namely, greater protection from the long-term consequences of anti-social and self destructive behaviour.

Surveys of older adolescents who are helped by welfare services show that parents and teachers are sometimes more worried about transitions than 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).

A third perspective on adolescence considers the complications for young people created by the structure and administration of services. Thresholds have to be set to manage demand for help, but the criteria adopted may not be appropriate for every individual. For instance, the age of criminal responsibility is fixed 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.

None of these problems is new although their style and manifestations might be different from former years. So the next question is what is the basis for public and professional concern about adolescents in the UK today? Is it based on real changes or new perceptions of old problems? Is it a moral panic in which fears about wider social and economic changes are projected onto a marginal group?

### **Is There a Problem with Adolescents in the UK Today?**

Concerns about deterioration in the status of adolescents in the UK are supported by disquieting evidence from several robust child welfare surveys on the health and development of young people (Maughan, 2005). There are reports of increased social and psychological problems, behavioural and emotional disorders, malaise, anti-social behaviour and early pregnancy, although it is important to note that only a small proportion of young people are affected. Media and peer group pressures also seem to be more acute.

In addition, threats to law and order by young people are increasingly perceived as a political problem; hence formal responses and social attitudes have hardened and have become more punitive. Behaviour once viewed as merely boisterous has become criminalised, although there appears to be a difference between occasional outbursts and anti-social behaviour as a way of life. In addition, exclusion from school is a common sanction, more adolescents are placed in secure settings, financial benefits have been cut or made conditional and pejorative labels are attached to teenage exuberance and exploration.

On the other hand, young people today have better physical health, more knowledge, more money and better housing; and, juvenile property crime is falling and educational achievements rising.

So, the picture is paradoxical. Young people are better off economically but there is more reported malaise; there is less youth crime but more young people are in custody; government policies convey conflicting messages, such as the call for an extended role for schools on the one hand but more exclusion and blaming parents on the other.

### **The Risk Factors for Adolescent Problems are Increasing in the UK**

Whatever the conclusions about whether things are getting better or worse for adolescents in the UK, it is well established that the predisposing factors known to be associated with the problems listed above are increasing in UK society. There is more family breakdown and reconstitution, widening social division, limited employment opportunity for some, poor parenting, drug and alcohol abuse, domestic violence, ghettoisation and racial tension. It follows, therefore, that there are more young people at risk of developing problems or facing difficulties in the transition to adulthood, even if the probability of succumbing to them is still low.

To understand these changes, we need to know the risk and protective factors associated with the problems that cause concern and to review them in the light of international comparative and historical evidence. This will indicate the factors that are and are not relevant and identify trends common to all economically developed societies as opposed to the effects of ephemeral local policies and legislation. The method used in the time-trend studies at the London Institute of Psychiatry in order to chart changes in behaviours, such as offending, suicide and eating disorders, provides a model (Rutter and Smith, 1995) that could be fruitfully replicated in other subject areas.

### **Adolescent Trajectories Differ**

The need to disaggregate adolescent transitions and problems has already been mentioned. The important point to bear in mind, however, is that the majority of young people in the UK manage all of the necessary transitions without major difficulties and that the *sturm and drang* interpretation of adolescence is now seen as overdramatic (Coleman and Hendry, 1999; Jaffé, 1999). A small but significant group present predominantly challenging and anti-social behaviour and this has become more visible by virtue of the greater geographical mobility locally, resulting in potentially more citizens being affected than in the past. Such behaviour has an adverse effect on the wider community way beyond its gravity, as it is rarely seriously criminal and usually subsides with age. A few young people, however, do develop serious, specific psychological and social problems in mental health, education, making and sustaining relationships, education and employment and housing and need sophisticated help.

### **The Significant Research Questions Differ for each Group**

The research questions necessary to understand the trajectories and suggested interventions for each of the three groups of adolescents just described are different.

For the first group of adolescents who manage transitions successfully, the key questions are why do they cope so well and how are the problems they inevitably face overcome?

For the second group which presents challenging behaviour and is seen as the most threatening to ordinary citizens, there is a need for disaggregation by age, type of behaviour and its consequences because a range of problems is likely to be subsumed under broad concepts such as 'anti-social'.

For the third group with complex needs, an extensive literature and treatment procedure exist for each disorder. It is inevitably more sophisticated for some conditions than others and varies in its scientific strength (for example, longitudinal evidence on effects is often weaker than knowledge about co-morbidity) but in most cases the risk factors that apply at different stages have been identified. Some of these, such as family breakdown, are common to many problems, while others are specific to particular disorders or groups in society. In the best situations, there are also actuarial probability ratings for each risk factor and knowledge about trajectories, effects of interventions and long-term outcomes. But it has to be said that there is a lot that we do not know.

### **Interventions Vary in their Effectiveness**

While interventions exist for most problems presented by adolescents, they vary in their effectiveness, with some conditions more intractable than others. But, again, there is a danger of falling back on stereotypes. A Dartington-I (2002) study of one of the most disadvantaged groups of adolescents – those aged over 15 looked after by local authorities – found that nearly half of those scrutinised were reasonably well settled and supported and that another quarter who had experienced serious neglect and abuse now showed few serious effects. Only one-quarter of the young people displayed the type of dysfunctional behaviour at home, school and in the community that is often deemed typical of older children in care (Sergeant, 2006). But this relatively pleasing situation was clouded by the fact that half of the young people were likely to be very much on their own once they left care at 18.

A compounding problem is that treatments rarely exist in isolation and the young person's responses are part of the process. In addition, many studies have shown that well thought out approaches can be undermined by the way problems are perceived, for instance whether as a control, criminal, mental health or welfare issue.

Administrative arrangements and practical constraints can exacerbate this situation with their failure to engage and hold children and families; difficulties in providing stability and high quality substitute care; limited focus, for example in the case of mental health services for adults with children; the imposition of a blame culture; rigid service boundaries; and fixed cut-off points that are insensitive to the stage of young people's development. Within the system, frustrations arise from the different thresholds applied by services, for example when one agency's 'serious' case is viewed as merely 'mild or low gravity' by another whose help is being sought.

## **Interventions Vary in their Accessibility**

At risk of painting too bleak a picture of adolescent services in the UK today, it has to be stressed that most of the young people with severe problems do get help. It may not be satisfactory but it is unlikely that teenagers with serious conditions, such as psychosis or learning difficulties, are abandoned by the authorities.

However, there is clearly a much larger group of young people who are vulnerable to difficulties but whose conditions do not reach the threshold enabling them to receive help over and above universal services. Preventative strategies for them need to be different because what might be effective for the general population of disadvantaged children is unlikely to work for those with problems that need targeted and sophisticated remedies.

In terms of fashioning the most productive intervention with adolescents who are vulnerable rather than presenting serious conditions, numerous research studies have highlighted common background problems, many of which seem difficult to resolve. These include: poor attachment to carers; abuse; neglect and anger.

## **The Significance of Education**

One avenue perceived as especially fruitful for service development is education in that it is easy to provide and has wide protective effects because it is associated with opportunity, better subsequent parenting and healthy life styles, all of which reduce the risks intrinsic to the transitions to adulthood. Thus, its role as a compelling enterprise to fashion a civil society and as the central place where society expresses to all young people what matters and what is of value has been emphasised in recent years by the Government's considerable investment in school specialisation, nursery provision, Sure Start, reduced class size, bigger salaries and strategies to improve academic attainment.

Yet a persistent minority of schools and children continue to under perform, improvement in literacy and numeracy seems hard to achieve and at the age of 11, boys' attainments lag behind those of girls and gaps between low and high achievers begin to widen. It is still the case that socio-economic status greatly affects academic performance. Thus, the issues posed by young people who leave school disengaged, disaffected and without academic achievements cannot be ignored and even the most superficial glance at their background characteristics highlights wider problems, such as lack of affection, poor attachment and remembered hurt from childhood - difficulties that are unlikely to be resolved by punitive and excluding sanctions. A similar and partly overlapping disenfranchised group comprises young people with special educational needs. For them, resources and employment prospects remain stubbornly inadequate and recommendations for a co-ordinated and effective approach to ease the transition from children's to adult services seem hard to implement (Mittler, 2007).

The social impact and cost of educational failure are stark. Two hundred thousand 14-17-year-olds now have a criminal record; seven times as much resource is spent on youth custody as on prevention; 30,000 teenagers leave school each year without a single GCSE qualification, even though 40% of them showed academic ability at

primary level; truancy has increased by 18% in the last three years; and, 11% of 17-year-olds are not in any form of education, employment or training.

So what is it about young people and schools that needs to be understood in order to ensure that adolescents grow up into young adults with a stake in civil society? Initially, there is a need to listen and hear the narratives of the difficult and disengaged young and to learn from their experiences of school. Then, knowledge about securing a successful childhood has to be applied to the design and organisation of schools, taking note of research data on local communities, evaluations of innovations and best international practice. This may not produce immediate results but it should help show young people that society has expressed to them what it values in a way that they can understand and learn from and so increase the chance that they will end their schooling with qualifications, affection and a belief that they have a positive role in society

## **Conclusions**

It is easy for the older generation to imagine a golden era when problems seemed less pressing and important to acknowledge the progress that has been made in health, education, leisure, economic well-being, housing and opportunities, all of which have improved the lives of adolescents in UK society.

Nevertheless, two negative trends can be identified. The first is the increase in factors that have complicated the transitions to adulthood for all young people and the second is the changes that have made these transitions particularly difficult for an increasingly visible minority.

With regard to the first of these trends, there are undoubtedly new problems that hardly existed half a century ago, such as drugs, and powerful media and peer pressures on taste, behaviour and appearance, with an ability to match up to fashionable expectations causing anxiety and stress. There are also new methods of communication, such as the Internet, and new technologies, such as cosmetic surgery, that can fuel a sense of desperation for something to be done. Such problems might seem trivial compared with the poverty of the Depression and the traumas of the Second World War, but their severity is real to the young people involved.

Another major change is that the rites of passage that were once experienced by all adolescents have become more constructed, competitive and commercialised. Going for a drink with one's father, religious confirmation and receiving the key to the door have all but disappeared and been replaced by academic hurdles or aspects of social and sexual life, activities in which a sizeable group of young people will inevitably fail. The shift in the role of adolescents from marginal to competitive consumers not only heightens anxiety and but also defines failure.

Services for adolescents have also been affected by the tendency for the problems of troubled and troublesome teenagers to be viewed less as a child welfare issue and more as a criminal or medical problem. At the same time, services have adopted a target as opposed to an outcome culture, with diminishing interest in the welfare of individuals. Thus, government policies and professional practice appear contradictory. For instance, despite an emphasis on education as a positive force, there are claims

that expertise and interest in children's emotional development are diminishing and that preferred school structures make it harder to meet the needs of less able and special needs children. Child protection fears have also deterred many adults from offering personal supervision and advice. These developments are unfortunate because they affect the contexts available for children to reach adulthood and thus raise the question of whether it is the adults who are contributing more to the situation than the young people they criticise. The process of adolescence benefits from exchanges between young people and adults through family and school, yet the very organisational structures and perceptions of appropriate behaviour seem to discourage this by interpreting the well-intentioned efforts of older people as potentially sinister.

Moving to the troubled and troublesome young people who search for transitions to adulthood but find them increasingly difficult to make - while, again, being mindful of the evidence that most young people achieve this change without too much difficulty - there do seem to be changes in both society and in the delivery of services that exacerbate their transitions, whatever the other benefits that might accrue to others. Targets set up certain failure for these young people and punishments and rejection follow if the initial help is rejected or the young person is unco-operative. Economic opportunities are fewer than ever with the disappearance of unskilled jobs, making the gap between success and unsuccessful groups more apparent. Thus, the young people who fail not only become more alienated but also have more opportunity than ever to express their feelings in anti-social behaviour. Estimates of the number involved vary but it seems reasonable to conclude that half of adolescents do not get a great deal out of their eleven years of formal education and that 10% of school leavers have little stake in society.

While adults might be reluctant to question the economic and social systems that exacerbate these problems because they serve most people well, there is a danger of tacitly accepting the shocking evidence on adolescents' health and development in the UK. The comparative international studies of child welfare show beyond doubt that many countries achieve better results than ours and that what governments do is not insignificant. Similarly, much therapeutic and clinical work is effective when it is properly undertaken.

### **Research and Service Development: Ways Forward**

This review of services for adolescents indicates several ways forward for research and service development. However, before proceeding, two points need to be made.

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 the answer. 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. 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 and adolescent development and that this should be underpinned by a multi-disciplinary service which can also call on a network of voluntary organisations and civil society. 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.

Neither can discussions about services for adolescents avoid the issue of cost. Interventions are expensive and provision such as secure accommodation and one-to-one 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 from local authority care placement budgets. The age limit for receiving services is highly significant for calculating service costs. For example, 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 the question of age is dealt with. The inclusion of 17-year-olds, for instance, vastly increases the cost.

Given these caveats, what developments are likely to bear fruit?

#### *Areas where additional services may be beneficial*

This article 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 adolescents 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 districts in a local authority undertake controlled experiments with one or more problems by providing an enhanced or re-designed service. This would 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 more widely.

#### *Services for children presenting different needs*

The article has also indicated what needs to be done if services for different groups of young people are to become more effective. The relatively favourable 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 co-ordinate services for adolescents better should facilitate the introduction of a wide and consistent method for assessing their 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 to a service, the needs of the young person are assessed and a prediction

made about what is likely to happen to him or her in different areas of his or her life and what has to be done to achieve it or prevent it happening. This forecast is then compared with the actual outcomes later on to see whether the young person's situations is different. If this could be incorporated into the assessment process, it would help highlight the contribution of different services to young people's progress.

#### *Administrative innovation*

On administrative issues, the article 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 the data that are collected for routine administration. We know only a modest amount about how to achieve effective organisational change and a study of changes to children's services in different local authorities 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 the management literature.

Follow-up studies of young people presenting problems in adolescence show that while many do well in later life and achieve stability, choice and fulfilment, a sizeable proportion, for example about a third of care leavers, struggle with everyday decisions. It would add to professional knowledge if it could be shown how best to combine effective support for a large number of young people with intensive work for individuals who need it.

#### *Child and adolescent development issues*

At a more abstract level, a series of studies of young people could do much to inform the child and adolescent development issues that cloud so much social work evaluation. Two would be extremely fruitful. One is for clarification about the relationship between care and treatment processes 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 common theme highlighted in the discussion concerns continuities and discontinuities in young people's needs. Considerable continuity has been found in longitudinal studies but insufficient detail is available about the changing severity of problems. Vulnerable children are likely to remain wobbly throughout their lives but the extent and detail of their insecurity are unclear. Knowledge about when and where and under what circumstances discontinuities arise is especially important for practice, as the aim of many interventions is to reduce risk or help people cope with it rather than to eliminate it altogether.

#### *An approach to service design*

An over-arching way forward is to undertake a two-pronged review of services currently available to help adolescents, whether those facing transitory difficulties or presenting serious problems. One review would consider the structure, availability and delivery of the services, the other their clinical effectiveness in terms of improved personal psychological and social development.

Once groups of young people who are poorly served by existing provision have been identified, a process of designing new services should be initiated. Several models are possible, such as that developed by the Annie E. Casey Foundation to reduce the numbers of juvenile offenders in custody in the US by more rigorous risk assessment of re-offending and danger to the public (Annie E Casey Foundation, 2006; Holman and Ziedenberg, 2006). Dartington-I has also developed and implemented a twelve-stage approach to service design. The stages are: an initial epidemiological survey; the identification of groups of adolescents with common needs; setting the outcomes that are to be achieved in different areas of young people's lives; noting the known risk and protective factors; hypothesising the chains of effects that produce the outcomes to be improved; deciding on the target groups - a whole population or selected group; deciding whether the new service is aimed at the tail of the statistical distribution, the whole distribution or a targeted group within it; testing the ideas within the known evidence base; testing the ideas with users; agreeing priorities; preparing manuals for service delivery; and evaluating the results using a robust methodology.

These exercises may not bring the immediate relief that the general public seem to want but, as they are evidence-based and needs-led, they are surely more imaginative and likely to have a greater effect than the common suggestions of hugging hoodies, piped Mozart or boot camps.

## References

Annie E. Casey Foundation (2006) *Juvenile Detention Risk Assessment: A Practical Guide to Juvenile Detention Reform*, Baltimore: Annie E. Casey Foundation ([www.aecf.org](http://www.aecf.org); [www.jdaihelpdesk.org](http://www.jdaihelpdesk.org))

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

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

Ferri, E., Brynner, J. and Wadsworth, M. (eds.) (2003) *Changing Britain; Changing Lives: Three Generations at the Turn of the Century*, London: Institute of Education

Graham, P. (2004) *The End of Adolescence*, Oxford: University Press

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

Holman, B. and Ziedenberg, J. (2006) *The Impact of Incarcerating Youth in Detention and Other Secure Facilities*, Washington D.C.: Justice Policy Institute ([www.justicepolicy.org/reports](http://www.justicepolicy.org/reports))

Jaffé, M. (1999) *Adolescence*, Chichester: John Wiley

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

Mittler, P. (2007) 'Education – the missing link at transition', *Learning Disability Review*, XII.2, 14-21

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

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

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