

SIDELINED

Young Adults' Access to Services

SIDELINED

Young Adults' Access to Services

Catherine Howarth and Cathy Street

CONTENTS

| | |
|---|-----------|
| Executive Summary | 1 |
| This Report | 1 |
| Why 'Young Adults'? | 1 |
| Our Findings And Recommendations | 2 |
| Our Overall Conclusion | 4 |
| 1. Introduction | 5 |
| Purpose Of The Report | 5 |
| A Neglected Age Group | 5 |
| Background To This Research | 6 |
| Study Design | 8 |
| 2. Young Adults And Their Need For Services | 9 |
| What We Know About Young Adults: Key Facts | 10 |
| What We Don't Know About Young Adults: Data Gaps | 12 |
| Conclusions | 13 |
| 3. The Legal And Policy Context | 14 |
| The Legal Context | 14 |
| The Policy Context | 16 |
| Conclusions | 19 |
| 4. Access To Services- Project Research Findings | 20 |
| Particular Service Areas | 20 |
| General Issues Relating To Service Access | 23 |
| Appropriate Service Styles For Young Adults | 27 |
| Case Studies | 29 |
| Summary | 31 |
| 5. Summary Of Conclusions And Recommendations | 32 |
| Overcoming The Relative Neglect Of This Age Group | 32 |
| Taking A Wider View Of Need | 33 |
| Getting The Style Of Services Right | 34 |
| A Stable And More Coherent Funding Framework | 35 |
| Better Information About Services And Service Access | 35 |
| References | 36 |
| End Notes | 38 |

ACKNOWLEDGEMENTS

This study is primarily based on interviews with staff working directly with young adults aged 16-25, drawn from agencies located within six areas of England. These included both statutory and voluntary sector organisations.

Visits were also made to a number of projects which appeared to be offering quite unusual specialised services for this age group, or were operating as a means of systematically linking young adults into a range of different providers.

In addition to the interviews, data was collected concerning other relevant research and recent local and central government policy initiatives either specifically focused on those aged 16-25 or of high relevance to this age group – for example, initiatives to tackle the problems which may result from homelessness.

We would like to thank the following people and projects: Lizz Kid, NHS Executive; Rosemary Donovan, Barnet Health; Cathy Ashworth and Janet Gray, What Now? Information and Advice Services, Lancashire Youth & Community Service; Michelle Rogers, Off Centre; Geoffrey Baruch and Sarah Charlton, Brandon Centre, London; Carol Thomson, Kipper Project.

A special thanks is due to a number of people who kindly agreed to comment on an earlier draft of this report: Deborah Loeb, YoungMinds; Kate Folkard, Centrepoint; Catherine Wilson, Youth Access; Fiona Smith, Brunel University; Susan Brighouse, Child Poverty Action Group; Chris Stanley, Nacro.

Particular thanks are due to Paul Curno, Deputy Director of the Calouste Gulbenkian Foundation and Roger Smith, Social Policy Manager of the Children's Society, for supporting this work and making this report possible. Finally, we received invaluable input from our colleagues at the New Policy Institute, Mohibur Rahman, Guy Palmer and Peter Kenway.

As usual, responsibility for the content and any errors rests with the authors alone.

Cover photographs modelled for the Children's Society.

ABOUT THE AUTHORS

Catherine Howarth is a researcher at the New Policy Institute

Cathy Street is a Research Associate of the New Policy Institute.

Published by the New Policy Institute.

© New Policy Institute, 2000

New Policy Institute
109 Coppergate House
16 Brune Street
London E1 7NJ

Tel: 020 7721 8421
Fax: 020 7721 8422
Email: info@npi.org.uk
Web site: www.npi.org.uk

ISBN 1-902080-14-9

EXECUTIVE SUMMARY

THIS REPORT

This report examines the adequacy of access to services currently experienced by young adults aged between 16 and 25. It represents an initial piece of research, drawing on a series of interviews with providers of services to young adults and a review of the relevant literature. Its purpose is to highlight areas of concern and to raise awareness of the problems young adults face in accessing both general and specialist services. More specific objectives are:

- To identify the gaps in the current pattern of service provision, and to identify the barriers which may prevent ready access to a range of agencies.
- To present and analyse some of the national data that is available about young adults, and to identify those areas where data is poor or non-existent.
- To assess, from the perspective of preventing or overcoming social exclusion, what the priorities for action by government and other policy makers might usefully be.

The focus is on health and welfare services, including housing, counselling, health services, personal support services, advice and information services. These areas have been selected to complement some of the recently published government reports, guidelines and research, which have been largely focused on services related to the employment, training and education of young people. By taking a provider perspective, our report also complements other research focussed on the views of young people themselves and their needs.

WHY 'YOUNG ADULTS'?

The transition from childhood to adulthood is a critical stage in a person's life. Until recently, however, this group has often been neglected, in terms of both policy and research, compared with either children or adults.¹ The resulting lack of a "*clear big picture*" is a significant theme in the recent Social Exclusion Unit Report on Young People from Policy Action Team (PAT) 12 which notes that "*young people get shunted from agency to agency because responsibilities are unclear...*" and that they "*can fall through the cracks in agency responsibilities, and services can appear contradictory, complex and inaccessible*".²

The PAT 12 report is generally focused on teenagers, although it notes the need for strong services to be available at either end of the age range, since some problems have their roots in earlier years and others may have a long lasting impact. This flexibility is in line with a key theme of our report, namely, *the importance of truly encompassing the older end of the age spectrum of young people in any analysis* – i.e., those in their early twenties as well. We have chosen to look at the age band 16-25 years because it spans the years when most young people leave home, perhaps one of the most significant transition events. At 18 years, around 90% are living with parents; by 25 years, only a quarter are still living with parents. Such independence leads to a greater need to access practical services personally, rather than via their parents, and is often accompanied by a greater need for services per se.³ The physical move is accompanied by a psychological transition that can also often require external support. This implies that practical and emotional support is very much needed after the teen years as well as during them, and also illustrates why *the needs of young adults are much wider than simply employment, education and training*.

The access problems derive in part from patterns of resource allocation within statutory service providers, where *young adults have often been side-lined as a result of child protection and family support priorities*. In addition to being sidelined in relation to other age groups, especially children, a DETR review of how public spending is allocated across geographic areas demonstrated that spending on 16-24 year olds in the most deprived areas is actually 14% less than in average areas.⁴ Our brief examination of the legal context surrounding service provision for young adults also reveals the lack of age-specific legislation, which has permitted this situation to develop. Other recent research has highlighted the contradictions that exist across different pieces of legislation and government departments.⁵

OUR FINDINGS AND RECOMMENDATIONS

1. Treat young adults and their needs on a par with other age groups

A recurring finding of our study is how young adults lose out relative to other age groups, in particular, children. This is reflected, for example, in the general lack of age-specific legislation giving young adults clear entitlement to areas of statutory service provision. One way of beginning to redress this would be for local service providers in both the statutory and voluntary sectors to undertake a needs assessment for young adults up to at least 25 years of age in their area. This could build on the needs assessment for 13-19s which should be carried out under Connexions.

We suggest, however, that the sense amongst service commissioners and providers that young adults are somehow a less-deserving age group is likely to continue so long as legalised discrimination continues at the national level against young adults, in the shape of their lower minimum wage, lower benefit levels and much less favourable entitlement to housing benefit.

2. Take a wider view of need in this age group

While it goes without saying that training and education are essential for young adults, there are needs for other kinds of services that are going unmet. What is also required, therefore, is a range of services offering practical and emotional support, possibly in combination. Whilst the new Connexions service should provide much of this for those aged 13-19, as noted above, leaving home drives demand for many forms of practical assistance, and for most young adults this does not happen until after 19. The need for a wider range of services was identified repeatedly in the interviews with service providers during this study, and is echoed in other recent research reports.⁶ These services need to be available to all young adults, not just a small group with extreme needs.

There are practical reasons for this approach. First, a service open to any young adult avoids the stigma that can be attached to very targeted services. There is a greater potential for early intervention, support and preventing an escalation of difficulties if services are seen by young people as something for them, without their feeling they have to fit into a narrowly defined category of need, which they may well not identify with. Finally, this approach helps to cope with the not uncommon situation in which an individual presents with one need but actually has deeper, underlying needs.

3. Get the style of services right: age-specific, open access, ‘one-stop’

Many of the interviewees suggested that young adults’ characteristics can discourage them from accessing services which in principle are available to them. For example, many young people, particularly at the lower end of the age range under consideration, live unsettled and fast-changing lives: so, for example, keeping appointments is not always easy for them. The style of services is therefore critical to their accessibility to this age group and this tends to imply services which have been specifically designed for young adults.

Our research suggests that services which have an open access policy often work well; and that policy makers should place greater importance on ‘one-stop’ services for young people in their early twenties which can deal with a range of common problems on site, while referring young adults on to more specialist services when required.

4. Create a more stable funding infrastructure

Whilst some of the best practice found during our research was in the voluntary sector, a prominent theme throughout the interviews was the lack of stable, long-term funding for many of the voluntary sector projects and initiatives designed to help young people. The voluntary sector as it serves young adults up to 25 needs to be supported and nurtured by public policy, and in particular effort will need to be made to ensure that Connexions does not inadvertently undermine voluntary sector provision for 19-25s.

Excellence in some areas cannot make up for the overall patchiness of geographical coverage of voluntary services. Many areas of the country, particularly rural areas, have a very limited range of voluntary services for young adults.

If local level, multi-agency initiatives to provide services for young adults are to be effectively developed, a coherent, cross-departmental funding strategy for both service development and on-going service support, is essential. A first step towards that could be to place a duty on local authorities, health authorities and central government departments to develop a strategic view of the service needs amongst young adults, following the principles identified above.

5. Invest in better quantitative information on service provision

Finally, we would urge real investment in data on service provision for young adults, including how much is spent on young adults by service providers working across all age ranges. Whilst the data on young adults’ various problems is much improved, detailed national data on the services provided remains scarce. In the absence of such data, it is extremely difficult to match it up against needs data to provide a comprehensive picture of how well or poorly young adults are served by services. This severely hampers the ability to co-ordinate planning.

OUR OVERALL CONCLUSION

The statistics presented in this report illustrate both the wide range and the seriousness of some of the problems facing this age group. These include extreme income poverty, mental health difficulties, risks of suicide and self-harm, adverse employment experiences, homelessness and the problems of being a victim of crime.

Many of these problems have been recognised in the SEU's report on young people. However their policy proposals focus on 13-19 year olds. It is our view that the availability, quality and appropriateness of services for young adults in their early twenties also needs urgent attention.

Our research also adds to the analysis offered by PAT 12 by demonstrating that problems of access to services can exist for this age group as a whole, and are not limited to either areas of deprivation nor to young adults with multiple needs. Furthermore, individuals often have more complex needs than is immediately apparent and it is important that existing services can recognise this and take appropriate action, suggesting that solutions lie with improving existing services and their co-ordination, as well as introducing new services. ***It is important that future government policy addresses these wider issues, as well as developing new services targeted on the most vulnerable.***

1. INTRODUCTION

PURPOSE OF THE REPORT

This report discusses the adequacy or otherwise of access to services currently experienced by young adults, and in particular, access to services relating to their health and well-being. Its overall aim is help raise awareness of the problems young adults face, with more specific objectives being:

- To identify the gaps in the current pattern of service provision, and to identify the barriers which prevent ready access to services.
- To present and analyse some of the national data that is available about young adults, and to identify those areas where the data is poor or non-existent.
- To assess, from the perspective of overcoming social exclusion, what the priorities for action by government and other policy makers might be.
- The report is aimed at policy makers in government, service provider organisations, researchers and research funding bodies.

A NEGLECTED AGE GROUP

Despite the successes of New Deal, young adults today are one of the more overlooked groups in British society. A comparison with children illustrates the point.

Whilst children can be particularly vulnerable in a variety of ways, they have strong advocates within government and civil society, they generally command the sympathy of the media, and their rights are protected by law, through the Children Act 1989 in particular. As a consequence, many key statutory services, particularly social services, are focused on families with children. In addition, children's charities account for between 30% and 40% of all charitable giving.

By contrast, young adults have fewer general advocates, generate less sympathy, and actually have weaker rights under the law than either children (for example relating to care and support from the state), or other adults (for example relating to benefit income and housing provision). Young adults' particular problems are compounded by their general ineffectiveness in making demands, either individually, or collectively via political routes, for more resources and support to meet their needs.⁷

The interviews carried out for this project strongly suggest that young adults are a low priority group for statutory service providers, particularly housing and social services. The design of statutory service provision generally fails to reflect the particular needs which are common in this transitional phase. Young adults too often fall between services provided for children and for adults, and transition arrangements are often not well designed.

With some important exceptions, the voluntary sector specifically working with young adults struggles for funding, whilst young adults are a rather low priority group amongst voluntary sector organisations that offer services and advocacy on behalf of the whole adult population.

To take one example, young adults living independently are far more likely to be the victim of burglary than other age groups, and the same applies for violent crime⁸, yet our interviews strongly suggest that neither voluntary sector services specialising in victims of crime, nor the police, look closely at the particular needs of young adults as a group. At the same time, many young adults are not themselves inclined to access the services that are in principle available to them following a crime, and they are less likely to report crime.

Furthermore, recent Government policy initiatives aimed at preventing forms of social exclusion have focussed almost exclusively on the early and mid teens. For example, the Home Office has completely re-designed the criminal justice system for young offenders, and increased spending on it. That money and energy has been focused on 10-17 year olds. However Home Office research shows that the peak age of offending is 18 or even older⁹, and the numbers of offenders leaving prison and in need of rehabilitation is much higher in this age group than amongst those aged 10-17. It was suggested to us that the quality of probation and other related services for post 18s may well be threatened by the emphasis on younger offenders. Another example is the reorganisation and modernisation of mental health services for children, and the additional £700 million that is being put towards this. As yet, there has been no comparable strategic thinking about meeting the mental health needs of young adults, even though the prevalence of mental health problems is higher for those aged 16-25 as it is for younger children.

BACKGROUND TO THIS RESEARCH

Monitoring Poverty And Social Exclusion

The genesis for this piece of research was the New Policy Institute's report *Monitoring Poverty and Social Exclusion* (1998)¹⁰ which was updated in 1999¹¹. In both reports, young adults are identified as an important group within the overall population who face particular challenges as they make the transition from childhood to full adulthood. Both reports provide a 'snap shot' of some of the serious and long-standing difficulties which face young adults in this country. The analysis reveals:

- ***A number of adverse trends in areas relating to the health and well-being of this age group.*** This is despite positive trends in the area of employment, education and training. Areas of particular concern include drug and alcohol misuse and the suicide rate for those aged 15 to 24: suicide is now the second most common cause of death amongst young men after accidents, and numbers of drug-related deaths amongst young people, particularly young men, sharply increased during the 1990s.¹²
- ***Important gaps in national data,*** most notably relating to homelessness amongst older teenagers and those in their early twenties. For example, current DETR statistics regarding the numbers of households accepted as in priority need of housing do not currently allow analysis of the situation pertaining to young adults – and it is also acknowledged that there are considerable doubts about the consistency of this data given the variations in the local authority returns on which these figures are based. It is hoped that the DETR will soon report new statistics on youth homelessness as part of the Youth Homelessness Action Partnership, but these were not available at the time of writing.

Other Research Concerning Young Adults

The Social Exclusion Unit's (SEU) Policy Action Team on young people published a major report in early 2000 focusing on the age group 13-19.¹³ The report draws attention to a lack of policy coherence across central and local government around young people, recommending national youth inclusion objectives, a ministerial group on young people and a youth unit in government. In addition, it argues for the development of local youth strategies. These are welcome recommendations. However, whilst the SEU's report highlights funding discrepancies for 16-24s whereby public spending actually decreases as area based deprivation increases, its policy recommendations do not emphasise the needs of people in their late teens and early twenties. This piece of research aims to fill that gap.

The SEU published an earlier report, *Bridging the Gap*, on 16-18 year olds not in education, training or work.¹⁴ The recommendations in that piece have led to the establishment of Connexions which is a major new support service for 13-19s being piloted at the time of writing.

Other publications have drawn attention to the problems facing particular groups of young adults. These include research by Bentley and Gurumurthy¹⁵ (focused on those 'off-register' – i.e. not in education or employment or claiming unemployment related benefits) and by Bentley and Oakley¹⁶ which concentrates on the views of those young people who have "*direct experience of the most severe forms of disadvantage, adversity and exclusion from mainstream society*".

Other recently published works resulting from the Carnegie Young People Initiative¹⁷ have explored some of the key issues which confront young people and how policies need to be developed to support these individuals in making a successful transition to independent adulthood. They highlight in particular "*a lack of published evaluation and research on programmes for the health of these young people*".

Earlier research by Shelter, by Centrepoint,¹⁸ by Barnardos¹⁹ and by NCH Action for Children,²⁰ all highlight the concerns about the inadequacy of housing provision for young adults. And research by the Health Advisory Service²¹ (1986) and by the Children's Society²² (1991 and 1993) highlighted the problems of poor inter-agency liaison and the risks of young people falling 'between the nets of all agencies'.

Finally, the 1998 Acheson report, *Inequalities in Health*,²³ highlighted the importance of access to primary health-care teams in terms of preventing suicide and promoting healthier lifestyles amongst young people. It also drew attention to the overall importance of living conditions and support available to this age group.

STUDY DESIGN

The research upon which this report is based has comprised three strands of work, namely:

- Interviews with a sample of staff in agencies drawn from six areas of the UK, working directly with those aged 16-25, and with policy makers in central and local government, and national offices of key voluntary sector organisations.
- A review of relevant research and other written material from government, academics, and voluntary sector organisations working in this or related areas.
- Identification and review of existing data concerning levels of need amongst young adults and the services that they receive.

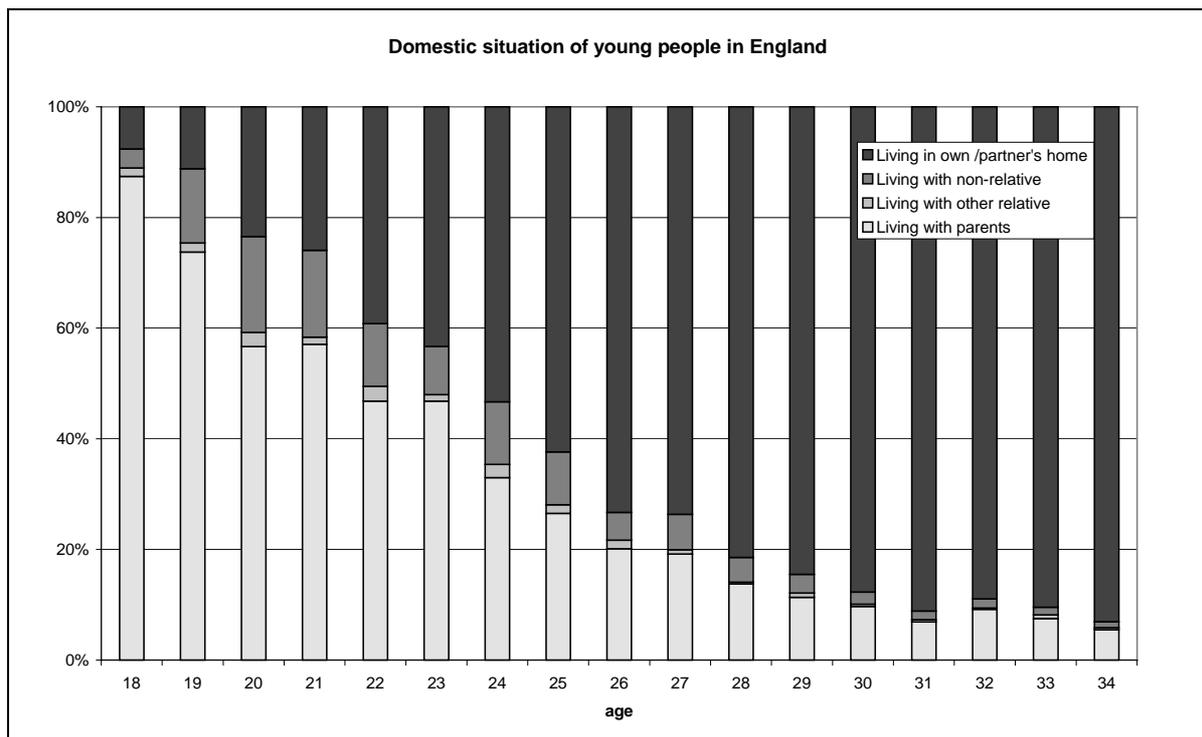
The interviews focused on the ease of access to provision, and the environment in which provision was offered, rather than on the substance of service provision itself. The discussions explored the views of interviewees concerning barriers to services facing young adults and also their thoughts on how this situation might be improved. One issue spontaneously raised in a number of the interviews was how young adults themselves perceive some types of service, and how this affects their uptake. Since we have not carried out interviews with young adults themselves, these findings are offered but should not be considered conclusive.

2. YOUNG ADULTS AND THEIR NEED FOR SERVICES

Young adults aged 16-25 make up about 11% of the population, which is approximately 6 million people. Their numbers are now growing, having previously reduced significantly over the last decade.

Young adults are a highly diverse group, reflecting in part the different rates at which young people move towards adult independence, and in part the very different expectations amongst the 16-25 population about the age at which education ends, parenthood begins, and at which a young person leaves home or the care of guardians.²⁴

The graph below shows that the vast majority of young adults live with their parents at the age of 18, but then start leaving home. The majority of those who leave home before 18 have been 'pushed' out by factors such as abuse or family breakdown: of admissions to Centrepoin projects in 1999, over 80% of those aged 16 and 17 had been forced to leave home by such factors.²⁵



Source: Survey of English Housing, 1998/9, DETR

WHAT WE KNOW ABOUT YOUNG ADULTS: KEY FACTS

The tables below present an overview of some the key statistics about this age group. These highlight a number of serious difficulties young adults may face, and suggest what scale of need exists for services to support young adults.

Note that there is considerable overlap between different areas; for example, homeless young people are almost 3 times more likely to experience mental health problems compared to those with secure housing, and one third will attempt suicide.²⁶ It has also been estimated that 10-20% of young people involved in criminal activity have a ‘psychiatric disorder’.²⁷

Health

| | |
|---|---|
| Mental health | <p>The rate of neurotic disorders (over a seven week period) among 16-19 year olds is 13%; amongst 20-24s, it is 17%.²⁸</p> <p>The risk of poor mental health is strongly increased by stressful life events including seeking work without success and relationship problems – both likely scenarios for young adults.²⁹</p> <p>Health Authority spending on Child and Adolescent Mental Health Services (which some of this age group falls into) varied by a factor of seven across different authorities.³⁰</p> |
| Suicide, attempted suicide and deliberate self-harm | <p>In 1998, the suicide rate among young men was about 10 per 100,000.³¹ Those with no known occupation were four times as likely as those in Social Class 1 to commit suicide.</p> <p>The attempted suicide rate for young males has doubled since 1985. Figures for 1996 indicate that 1 in 5 young homeless people were found to have attempted suicide.³²</p> <p>Statistics for self-harm are unreliable since acts of self-harm often remain hidden. It has, however, been estimated that each year, there are approximately 19,000 hospital admissions in England and Wales of young people who have deliberately harmed themselves, often through drug overdoses.³³</p> |
| Problem drug use | <p>Department of Health statistics show that the number of problem drug users aged 15 to 24 starting treatment episodes has risen rapidly throughout the last decade. In the period April to September 1998, heroin was the main drug of misuse for over half of the under 25s starting treatment in England.³⁴</p> <p>Office for National Statistics analysis shows that, during the period 1994-96, over half the drug-related deaths among young men are attributable to opiates.</p> |
| Problem alcohol use | <p>Drug and alcohol dependence is higher amongst 16-24 year olds than other age groups in the population (18% for 20-24s and 17% for 16-19s, compared to 9.5% for 25-29s)³⁵</p> <p>The General Household Survey consistently finds that 18-24 year olds have the highest consumption of alcohol of any age group, and the most drinking at unsafe levels.³⁶</p> <p>25% of 18-25s, compared to 6% of 16-17s, drinks three or more times each week.³⁷</p> |
| Pregnancy | <p>90,000 teenage conceptions each year lead to 56,000 births in England. 8.5% are under 16 when they conceive.³⁸ The UK rate is three times that in France and six times the Dutch rate.³⁹</p> <p>90% of teenage births are outside marriage. The poorest areas of England have teenage conception rates six times higher than the most affluent areas. In 1998, 13% of births to mothers aged 20-24 were registered solely by the mother, compared to 5.5% of 25-29 year olds. The percentage of births with no registered father rose between 1993 and 1998.⁴⁰</p> <p>A third of pregnancies in 16-19 year olds are terminated and this may have an adverse effect on the health of these young women.⁴¹</p> |

Economic and Employment

| | |
|---------------|---|
| Low income | <p>10.4% of 18-24s were on a means tested benefit in Spring 1999.</p> <p>For those aged 18-24, the weekly benefit rate is £41.35 compared to a rate of £52.20 for those aged 25 to retirement age.</p> <p>There is no increased rate for lone parents aged 16 or 17, but those aged 18 or over get £52.20.</p> <p>Amongst those in employment, one third were paid less than £3.85 per week in Spring 1999.⁴²</p> <p>Over two thirds of children living in families where the mother is aged 16-24 are in the poorest 30% of the population.</p> |
| Unemployment | <p>In early 2000, 21% of 16-17 year olds were unemployed, whilst 11% of 18-24s were and 5% of 25-49s.</p> <p>Unemployment is a potentially important contributor to suicide rates amongst younger people; there are also significant links between homelessness and unemployment, with each factor often reinforcing the other.⁴³</p> |
| Skills levels | <p>8% of 19 year olds have no qualifications, and 20% have less than NVQ level 3.⁴⁴</p> |

General Lifestyle

| | |
|----------------------------------|--|
| Victim of crime | <p>Households where the head of household is under 25 are three times as likely to be burgled as households on average. Young lone parents are the most vulnerable group in the whole population, and are particularly vulnerable to repeat victimisation.⁴⁵</p> <p>The likelihood of victimisation grew by 75% between 1980 and 1995 amongst 16-24 year olds.⁴⁶</p> |
| In trouble with the law | <p>By the age of 30, a third of men have a conviction for a serious offence, which may adversely affect their employment prospects. Recent years have seen rises in the numbers of 18 to 20 year olds with a criminal record.⁴⁷</p> <p>High levels of mental distress are found among the prison population, particularly amongst those on remand – where throughout the 1990s, the numbers of young people held have risen “substantially”.⁴⁸</p> |
| Homelessness | <p>Despite limitations with national statistics, estimates have put the number of homeless 16-25 year olds as totalling 246,000 per annum.⁴⁹ Local authority care leavers have been particularly at risk.</p> <p>25% of rough sleepers are aged 18-25.⁵⁰</p> <p>Mental and physical health problems are highly prevalent among this group – <i>“a fact not helped by their difficulty in accessing health services”</i>.⁵¹</p> |
| Young adult carers | <p>Estimates of the number of young carers up to the age of 18 range from 15,000 to 60,000.⁵²</p> |
| Voting and political involvement | <p>Less than half of 18-24s voted in the 1997 general election, representing the lowest turnout rate of any age group. By contrast, over two-thirds of 25-34 year olds voted.⁵³</p> |

WHAT WE DON'T KNOW ABOUT YOUNG ADULTS: DATA GAPS

The background research which went into the compilation of the New Policy Institute's *Monitoring Poverty and Social Exclusion* reports provided a practical demonstration of both the difficulties in extracting data specific to this age group from national statistics and major areas where data does not exist.

A greater concern at the current time is the lack of data relating to the availability of services for this age group, or resources devoted to young adult users by services for all age groups. Data about young adults problems and needs is improving but without statistical information about their use of, and access to, services it is impossible to assess how well the need is matched to provision relative to other age groups in the population. The mismatch of data on needs/problems to data on availability and use of services is particularly acute in relation to young adults in rural areas and to young adults from ethnic minorities.

As a result of these knowledge gaps, it is difficult to plan or co-ordinate services, and much more difficult to design strong policy at a national level. Moreover, there is a resulting lack of urgency about the problem. Issues about which it would help to know more include: drug use in this age group,⁵⁴ homelessness, crime victims, depression and other emotional/psychological problems.

The list below sets out some of the reasons why strong numerical data is not available relating to the needs of this age group, and their access to services:

- Many service providers collect data about their service uptake and utilisation which is not age-specific, with one obvious example being NHS waiting lists. With no age breakdown available, it is impossible to assess the position of young adults compared to other age groups in terms of their access to such treatments.
- Social service departments are charged with specific responsibilities to provide and publish information about the services they provide for children who are identified as being 'in need' under the Children Act 1989. With the exception of those leaving local authority care, young adults do not constitute a priority group for social service departments and, as a result, much less information is available about levels of need in this age group.
- Whilst the voluntary sector is recognised as a major source of diverse services for young people across both primary and specialist levels,⁵⁵ information about voluntary sector provision is limited, in terms of the size, range, quality and geographic spread,⁵⁶ although work is underway to fill some of the gaps.⁵⁷ In part, this is because the voluntary sector providing specifically for young adults has been poorly supported with public monies; for example, the DTI provides core grants to NACAB for advice services whilst comparable services specialising in young adults continue to rely mainly on short-term funds.⁵⁸

Repeated local government and NHS reorganisations in recent years have led to many changes in service entry criteria, geographic catchment areas and service priorities. This makes it difficult to monitor service provision over time and to assess access by specific groups.

There are relatively few registers of up-to-date services, partly because of the problems described above and partly because databases, especially those accessible by telephone, are expensive to maintain and staff.

Young adults do not fit easily into surveys. Some will be shown as part of their own household, whilst others remain in the parental household. Some will be registered at home, but actually live away from home – for example at University. The transience of many young adults makes them hard to trace and thus to ensure that they are properly represented in survey data.

CONCLUSIONS

This section has presented an overview of the statistical data available concerning young adults and has highlighted where some of the serious gaps in information lie. As noted, young adults are a highly diverse group and, as such, it is not surprising that the concerns about their experiences cross a wide range of areas. But it does illustrate the considerable challenge in providing appropriate and co-ordinated services.

In recent years, much better data has become available about the scale of problems amongst young adults and, for a number of subjects, we now have data which allows us to differentiate by age. It shows that, in a number of areas, such as victims of crime, young adults suffer a higher rate of difficulties than other age groups. It also demonstrates that a range of problems, such as mental health problems, lone parenthood and homelessness, are considerably more widespread amongst post 19s.

However, there remain major gaps in our knowledge of the scale and quality of service provision for young adults, and thus it is difficult to match need with service availability. The SEU's report *Young People* notes that government does not "*routinely analyse how much spending on all services is directed towards particular areas or groups*" and it is not clear what level of resources within generic services for all age groups benefit young adults.

The SEU's report on *Better Information* made a number of extremely timely recommendations about collecting quality, small area information on deprived areas. The emphasis is placed on data about people's problems and attitudes. Strong service planning will also require considerable investment in collecting together data on the adequacy of service provision for particular groups.

3. THE LEGAL AND POLICY CONTEXT

Services for young adults aged 16-25 are provided by a diverse range of providers. Public services broadly break down into:

- NHS health services, both community and hospital based.
- Local authority services: social services, probation and housing provision.
- Local education, training and employment services.

The 1990s saw a significant increase in the number of voluntary sector agencies and private sector organisations providing services under contract to local authorities and health authorities, especially in the area of residential services and at the primary care level.⁵⁹ Associated with this has been a trend towards increasing specialisation of services in the health sector, including across the voluntary sector. The serious implications for young adults of both these trends are the reduced opportunities for self-referral, the risk of considerable delays in the referral process, and the requirement for a ‘professional’ to formally identify their needs. As our interviews revealed, speed of response appears to be particularly critical for this age group.

THE LEGAL CONTEXT

Services to young adults can be provided in a purely voluntary way, or may be on a compulsory basis – for example, admission under a section of the 1983 Mental Health Act. Some legislation sets out criteria for the eligibility of certain services and the manner in which they will be delivered. Examples include The Mental Health Act 1993, the accompanying Code of Practice and the Mental Health (Patients in the Community) Act 1995, and legislation specific to the needs of people with disabilities. Usually, however, eligibility for health and welfare services simply requires that a person be ordinarily resident in the United Kingdom.

But eligibility for a service does not generate automatic access; rather, for many areas of provision, professional referral is required. This means that, initially at least, an individual will need to be screened in some way, an agreement reached that they do need some form of help, and a referral then made. In the health sector, this generally means that an individual has to be accepted on a GP’s list (either on a permanent or temporary basis), who will then refer a person for the specific treatment they need. For local authority social service and housing departments, such initial access is usually via an interview with a duty case-worker or housing officer. And even where a referral is made, very often this may be on to a waiting list for a further more detailed assessment.

Overall, therefore, the law allows a considerable degree of service provider discretion with regard to the services provided to the population. The clear risk here, particularly in the context of financial belt-tightening, is that this discretion is used to divert resources onto groups identified as a priority. Young adults in their late teens and early twenties are rarely a priority group in either the statutory or voluntary sectors.

The current, broadly welcomed, emphasis on better identifying and meeting needs amongst 13-19s does, however, run a risk of deepening this effect with respect to 20-25s unless significant new resources are found in the 2000 Spending Review. Even if resources are found, it will nevertheless be important to protect and nurture what provision and professional staff currently exist for that older age group.

Legislation Underpinning Service Provision

The table below summarises some of the key pieces of legislation that determine the provision of services. With the exception of the Children Act, these are not age-specific. For each Act, the table also provides a brief assessment of the relevance to young adults.

| | |
|--|--|
| NHS and Community Care Act 1990 | Section 47(1) and (2) sets out the requirements for local authorities to carry out assessments of a person's needs for community care services and then to " <i>decide if his needs call for the provision of such services</i> ", which can be provided directly by the local authority or arranged via the independent sector. Young adults with disabilities requiring help to live independently are one group of young adults likely to be affected by this law. |
| The Children Act 1989 | Contains various sections which are highly relevant to young adults – in particular 17(10) sets out the definition of 'in need' and the requirements for local authorities to provide services for children and young people so identified. The Act sets out requirements for the provision of aftercare and for local authorities, in certain situations, to provide accommodation for homeless adolescents aged 16 to 21 (Section 5.41). |
| The Primary Care Act 1997 | A permissive piece of legislation which allows health authorities and GPs to use their resources to target specific groups within their area. This includes the provision of financial incentives to GPs to provide certain services such as general medical care to the homeless or rough sleepers – which may include young adults. |
| The Housing Act 1996 | Part VII imposes a range of duties on local authorities towards people who are homeless. Provision of housing depends on being recognised as being in 'priority need' – which includes having dependent children, being pregnant or vulnerable, perhaps due to illness or disability. Those not recognised as in priority need – probably the majority of young adults – are owed a lesser duty from their local authority to provide advice and assistance in securing accommodation. A recent code of guidance from the DETR recommends that 16 and 17 year olds should normally be treated as in priority need. The housing green paper (2000) proposes that this recommendation is strengthened to become a duty covered by primary legislation. |
| The Mental Health (Patients in the Community) Act 1995 | Lays out a number of important requirements for the provision of aftercare for those aged sixteen and over (as set out under Section 117 of the Mental Health Act 1983). |
| The Health Act 1999 | Inter alia, this formally establishes the introduction of Primary Care Groups (PCGs) as a key part of the NHS. Comprising GPs and community nurses, PCGs have responsibilities for promoting the health of their local population, working in partnership with other local agencies and to improve the integration of primary and community health services. They can commission services from local NHS Trusts and as such, should be able to tailor services to meet local needs – including those of young adults in their area. |

THE POLICY CONTEXT

A summary of government policies specifically aimed at young adults is provided in the table below.

Government Policies Specifically Aimed At Young Adults

| | |
|--|--|
| New Deal for 18-24s | This initiative, which is led by the DfEE, encourages the development of local partnerships across public, private and voluntary sectors to work with young people to bring down levels of long term unemployment and improve their employability. |
| Connexions | A new universal support service for 13-19s, currently being piloted. Statutory, voluntary and specialist private sector businesses work together to provide every young person with a Personal Advisor offering a wide range of support, and access to specialist services as required. The service should offer information, advice, support and guidance. The recently published PAT 12 report ⁶⁰ notes that the service is " <i>envisaged as the equivalent of a 'GP service' in the health field</i> ". |
| Strategy for tackling drug misuse | A 10 year strategy announced in 1998, based on four separate elements. One of these is focused on young people and the key objective is to reduce the proportion of young people under 25 reporting use of illegal drugs. Strategy activities include: <ul style="list-style-type: none"> • The provision of information to young people, parents and those who work with young people about the risks and consequences of drug misuse. • The teaching of young people from the age of 5 years, the skills needed to resist pressure to misuse drugs. • Ensuring that those most at risk of developing serious drug problems receive appropriate and specific interventions.⁶¹ |
| Youth Homelessness Action Partnership | Launched in 1998, the Partnership, comprising central and local government representatives and senior voluntary sector staff, has commissioned research and evaluation work in developing strategies to tackle youth homelessness. The aim is to create both national and local frameworks within which the statutory and voluntary sectors can work to tackle this problem, based on an agreed definition of youth homelessness, an estimate of the numbers involved and the creation of a database of different initiatives in this area. |
| Improving access of homeless people to GPs | A DH initiative which involves the release of extra money to all health authorities, who should pass this on to GPs in their area who are working with homeless people. The idea is to encourage new ways of working, such as outreach clinics. |
| Education Maintenance Allowance | This initiative is aimed at 16-19 year olds and is a weekly allowance payable in term time, to increase participation in education. Up to £40 a week will be paid to low income young people in some parts of England to encourage them to stay on in full-time education. The initiative is currently being piloted in 15 LEAs, and will be expanded if successful. |

Other recent government policies, not directly targeted on 16-25s but relevant to them, are summarised in the two tables below.

Other Government Initiatives To Alter Service Patterns

| | |
|---|--|
| Modernising Government White Paper | This White Paper outlines a wide-ranging package of reforms, with an emphasis on joined up and accessible public service provision. Throughout the report, emphasis is placed on the need for services to be sensitive to the needs of different groups and for individuals to be consulted about the services they require. New Public Service Agreements (PSAs) are outlined, including the pledge to get 250,000 under 25 year olds off benefit and into work by using money from the windfall tax on utilities. |
| Mental Health Service Frameworks and Modernisation Strategy | This initiative is part of the government's agenda to drive up quality and reduce unacceptable variations in health and social services. The service model has an emphasis on primary care and access to services for any one who may have a mental health problem. Local milestones are proposed for standards in five areas. There is an emphasis on implementation, in partnership with local communities, service users and carers. Of particular relevance to young adults is the emphasis on preventing suicide. |
| ONE | This initiative, which is currently being piloted in eight areas, has a vision of a 'Single Work-Focused Gateway' which offers support and help in removing barriers to work for people of working age coming into the benefits system. The idea is that the service will be personalised and " <i>marks the end of the assumption that advice about help moving into employment is only appropriate for unemployed claimants</i> ". ONE includes plans to involve both private and voluntary sector organisations in running the schemes. |
| The Framework for the Assessment of Children in Need and their Families | This is the key element in implementing Quality Protects. The framework develops a systematic way of analysing and recording what is happening to children and young people, within their families and within the wider context of their community. The development of the framework will contribute to integrated multi-agency working, with an emphasis on timely service responses. |
| New Deal for Communities | This initiative has resources of £800 million over the next three years to develop a programme designed to tackle multiple deprivation in the very poorest neighbourhoods. It aims to bring together investment in building and investment in people and to encourage better neighbourhood management and the delivery of local services. Local people, community and voluntary organisations, public agencies, local authorities will be encouraged to work together. |
| HAZs | The first wave of eleven zones was announced in 1998, with 15 further zones in 1999. Their aim is to reduce health inequalities and modernise services and they are targeted on areas of deprivation and high health need. With regard to young adults, some HAZ Action Plans include the development of services for young parents. |
| Rough Sleepers Initiative (RSI) | The basic strategy of RSI has been to provide more specialised accommodation and to persuade all rough sleepers to accept this. Between 1990 and 1996, over £250 million was spent on the three phases of the RSI. The current SEU target is to reduce the numbers of people sleeping rough to a third of current levels by 2002. Responsibility for achieving the target has been handed to a new Rough Sleepers Unit. |

New Government Policies Relevant To Children and Teenagers

| | |
|-------------------|---|
| Quality Protects | This programme aims to improve the outcomes for looked after children in particular, and children in need more generally. It is delivered by local authorities who have been required to submit action plans to the DH, who have funds of £375 million available for this programme. |
| New Start | This initiative is aimed at 14-17 year olds who have dropped out of learning or who are at risk of doing so. Based on a multi-agency partnership working at the local level, it aims to motivate and re-engage young people in education. It is led by the DfEE, who have responsibility for making funds available to support local initiatives. |
| Teenage pregnancy | Specific measures suggested in the recent SEU report to bring down the rate of teenage pregnancies included: information campaigns; a local implementation fund for 'integrated and innovative programmes' in high rate areas; a national helpline; and requirement on social services to give priority to this issue. ⁶² New arrangements for supported accommodation for teenage parents are also planned, and will be overseen by the DETR, DH and DSS. This will include a budget delegated to local authorities to help local services work together to meet clients needs. |

Relevant Government Plans For The Voluntary Sector

Finally, some elements of the government plans for the voluntary sector are potentially relevant, as illustrated in the table below.

| | |
|-------------------------------|---|
| Community Legal Service (CLS) | The CLS is a Lord Chancellor's Department initiative aimed at structuring the provision of legal and advice services provided by the voluntary, private and public sectors. It is intended to be a planned network of advice providers providing appropriate advice to all who need it. Community Legal Service Partnerships (CLSPs) will involve advice funders and advice providers in assessing the need for advice services, mapping what advice provision already exists and planning future advice provision. The CLSPs are geographically based on local authority areas, and are led by local authorities, who are the biggest single funder of advice services. Funding of advice services by local authorities remains discretionary. Another main feature of this reform is the introduction of Quality Marks for all agencies that are part of the CLS. |
| Compact | This is an agreement between Central Government and bodies representing the voluntary sector, particularly National Council for Voluntary Organisations, which lay out the 'rules of play' between voluntary sector and government, in particular where conflicts of interest may arise. The main compact is spawning a series of working groups on areas such as funding. The work continues, and final agreements on all areas of common concern have yet to be reached. |

CONCLUSIONS

This brief overview of the legal and policy context surrounding services for young adults again highlights the diversity and complexity of service provision for a group who, as the previous section discussed, can present needs on a number of very different fronts.

One of the biggest problems for young adults of the current statutory framework appears to be its largely discretionary nature. The second is that many of the various Acts, with the exception of the Children Act 1989, are not age-specific and thus it is easy for young adults to be marginalised from provision – especially in a climate which focuses on child protection issues and where resource containment is an over-riding concern amongst many service providers.

Much of the current policy environment appears supportive of young adults. However, the emphasis has been heavily on education, training and preparation for work. Whilst this is extremely important in itself, the statistical review in the previous section demonstrates that young adults needs go considerably wider. The Connexions initiative may be an important exception to this, though it remains too early to say to what extent the new service will rebalance the picture, particularly as the majority of personal advisors are likely to be recruited from the Careers Service. Connexions does, however, offer nothing to those over 19 and, indeed, there is a real risk that it could jeopardise the quality of voluntary sector provision for over 19s in areas where there is a shortage of trained individuals in the labour market for this sort of work.

Overall, whilst we see a large number of separate initiatives, many of them new, our research has not convinced us that sufficient planning and co-ordination exists around identifying and meeting the needs of young adults, particularly those in their early twenties.

4. ACCESS TO SERVICES - PROJECT RESEARCH FINDINGS

This section discusses some of the themes which emerged from our interviews with service providers. The material is organised under the following main headings:

- **Particular service areas**, which discusses the problems relating to different areas of service provision.
- **General issues relating to service access**, which draws together a number of broader points across service areas.
- **Appropriate service styles for young adults**, which discusses some of the barriers which can prevent young adults from seeking help, as well as factors which encourage access.
- **Case studies**, which provide a number of models for overcoming existing difficulties and limitations in service provision.

PARTICULAR SERVICE AREAS

Housing and Housing Advice

Local authorities are not statutorily obliged to meet the housing or care needs of those aged 18 or over, unless there is evidence of extreme vulnerability. In areas of housing pressure, this means that apart from those with children, young adults aged 18 upwards are a low priority group for local authority housing departments. In the words of one interviewee in the voluntary sector working with homeless young men aged 18-25s in Inner London, “*a young person would have to demonstrate a high risk of suicide to be put near the top of a local authority housing list*”.

Amongst those aged 16-18, social services are obliged to take a responsible interest in those who are in need and ‘whose welfare would be seriously prejudiced without the provision of accommodation’, i.e., those who are homeless or at risk of becoming so. In practice, however, as an interviewee in the social services department of the same borough explained, case work may be restricted to helping young people of 16 and 17 to remain at home or with friends. If that breaks down, there are “*incredibly few alternative options*” – not least because many social housing providers are unwilling to let to 16 and 17 year olds, due to confusion about tenancies for minors.

In areas where there is particular pressure for housing, housing associations in some cases restrict referrals so that they are only taken from local authorities and not from voluntary sector housing advice workers. Since young adults of 18 and over may only get assistance from voluntary sector providers, this can further reduce the chance of securing accommodation.

Housing Benefit single room rent restrictions were introduced in 1996. The Housing Benefit a young person under 25 is entitled to is restricted to the value of a single room in a local area, as prescribed by the local Housing Benefit office. If a shortfall occurs in the benefit paid by the Housing Benefit office compared to the rent demanded by a landlord, the young person has to find it themselves, often out of a weekly income of £41.35.

There is as yet no general consensus on the impact that the 1996 legislation has had on the problem of youth homelessness. However a number of interviewees working in housing advice with this age group explained how difficult it is to persuade private landlords to take young people. This tends to be due to a mixture of no guarantee that Housing Benefit will cover the whole rent, and the fact that young people are perceived as being unreliable and difficult tenants.

Interviewees suggested that young adults that do get offered local authority housing often get some of the worst housing, in hard to let areas. When coupled with a lack of on-going housing support, this can significantly raise the risk of tenancies breaking down, with a range of associated costs both to the young adult and the landlord.

A further important point is that young adults often do not approach local authorities when they know there is a minimal chance of being offered accommodation in the short term.⁶³

Independent Living Support

Interviewees described the need for support services which assist young adults in making a success of tenancies, and provide basic education in how to manage bills and budgeting, household maintenance, simple cooking skills and other key skills for independent living. Care-leavers have particular need for these skills, but young parents would be another important group, and ex-offenders another. In many cases, the need is not for intensive assistance, but simply the security of knowing where to find help whenever it may be needed.

Supported living and resettlement workers who work with this age group are funded by some (but by no means all) local authorities. Some areas have a voluntary sector organisation providing such a service, but again the coverage across areas is extremely patchy, and even within areas where an isolated service provider exists, there is generally a poor sense of what proportion of total need in that location is being met.

Independent living support services are one of the more cost effective forms of provision examined in this project. Tenancy breakdown is extremely costly, as are the crisis driven services which can be needed when young adults stop coping with the pressures of independent living.

Mental Health Services and Counselling

Research reports referred to earlier in this report have highlighted long-standing concerns about the fragmentation and poor co-ordination of mental health services for young people. Some works, for example by the Children's Society,⁶⁴ have also expressed concern about young people being displaced or shifted between different sectors of provision, or falling "*between the net of all agencies*"⁶⁵ as a result of budget cutbacks and resource shortages, especially in residential treatment and care services.⁶⁶

Whilst some improvements were noted, many of the interviews again raised these concerns, in particular regarding the lack of clarity about where child and adolescent mental health services end and where adults services begin, which can result in protracted arguments about service responsibility to offer help to a young person. In some areas, the age cut-off point for receipt of services from CAMHS (Child and Adolescent Mental Health Services) was reported to be 16, a limit determined on the basis that this is the statutory school leaving age. In others, the age-limit was 18 years, and in a number of areas, providers were totally unclear about what the arrangements were for young adults aged over 16 and acknowledged that this confusion considerably increased the chances of "*young people disappearing (from the service system) altogether*".⁶⁷

Furthermore, where in-patient admission might be required, a number of interviewees expressed concerns about the appropriateness of admitting 16-18 year olds to adult psychiatry wards, where they would be treated alongside much older patients, often with chronic mental health disorders. Another pre-dominant theme was the widespread overload on these services, which means that many operate with long waiting lists and are unable to offer either preventative work or help to those with more medium-range difficulties.

Whilst the statutory sector remains the principal source of service for individuals with more severe psychiatric problems, voluntary sector providers are also now picking up and treating many cases of severe mental and emotional problems, as well as a great deal of the less severe cases. The voluntary sector undertakes more in the way of preventative mental health work than the statutory sector in many parts of the country. However the voluntary sector providing counselling and mental health work at tiers 1 and 2 faces often severe insecurity of funding.

GP and Primary Care Services

As discussed earlier, young adults who are homeless may face difficulties being accepted onto a GP list and thus may have problems receiving specialist health care. A number of interviewees raised this point and stated that the requirements to book an appointment, possibly some two or three weeks ahead, was particularly likely to deter young people from initially seeking help with such problems as drug misuse or their sexual health. A more fundamental problem was also a lack of knowledge about where to go for specialist help. As the Carnegie Initiative revealed,⁶⁸ young people's health concerns tend to be 'short term' and related to the 'here and now' – a view which was strongly re-confirmed in our research interviews.

Another issue raised by a number of interviewees is that where health staff are not trained to work with young people, particularly those who self harm, there can be a lack of sympathy towards young adults who are seen to have brought problems on themselves, particularly in the context of heavily overstretched emergency services.

Victim Support Services

One particular area of interest in this research was young adults who were victims of crime, in part because it is known that they are at higher risk compared to other age groups. From our discussions with workers in victim support services, it is clear that many agencies have a low recognition of young adults as a needy group and have given little thought as to how they might be successfully engaged and helped.

One difficulty for Victim Support as an agency is that it depends for over 90% of its work on referrals from the police. This can be an unreliable source of information for this age group as levels of reporting are low amongst young adults, many of whom have no contents insurance, and who are often distrustful of the police, or have little faith in what they will be able to do.

Nevertheless crime, particularly burglary, is a major issue for many young adults living independently. As one resettlement worker explained, for young adults living on a very low income in council accommodation with very few possessions, repeated break-ins are a part of life which they come to take for granted. Despite this, burglary often precipitates a crisis, for example leaving a young person with no income for the week, or in desperate need of new furniture which they cannot afford. These practical issues, which are usually the overriding immediate concern of a young victim of crime, can overshadow their emotional distress in the short term, and deter a young person from seeking the support of Victim Support counsellors. That organisation tends to be regarded as an agency for older people, if there is any recognition of its existence at all in this age group.

GENERAL ISSUES RELATING TO SERVICE ACCESS

Waiting Lists and Delays in the System

Over-stretched and under-funded services often have no option but to operate a waiting list for services such as drug treatment, counselling and hostel accommodation. There are often delays even in getting an initial professional assessment and waiting lists are also normal for dental treatments and other medical treatments. Whilst there is no reason why young adults should be prioritised over other groups, service providers interviewed suggested that for certain services, particularly drug treatment and counselling, a young person may only seek help at a very particular moment, often when they have hit a personal low. That opportunity is often not sustained, and if a young person is not seen relatively quickly the will to face up to problems can dissipate.

Falling Between Services for Adults and for Children

A number of the interviewees expressed concerns that young adults are often at high risk of being left 'in limbo' between services for children and those for adults. Such concerns mainly focussed on mental health, especially in those situations where their needs are complex and where there may be considerable financial implications arising from their treatments needs (e.g. residential or in-patient provision). Furthermore, with regard to some specialist health services such as drug detoxification, several interviewees reported a total lack of services to treat children and young people and yet at the same time, a reluctance on the part of adult providers to take on this age group since their needs were seen to be incompatible with the majority of their older client group. In addition, many NHS services operate with a minimum age of 18 which leaves only voluntary sector organisations (if available) as a possible source of support for those under 18 in need of treatment for misuse of drugs.

Connexions is aiming to address this problem for 13-19s, providing a service for young people with multi-skilled professionals who guide individuals through existing provision, referring them on for specialist help where required. A major practical problem revealed by this research as far as Connexions is concerned is that the specialist help is not always available or is only offering an inadequate response. Indeed, Connexions is likely to create additional demand for specialist service at the same time as personnel working in specialist services move across to work in Connexions.

Connexions does not provide for young people beyond 19, though the need is as great. Indeed interviews for this research suggested that from age 18/19 young people are more likely to self-refer to the services they need where these are freely available. There is a real need to invest in a continuity of help beyond 19 and, in the short term, safeguards are needed against Connexions drawing off staff from voluntary sector providers who work with post 19s.

Recent research suggests that current health policy is largely focused on children – but at the local planning level, often the needs of older adolescents and those in their early twenties are not specified and “*services for this age group are mainly included in adult services*”.⁶⁹ This finding is in line with earlier works by the NHS Health Advisory Service (1986 and 1995) and was an issue raised by a number of interviewees in this study, who expressed concerns that such a situation can make it very difficult to know where responsibility for service provision actually lies.

Patchiness of Coverage

In many cases, the interviews highlighted that a young person's access to services depends above all else on where they happen to live. This is something that the NHS Health Advisory Service has repeatedly commented on with regard to mental health services for children and young people.⁷⁰ It appears that the availability of services often relies more on the energy of local voluntary sector organisations, and on the voluntary sector funding policy of a local authority, than on any objective measure of population needs. For example, Croydon has two fully used Youth Information, Advice and Counselling services, whilst Lambeth, Lewisham and Southwark share one between them.

A number of interviewees explained how poorly served rural areas are with services for young adults. Even where services are available in near-by town centres, it is often difficult for young people without independent transportation to reach them during opening hours.

The lack of any obligation on local authorities and health authorities to plan broadly for the needs of this age group is partly responsible. Whilst provision does not have to be in the public sector - indeed many of best service models for this age group are found in the voluntary sector - responsibility for ensuring that a spread of services is available in every area of the country should lie with the key public authorities.

Attitudes of Service Providers

Many services still lack the skills to communicate with young people in a way that builds trust and co-operation. Interviews with providers specialising in work with young adults revealed their concern that in mainstream, non age-specific services, young adults are often not sensitively treated. Difficult young adults are easily misunderstood - and sometimes somewhat feared - by professionals without experience or training in how to deal with them.

Interviewees suggested that professionals can regard young adults as a poor investment because their lifestyles and time-keeping result in missed appointments. A consequence of this is a reluctance to take young people on in the first place.

Meeting Multiple Needs

Young people beset by a cluster of problems ideally require several agencies to provide services simultaneously and in a co-ordinated, consistent fashion. Problems of multi-agency working include differences in agency priorities and working practices, different entry thresholds and criteria for services, and of course marked differences in professional opinions and diagnoses of the problems to be considered.⁷¹ These were again illustrated in our research.

One of the issues raised in our interviews was that young adults often present with a complicated mixture of practical and emotional needs. A risk here is that in some situations, if the young person's practical demands cannot be met (which in their mind, may be the most pressing issue and thus the reason why they will seek help in the first place), then their underlying emotional needs may never come to light. One interviewee working in a youth information, advice and counselling service in Plymouth suggested that around 70% of young adults accessing the service will have some sort of practical problem, usually homelessness or the threat of it. In a majority of cases, however, there will also be a number of more emotional problems, often related to a breakdown of relations with family or partner, which also need to be addressed.

The interviews reinforced a well-known paradox, namely, that those young people with the most needs are often the least attractive to providers specialising in any given area of work since there was a high risk of failure in the long-term due their inability to guarantee the necessary input from other agencies. Such problems in agency co-ordination were examined in detail in a 1997 King's Fund report.⁷²

Relations Between Voluntary and Statutory Sectors

One problem which a number of voluntary sector interviewees raised is the dilemma of being dependent on local authority or health authority funding whilst also having considerable reservations about what is being offered by local statutory agencies. This particularly refers to mental health services and housing, where respondents described a wish to challenge existing patterns of service which do not satisfactorily meet the needs of young adults, whilst needing to be careful not “to bite the hand that feeds their own work”.

Another issue which was raised by a number of voluntary organisations, is that their contributions in the field of preventative care and support to young adults with mental health needs do not always appear to be recognised by key policy makers, for example in the Department of Health. Interviewees talked of having valuable non-medical models of service delivery which were not well represented at the level of national policy framework development and planning. However, we also gathered first hand information of voluntary sector models being funded through Health Action Zones (HAZ) in conjunction with CAMHS modernisation strategies which suggests that, in some quarters, the role of the voluntary sector is gaining better recognition.

An important issue here is the training of voluntary sector professionals. Whilst the voluntary sector is now a key provider of vital services for this age group in many parts of the country there is rather little public investment in training its staff. The majority of counsellors in Youth Information, Advice and Counselling Services have paid for their own training. There is clearly an imbalance between the publicly funded training of professionals working in mainstream psychiatric services, for example, and those in comparable voluntary sector services.

Reliance on the Voluntary Sector and Funding Levels

*“The voluntary sector plays a large part at primary care level, particularly in providing counselling and taking many self referrals. Voluntary organisations also act as a filter to specialist mental health and social services.... Particular expertise is also offered by this sector at secondary and tertiary [health] levels”.*⁷³

“We have moved through a political climate in which free market principles have wreaked havoc in the social sphere, fragmenting services, and pitting service against service in competition over perceived meagre funding resources.” (Interviewee)

As earlier discussions have outlined, the voluntary sector is an important provider of services for young people, and increasingly so, especially in its ability to accept self-referrals.⁷⁴ But many voluntary sector organisations find it increasingly difficult to sustain funding of tried and tested schemes, with both government and charitable monies being much more easily available for start up schemes. Local authority grants are increasingly threatened by cuts in some parts of the country. Trust funding is usually for a maximum of three years, generally in order to start up projects which are then supposed to be self-sustaining; whilst this may be possible in some cases, for many projects, the work stops the day the start up funding is finished. Lottery funding is also time-limited in most cases, and often for new rather than for established work.

Voluntary organisations can also find themselves pushed into providing specifically focussed services, as these can be more easily funded, and this can prevent them offering services to all in need, regardless of whether they are male or female, aged 17 rather than 18, or from a particular ethnic minority group. Such problems are worsened by young adults not being viewed as a high priority group by many funders.

Since young adults are often a low priority group for statutory service providers, the insecurity of funding in the voluntary sector disproportionately affects young adults as a group.

Inter-Agency Liaison and Co-operation

“We live with an inheritance of free market principles which damage the search for just service provision. We are left with no ‘umbrella’ co-ordination.....The capacity for co-ordination towards the common goal of helping our socially disadvantaged and vulnerable young people is similarly fragmented....” (London based interviewee)

Co-ordinating services to meet the needs of this age group is not something that happens in a very strategic way in a great number of areas. At the level of specific agencies, co-ordination often takes place in an ad-hoc manner. As one interviewee put it: *“There is no lack of good will within the distinct agencies and organisations working with young homeless people.....there is a lack of inter-agency communication, liaison and relationship.”*

APPROPRIATE SERVICE STYLES FOR YOUNG ADULTS

A recurring theme throughout the interviews is that the style of current service provision is often viewed by young people as being either unsuitable or unattractive to their particular situation. Although this study did not include interviews with young people themselves, service providers shed light on those factors which can deter young adults from seeking help.

An Unwillingness to Approach Services

“Their concern is not being listened to or taken seriously; they feel that their worries are not held in high regard.... And the benefit system seems to reinforce that...” (Interviewee)

One common view is that many young adults would rather not use services at all – possibly due to fears of stigma, or because many young people do not believe that services currently available will be able to help them. Fears about sensitive information being kept confidential is another problem.

Another common view is that approaches to provider agencies often do not result in help actually being forthcoming, unless the situation is a crisis. In the opinion of some of those we interviewed, this is partly the result of services being over-stretched and unable to invest in preventative work. The result is to heighten the feeling among young adults that services are not for them.

One extreme example illustrates how these problems can be perpetuated – in one inner London borough, current housing policy excludes young adults from provision by only allowing their names to be put on a priority housing list if there is proof that they are at risk of suicide. As such, not only is the provision crisis-driven, but young adults whose needs have not reached such a pitch are clearly dissuaded from making an initial approach.

Desirable Service Characteristics Suggested By Youth Access⁷⁵

Youth Access, an umbrella group for youth information, advice and counselling services, has suggested a number of characteristics which are desirable for services aimed at young adults. Our research has confirmed these suggestions.

Among the characteristics suggested, the following seem particularly relevant:

- Services need to be **confidential** and offer respect to young people's need for confidentiality.
- They should be **accessible**, both physically and psychologically.
- They should be **specialist** in providing one to one or group based help and **generalist** in terms of being able to manage a range of issues and problems.
- They should be **flexible** to ensure responsiveness and availability.
- They should be **voluntary**, accepting self-referrals and thus allowing young people to make an active choice to use the service.
- Services should be **impartial** and empower young people to make their own choices; they should also be **accountable** and committed to ensuring “quality, effectiveness and continued responsiveness”.

Lack Of Age Appropriateness of Some Services

“Age groups don’t mix well... it is off-putting to a young person to be in a waiting with forty and fifty year old alcoholics”.

Most health and welfare services are not age-specific. Clearly this will have to remain the case for many specialised services. However a number of interviewees stressed how much more readily young people will approach services specifically tailored to their age group. This was felt to be particularly true of counselling services, drug treatment services, some hostels, and sexual health clinics. Interviewees pointed out that services around education and employment needs have been much more tailored around age groups recently, for example older workers and 18-24s.

It was also stressed, however, that age specific services can be a way of shutting people out. For example, in some areas, homeless hostels have restricted their users to over 25s, leaving no access at all to short stay hostels for those under 25.

Several interviewees suggested that the success of New Deal was in part because the employment service had tailored itself around young adults and their particular characteristics and needs, creating an environment which was welcoming to young people.

Delays in the System

Another barrier mentioned in the interviews is the belief by some young people that services will not be forthcoming when they actually need them and that they will have to wait a long time to be seen. Given the chaos of many young adults’ lives, events may therefore have moved on before an appointment day comes round. This emphasises the case for one-stop services that are able to provide at least some specialist services almost immediately.

Furthermore, some interviewees expressed the view that many provider agencies did not always appreciate the courage young people might need to ask for help. A recurrent theme was the lack of confidence and poor self-esteem shown by many vulnerable young adults. In their opinion, there is sometimes only a short ‘window of opportunity’ to successfully refer a vulnerable young person to a specialist provider agency. These interviewees also suggested that if there was any significant delay between first presenting and a subsequent first treatment appointment, there was a high risk of a young person losing the motivation to seek help.

The Acheson report into Health Inequalities highlights the increased risks of suicide amongst young people who fail to follow through treatment appointments. These risks were evident to service providers interviewed for this study.

Barriers to Services

| Barriers relating to Services | Barriers relating to Young Adults |
|--|---|
| Services do not exist in a geographic area | Lack of knowledge that a service exists |
| Negative attitudes of service staff to young adults, men | Lack of confidence to approach a service |
| Services insisting on a professional referral | Transience – moving address regularly |
| Services having no resources for outreach | Missing appointments |
| Waiting lists | Fears about confidentiality (especially from parents) |
| Lack of staff experienced in working with young people | Not registered with a GP |
| Inter-agency confusion about the 'type' of need - e.g., health or social welfare | |

CASE STUDIES

The following case studies, mainly drawn from the voluntary sector, provide some possible models for overcoming the difficulties and limitations in service provision outlined above.

Outreach and Housing Support Worker

The post of Outreach and Housing Support Worker is based within Off Centre, a youth information, advice and counselling service in Hackney, London. It is a service for young people, particularly young men aged 18-25 years old who are homeless, or at risk of homelessness and self-harm. Young men present very differently from young women, often as a result of a crisis blowing up. Dealing with young men who find themselves in real trouble takes considerable and particular skills.

Through liaison with professionals from Homerton Hospitals' Accident and Emergency Department, the Emergency Psychiatric Clinic, the New Deal Employment Service, and Hackney Borough housing and advisory projects, this service has built up a network of referrers for this group of young adults. The service itself includes advice and information, practical help and counselling support during the process of searching for and securing accommodation.

Many of the young people who are seen present with multiple needs. At the time of accessing the service the priority amongst these will be the individual's housing needs due to homelessness. Other needs, particularly emotional needs, are addressed in part because they pose a threat to the stability of a new tenancy. In addition to finding accommodation a key aim of this service is to facilitate the longevity and security of a new tenancy.

Through the employment of counselling skills, a range of other needs can be thought about and addressed, helping to better manage and contain the diverse anxieties of each individual. At the present time, a number of referrals are from the New Deal Employment Service. Young adults who are requested to attend the New Deal but are homeless cannot easily engage with the services offered for employment and education. This service aims to offer a package of social care and provision which will enable those young people to re-engage with New Deal. This is the only service in the borough offering such a holistic package of support for young men who are vulnerable and in danger of social exclusion and associated psycho-social harm. This is an antidote to the forms of social exclusion which can and do provide the context in which serious mental illness is likely to develop, and in which rebellion and the temptation to criminality exist.

Resettlement and Floating Housing Support

The post of Resettlement Worker is based within the Kipper Project in Tower Hamlets, London. The service provided is tailored closely both to needs found locally, and around the pattern of other services which exist in the borough. A significant number of those whom the project helps settle are care-leavers who tend to have high levels of need for resettlement support.

Assistance is provided in areas ranging from learning about the conditions of a tenancy; home decoration; health and safety in the home; how to cope with and prevent emergencies, from gas and water leaks to locking yourself out and burglary; money management and benefits; eating healthily; harassment; and accessing services from police to careers advice, drugs and alcohol support services, and libraries. A booklet setting out information and advice on all of those areas has been written by the Resettlement Worker with the help of the young people she works with.

The Resettlement Worker runs a group for isolated young adults in council tenancies. The group has met with officers within the Council to discuss their needs and entitlements as tenants, and has also met with police officers from the crime prevention unit. It has a tool lending service to enable young tenants to decorate their homes. The work of introducing young people, in a group, to representatives of key local institutions, in order to build trust and knowledge between young people and those institutions, is special to this scheme.

The Resettlement Worker is responsible for maintaining the tenancies of around 45 young people. Levels of active support needed will vary, but the knowledge that someone is there to help when something goes wrong is important to all the young people associated with the project.

Young People's Health Advice and Counselling Drop-In Service

This is a new North London project, based in local shop premises and developed with joint local health authority and social services funding. The project, which is due to open in Spring 2000, is specifically aimed at young people aged 16-21. This age group has been selected on the basis that existing services often fail to meet their needs and one aim of the project is to try and reduce the identified existing problems of young people falling between services for children and services for adults.

The project will offer general advice and information, and brief individual counselling sessions to assess needs. It will also offer advice and support with sexual health matters via links with the local family planning service.

The staffing basis underpinning the project is noteworthy: staff will be drawn from the mainstream provider agencies in which they are already employed, they will work in the project on a sessional basis, and they will use the project as the means to developing a form of outreach support to reach groups of young people who are not currently seeking help and support from more traditional health and social service departments.

"What Now?" Information and Advice Services - an area wide initiative to provide information shops for young people, plus a needle exchange scheme.

Since 1992, Accrington has offered a drop-in information shop for young people aged 14-25. The project is mainly funded by the local county council's youth and community service, with some extra funding being provided by the local health authority community drugs team to run the needle exchange team. The Borough Council provides the building for a peppercorn rent, and local businesses and charities have also made grants and donated furnishings and equipment.

The Accrington shop was the first information shop to be opened by the county council and provides a wide range of advice and counselling services; its objective is to *"provide a service that is physically and psychologically accessible to all young people and which will be centred on their needs and adopt a personalised approach"*. The project also operates a telephone helpline and provides computing and telephone facilities for young people making specific enquiries. Staffed by four qualified youth and community health workers, the shop is open for five and half days a week.

A key emphasis of the project's work is to offer advocacy and support to young people in approaching other specialist services. According to one of the project workers, many young people lack both the knowledge of where to go for help and the confidence to refer themselves to traditional providers and this is a major reason for needing these more informal types of service, which can offer a prompt response and advice on a wide range of often inter-connected issues.

Since it opened, referrals have increased year on year, with homelessness and housing problems being two prominent issues that young people often bring to the project – very often at the point when they leave school at the ages of sixteen or seventeen. In 1999, the shop dealt with 9,623 enquiries. The success of the Accrington shop has resulted in a number of similar projects being developed across the region.

Psychotherapy / mental health provision with an emphasis on outreach and on self-referrals from young adults themselves

The Brandon Centre in London offers a counselling and psychotherapy service for young people. Established for nearly thirty years, the centre is a registered charity and is funded by charity funds, the local authority, the Department of Health and the local health authority. There are four full-time staff, plus a range of therapists and doctors employed on a sessional basis.

The charity defines its principal objective as follows – *"to maintain and develop an accessible and flexible professional service in response to the psychological, medical, sexual and social problems of young people aged 12 to 25 years"*.

The centre offers help with a wide range of difficulties, including the effects of abuse, depression, self harm and eating disorders. A notable feature is its preference for referrals to be from young people themselves wherever possible, although the centre also works closely with, and will accept referral from, the statutory health and welfare agencies. Self-referrals are preferred because, in the experience of the centre's staff, this works best in terms of really engaging a young person in the counselling or therapy which is offered.

The special mental health services offered by the Centre include a psychotherapy service for bereaved young people between 12 and 18 years old; a psychotherapy service for young people with psychosocial problems who abuse drugs and alcohol and a six-session psychotherapy service designed to respond as rapidly as possible to young people requesting help. In addition, the centre runs a birth control service and a general information service, where telephone advice on housing, employment, education and matters to do with rights and benefits, is available.

Services offered by the Centre have expanded in recent years and take-up by young people has increased – in 1998/99, 806 young people used the centre, an increase of 5% on the previous year. 58% of referrals for psychotherapy were from young people aged 17-25, and 72% for medical services.

SUMMARY

The interviews undertaken for this study revealed a wide range of serious concerns about young adults' access to services. Some of these were highly specific to certain types of service – and for example, concerned gaps in provision or problems in the co-ordination of services, especially at the interface between services for children and services for adults.

Other concerns were much broader and related to issues such as the attitudes of service providers towards this age group. The dilemma of providing age-appropriate services, especially those which are both generalist enough to deal with a wide range of issues and specialist enough to deal with the often complex and multiple needs of young people, was another prominent theme.

The problems of a system largely reliant on the voluntary sector, and in particular, the fragile funding basis of this sector, were also repeatedly raised – with a key concern being that many of the recent government initiatives, with their emphasis on start up schemes, have increased the pressures on the voluntary sector still further by encouraging a diversion of funding away from established projects.

The case studies presented in this section demonstrate some of the possible ways in which the difficulties in existing provision could be tackled. Projects do not have to be highly complicated to set up or run; indeed, our impression from talking with the various staff responsible for these projects is that the more simple, flexible and 'low key' they are, the more acceptable such projects are to the young people they wish to support. Open access and encouraging self-referrals are other crucial variables in this approach.

5. SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

The material in this section is organised under the following headings, reflecting the main themes and recommendations emerging from this research:

- Overcoming the relative neglect of this age group.
- Taking a wider view of need.
- Getting the style of services right.
- A stable and more coherent funding framework.
- Better information about services and service access.

OVERCOMING THE RELATIVE NEGLECT OF THIS AGE GROUP

As discussed in the earlier sections, young adults living independently, in insecure, low paid jobs, or unemployed, are amongst society's less protected groups. There are particular issues surrounding young adults, often in their very late teens and early twenties, who have left home. A relatively high proportion of these have, at some point, a need for services providing practical and emotional forms of support.

Yet, as discussed earlier, with the exception of those service providers (generally in the voluntary sector) who are working specifically with this age group, mainstream service providers in voluntary and statutory sectors are often not well attuned to the levels of unmet need amongst young adults.

This view is corroborated by a major comparative research programme on social exclusion in six European countries, which found British young people to be particularly poorly served by institutional systems compared to the other five countries under study. *"No element of this research programme revealed such deep problems, at both a structural and an individual level, as the study of young unqualified unemployed"*.⁷⁶

The obvious conclusion is that young adults should be re-prioritised by policy makers concerned with the problems of social exclusion. One way of making a start here would be for local service providers in both the statutory and voluntary sectors to undertake a needs assessment for young adults in their area, building on what will be undertaken for 13-19s under Connexions.

To encourage statutory and voluntary sector providers of services to take young adults seriously, government could usefully take a lead by ending the legalised discrimination against young adults in the Minimum Wage, in Job Seekers Allowance and in Housing Benefit regulations. These forms of institutionalised discrimination disadvantage young adults directly, and they send a negative signal to the rest of society about how young adults are valued.

TAKING A WIDER VIEW OF NEED

The concentration of young adult policy development and funding in the areas of employment and training can be contrasted to some extent with the more rounded view of children's needs which is now being adopted by policy makers. Initiatives such as Sure Start, Connexions, and the raising of minimum incomes for households with children, recognise the need to address problems across the board which may present barriers to a better quality of life and success at school or in the labour market.

Our interview research strongly suggests that the needs of young adults in their late teens and early twenties should be viewed more holistically also. For example:

- The income poverty of many young adults was cited repeatedly by interviewees as an impediment to successful social integration amongst young adults who are living independently. With Income Support/JSA for this age group set at 29% of average income (one of the government's preferred poverty lines is 50% of average income), the degree of poverty is acute and drives additional and preventable demand for other services. Interviewees placed emphasis on the practical assistance and support that may be needed in learning to budget, paying bills and other key skills of independent living.
- The transitional years are often accompanied by emotional disturbance, which may hamper success in education, training or employment situations, as well as causing distress to the individual and those close to them. Lack of access to appropriate services prolongs problems and generates a higher risk of new problems emerging in another part of a young adult's life. Other sources of independent research would seem to confirm this view: *“Emotional and material insecurity impede goal-mindedness. [Young adults] are often blocked by emotional insecurity and family ruptures, and not infrequently by experiences of abuse and violence, which may well account for their lack of focus and concentration. They may well adopt strategies of ‘virtual emigration’ through drugs and alcohol.”*⁷⁷.

The New Deal evaluation studies, carried out for the Employment Service, analysed reasons for failure to complete or engage with the programme. ‘Dominant personal issues’ were cited as a key barrier. This somewhat opaque category breaks down into problems with drug and alcohol use, depression, homelessness, behavioural problems and other emotional difficulties.

A key rationale for providing a broader range of services that deal with the emotional and psychological needs of young adults is a preventative one: dealing with emotional difficulties as soon as they emerge, and particularly at the stage in a young person's life when they first feel ready to confront and address those issues, reduces the chances of long term problems. Interviewees suggested that young people often first voluntarily present for help with psychological problems at around 18 or 19. Equally, helping young people who are living independently for the first time to make a success of tenancies can prevent longer term patterns of transience and housing insecurity setting in.⁷⁸

The evidence on New Deal suggests that personal advisors can often pick up on these problems and refer young adults on to agencies, usually voluntary sector, which specialise in dealing with particular problems. However it is also clear that appropriate referral is not always possible and not all young people see the Employment Service as an appealing place to open up about problems other than joblessness.⁷⁹ More fundamentally, a great number of vulnerable young adults do not come into contact with the New Deal programme, either because they are not unemployed for six months or more, or, for example, because they are responsible for children and therefore not obliged to participate.

GETTING THE STYLE OF SERVICES RIGHT

The right style of services is critical to their accessibility to this age group, and this tends to imply services which have been specifically designed for young adults. Services that as far as possible have an open access policy often seem to work well. Similarly, services that do not require leagues of information about the young person, at least on first contact, will often be more accessible to young adults.

Although the New Deal for 18-24s and the Employment Service appear to have understood these principles, the situation is much less clear for other statutory providers, such as housing departments or certain health professionals who provide equally important services in terms of the well-being of a young person's life.

Our research also suggests that policy makers should place greater importance on encouraging 'one stop' services designed for all young adults up to at least 25. Whilst such services would specialise in that age group they should be able to cater for a wide range of different needs, providing some specialist provision on site, and referring young people on to other service providers if necessary. Ideally such services need to be physically accessible and open at hours that suit young adults.

Young adults need this sort of accessible way into a range of services because they do not find it easy to identify where they should seek help, and they are not well suited to the patterns of service provision offered by bureaucracies. Furthermore a significant minority of young adults have multiple needs which are more likely to be picked up by providers who are trained to work with this age group, rather than sector specialists in, for example, housing support or substance misuse.

One example found in the voluntary sector is youth information, advice and counselling services, generally serving 13-25 year olds. Whilst these vary in the services they directly offer, most offer open access to young adults, and will help to channel them on to specialised services if these are not offered on site. Thus, the young adult will be able to gain access to a wide range of services covering such areas as housing advice, on-going support for independent living, one-to-one counselling, legal advice, drug and alcohol services, careers advice and job training.

Other investigators of this problem have come up with similar recommendations. The report of the Scottish Strategy Action team (similar to Social Exclusion Unit Policy Action Teams) on 'Making it Happen'⁸⁰, which examined how policy recommendations about reducing social exclusion could be made to work in practice, stated, "*we were impressed by services which recognised the need to provide services 24 hours a day, 365 days a year to meet the needs of their clients...It requires flexibility and an unremitting commitment to put the needs of the client ahead of the producer. Services need to listen to the customer with a single ear. Having listened they need to change the services they provide and the way in which they are delivered in a way that is more responsive to clients' needs*". That report recognised that the culture and service patterns of statutory services in particular are commonly non-conducive to assisting the most excluded individuals.

A STABLE AND MORE COHERENT FUNDING FRAMEWORK

A prominent theme throughout our research interviews was the lack of stable, long-term funding for many of the voluntary sector projects and initiatives designed to help young people.

The SEU report on *Young People* highlights the adverse consequences of fragmented funding – and in particular the problems of funding structures which “*deal with only one dimension of young people’s needs*”. We suggest that, if local level, multi-agency initiatives to provide services for young adults are to be effectively developed, then a coherent, cross-departmental funding strategy for both service development and on-going service support is essential since without this, sustainability of projects becomes a serious problem.

One possibility is a duty on local authorities, health authorities and central government departments to develop a strategic view of service needs amongst young adults which are appropriate to each area of the country. Whilst there will be much common ground across the teens and early twenties, it may make sense to think around the needs of young people living at home and those living independently.

We welcome many of the recommendations made in the SEU report on Young People. The acknowledgement of the lack of government coherence resulting from there being no lead single department and the suggestions for a cross-Whitehall Ministerial committee or official network are timely and helpful. Similarly, the concerns noted about the need to tackle the fragmented and short-term nature of the funding of many initiatives are themes which were prominent in our research interviews.

Finally, many recent initiatives appear to be based on a rearranging of existing resources. We suggest, however, that many of the new initiatives, including Connexions, will not be sustainable without a significant increase in resources. This report has identified that young adults are at risk of losing out in the allocation of resources to children who are more widely recognised as a priority group.

BETTER INFORMATION ABOUT SERVICES AND SERVICE ACCESS

There remain major gaps in our knowledge of the scale and quality of service provision for young adults. The SEU’s report notes that government does not “*routinely analyse how much spending on all services is directed towards particular areas or groups*”. Considerable further research is needed to analyse what level of resources within generic services for all age groups, in both voluntary and public sector services, benefit young adults. This could then be matched up against the data that already exists on the prevalence of problems amongst young adults to see how well provision is matched to need overall, and in comparison with other age groups.

REFERENCES

- Acheson, D. *Independent Inquiry into Inequalities in Health*, London, The Stationery Office, 1998.
- Action on Aftercare Consortium *Too Much Too Young, The Failure of Social Policy in Meeting the Needs of Care Leavers*, Essex, Barnardos, 1996.
- Allard, A. *Youth Homelessness*, Factsheet 1, London, NCH Action for Children, 1997.
- Allard, A. *Youth Homelessness, Unemployment and Benefits*, Factsheet 4, NCH Action for Children, 1997.
- Audit Commission *Children in Mind*, London, Audit Commission, 1999.
- Barrett, S. (ed) *Health Prospects for Young Citizens of the North West*, A Special Report for the Regional Director of Public Health, Liverpool University Department of Public Health, 1998.
- Bender, S. *After the Windfall, Young People's Prospects in the New Labour Market*, London, The Children's Society, 1997.
- Bentley, T. and Gurumuthy, R. *Destination Unknown*, London, DEMOS, 1999.
- Bentley, T. and Oakley, K. *The Real Deal*, London, DEMOS, 1999.
- Bird, L. *The Fundamental Facts*, London, The Mental Health Foundation, 1999.
- Centrepont and the Peabody Trust *Taking Risks: an Analysis of the Risks of Homelessness for Young People in London*, Summary of the report for Safe in the City, London, February 1999.
- Chamberlayne P. and Rustin M. *Social Strategies in Risk Societies*, Final Report of the SOSTRIS project, University of East London, 1995.
- Christophersen, O. *Drug-related Mortality: Methods and Trends*, Office for National Statistics Population Trends 92, The Stationery Office, 1998.
- Department of Health *National Service Framework for Mental Health, Modern Standards and Service Models*, Executive Summary, London, Department of Health, 1999.
- Department of Health *Modernising Government*, London, Stationery Office, 1999.
- Department of Health *The New NHS*, London, Stationery Office, 1997.
- Department of Health *Modernising Social Services*, London, Stationery Office, 1998.
- Griffiths, S. *Benefit Shortfalls, the Impact of Housing Benefit Cuts on Young Single People*, London, Shelter, 1997.
- Harker, P., Platt, L. and Cruttwell, A. *Local Action for the Health of Young People Who Have Left School*, Leicester, Youth Work Press, 1999.
- Hodgkin, R. and Newell, P. *Effective Government Structures for Children*, London, Calouste Gulbenkian Foundation, 1996.
- Home Office *The 1996 British Crime Survey, England and Wales*, Statistical Bulletin, 24 September 1996, London, Home Office Research and Statistics Directorate.
- Howarth, C., Kenway, P., Palmer, G., and Street, C. *Monitoring Poverty and Social Exclusion, Labour's Inheritance*, York, Joseph Rowntree Foundation with the New Policy Institute, London, 1998.

- Howarth, C., Kenway, P., Palmer, G., and Miorelli, R. *Monitoring Poverty and Social Exclusion 1999*, York, Joseph Rowntree Foundation with the New Policy Institute, London, 1999.
- Johnson, S. et al (ed) *London's Mental Health*, London, King's Fund, 1997.
- Kurtz, Z. *Treating Children Well*, London, Mental Health Foundation, 1996.
- Kurtz, Z. et al *Services for the Mental Health of Children and Young People in England: A National Review*, London, The Maudsley Hospital and SW Thames Regional Health Authority, 1994.
- Lloyd, C. *The Welfare Network: How Well Does the Net Work?* Oxford Brookes University School of Education, supported by the Joseph Rowntree Foundation, 1994.
- Malek, M. *Nurturing Healthy Minds – the Importance of the Voluntary Sector in Promoting Young People's Mental Health*, London, National Children's Bureau, 1997.
- Malek, M. *Passing the Buck*, London, The Children's Society, 1993.
- Malek, M. *Psychiatric Admissions*, London, The Children's Society, 1991.
- Nassor, I. and Simms, A. *The New Picture of Youth Homelessness in Britain*, Youth Affairs Briefing, Centrepont, 1996.
- NCVO *Meeting the Challenge of Change: Voluntary Action into the 21st Century*, The Report of the Commission on the Future of the Voluntary Sector, London, NCVO, 1996.
- NHS Health Advisory Service *Together We Stand: the Commissioning, Role and Management of Child and Adolescent Mental Health Services*, London, HMSO, 1995.
- NHS Health Advisory Service *Bridges Over Troubled Waters*, A Report from the NHS Health Advisory Service on Services for Disturbed Adolescents, London, 1986.
- Social Exclusion Unit *Teenage Pregnancy*, London, The Stationery Office, 1999.
- Social Exclusion Unit *Bridging the Gap*, London, The Stationery Office, 1999.
- Social Exclusion Unit *Young People*, Report of the Policy Action Team 12, National Strategy for Neighbourhood Renewal, Stationery Office, 2000.
- Social Services Inspectorate *Young Carers: Something to Think About*, Report of Four SSI Workshops, Department of Health, 1997.
- Street, C. *Providing Residential Services for Children and Young People: A Multidisciplinary Perspective*, Hampshire, Ashgate, 1999.
- White, R., Carr, P. and Lowe, N. *A Guide to the Children Act 1989*, London, Butterworths, 1990.

END NOTES

- ¹ Dennehy et al, Child Poverty Action Group, 1997.
- ² Report of Policy Action Team 12: Young People, Social Exclusion Unit, 2000.
- ³ Unpublished research by John Bynner at the Institute of Education on the Youth Cohort Study, cited in *Bridging the Gap*, Social Exclusion Unit 1999. It suggests that there is a high risk at 21 of depression, of poor health, of unemployment and of having a criminal record amongst those who had experienced a prolonged period of non-participation in education, training or work when 16 to 18.
- ⁴ G Bramley et al, *Where does Public Spending Go?* DETR, 1998. The age group in question are those 16-24.
- ⁵ Jones G and Bell R, *Balancing Acts: Youth, Parenting and Public Policy*, JRF, 2000.
- ⁶ Demos 1999, *The Real Deal*.
- ⁷ Young People's Politics, Joseph Rowntree Foundation, 2000.
- ⁸ British Crime Survey 1998, Home Office.
- ⁹ Graham J. and Bowling B., Young People and Crime, Home Office Research Study No 145, 1995.
- ¹⁰ Howarth, C., Kenway, P., Palmer, G., and Street, C. *Monitoring Poverty and Social Exclusion, Labour's Inheritance*, Joseph Rowntree Foundation with the New Policy Institute, London, 1998.
- ¹¹ Howarth, C., Kenway, P., Palmer, G., and Miorelli, R. *Monitoring Poverty and Social Exclusion 1999*, Joseph Rowntree Foundation with the New Policy Institute, London 1999.
- ¹² Christophersen, 1998.
- ¹³ Social Exclusion Unit. *Young People*, Report of the Policy Action Team 12, National Strategy for Neighbourhood Renewal, Stationery Office, 2000.
- ¹⁴ Social Exclusion Unit, *Bridging the Gap*, London, The Stationery Office, 1999.
- ¹⁵ Bentley T and Gurumurthy R, *Destination Unknown*, Demos 1999.
- ¹⁶ *The Real Deal*, Demos 1999.
- ¹⁷ Harker, P., Platt, L. and Crutwell, A. (1999) *Local Action for the Health of Young People Who Have Left School*, Youth Works Press.
- ¹⁸ Nassor, I. and Simms, A. (1996) *The New Picture of Youth Homelessness in Britain*, London, Centrepoint.
- ¹⁹ Barnardos Policy Development Unit (1996) *Transition to Adulthood*.
- ²⁰ Allard, A. *Youth Homelessness, Unemployment and Benefits*, Factsheet 4, NCH Action for Children, 1997.
- ²¹ NHS Health Advisory Service *Bridges Over Troubled Waters*, A Report from the NHS Health Advisory Service on Services for Disturbed Adolescents, London, 1986.
- ²² Malek, M. *Psychiatric Admissions*, London, The Children's Society 1991; Malek, M *Passing the Buck*, London, The Children's Society 1993.
- ²³ Acheson, D. *Independent Inquiry into Inequalities in Health*, London, The Stationery Office, 1998.
- ²⁴ Jones G and Bell R, *Balancing Acts: youth, parenting and public policy*, Joseph Rowntree Foundation, 2000.
- ²⁵ Centrepoint Annual Statistics 1998/99.
- ²⁶ Mental Health Foundation 1999.
- ²⁷ ONS 1995.
- ²⁸ Survey of Psychiatric Morbidity in Adults, ONS 1994.
- ²⁹ Survey of Psychiatric Morbidity in Adults, ONS.
- ³⁰ Children in Mind, Audit Commission, 1999.

- ³¹ Howarth et al, *Monitoring Poverty and Social Exclusion*, JRF, 1999.
- ³² The Fundamental Facts, Mental Health Foundation, 1999.
- ³³ British Journal of Psychiatry, Vol 171, 1997, cited in The Fundamental Facts, Mental Health Foundation, 1999.
- ³⁴ Regional Drugs Misuse Database, DH, 1999.
- ³⁵ Survey of Psychiatric Morbidity in Adults, ONS 1994.
- ³⁶ Howarth et al , JRF, 1999.
- ³⁷ British Crime Survey, 1996, Home Office.
- ³⁸ Conception Monitors, 1999, ONS.
- ³⁹ Cited in Teenage Pregnancy, SEU, 1999.
- ⁴⁰ ONS Birth Data (VS2) for England and Wales, 2000.
- ⁴¹ Acheson, 1998.
- ⁴² Howarth et al, JRF, 1999.
- ⁴³ Howarth et al, JRF, 1998
- ⁴⁴ Howarth et al , JRF, 1999.
- ⁴⁵ British Crime Survey 1998.
- ⁴⁶ British Crime Survey 1996.
- ⁴⁷ Howarth et al, JRF, 1999.
- ⁴⁸ Mental Health Foundation, 1999.
- ⁴⁹ CHAR, 1996.
- ⁵⁰ Rough Sleeping, SEU, 1998.
- ⁵¹ Allard, 1997.
- ⁵² NCH Action for Children 1997. Most attention, and schemes to offer support, have been focused on young child carers – although undoubtedly the isolation, low income, hampered education and other difficulties which are associated with such caring responsibilities continue to apply to those making the transition to adulthood. In particular, such responsibilities may impede their entry into adult employment.
- ⁵³ British Social Attitudes, 16th Report, 1999.
- ⁵⁴ The proposal in the PAT 12 report on Young People (SEU 2000) to collect data on the prevalence of drug misuse by young people under 25 every two years, to allow trends to be more accurately assessed, is thus a welcome development.
- ⁵⁵ Kurtz et al 1994, cited by Malek.
- ⁵⁶ Malek, 1997.
- ⁵⁷ Breaking the Barriers is a Youth Access project designed to map out the coverage of provision nationally in youth information, advice and counselling services.
- ⁵⁸ Youth Access: written response to mid-project consultation.
- ⁵⁹ Malek, 1997.
- ⁶⁰ Social Exclusion Unit 2000, *Young People*.
- ⁶¹ Home Office Tackling Drugs to Build A Better Britain – the Government’s Ten-Year Strategy for Tackling Drugs Misuse, London, Stationery Office, 1998.
- ⁶² Social Exclusion Unit. *Teenage Pregnancy*, London, The Stationery Office, 1999.
- ⁶³ Allard, 1997.
- ⁶⁴ Malek 1991 and 1993.

⁶⁵ NHS Health Advisory Service, 1986.

⁶⁶ Street, 1999.

⁶⁷ Also highlighted in *Young People* (PAT12, SEU 2000) which found that one in five health authorities were unclear over the age range covered by their services; one in three were found to commission services up to the age of 16 only.

⁶⁸ Harker et al, 1999.

⁶⁹ Harker et al, 1999.

⁷⁰ NHS HAS 1986 and 1995.

⁷¹ *London's Mental Health*. See, for example, the reports by the NHS Health Advisory Service 1986 and 1995 and by the Audit Commission 1999.

⁷² For example, Farrell and colleagues' work on substance misuse services and Bailey's analysis of child and adolescent services.

⁷³ Malek, 1997, *Nurturing Healthy Minds*.

⁷⁴ Malek, 1997; NCVO, 1996.

⁷⁵ Youth Access, drawn from their written response to the Connexions proposals in 1999.

⁷⁶ Chamberlayne P and Rustin M, *Social Strategies in Risk Societies*, Final Report of the SOSTRIS project, University of East London, 1999.

⁷⁷ Chamberlayne P and Rustin M, *Social Strategies in Risk Societies*, Final Report of the SOSTRIS project, University of East London, 1999.

⁷⁸ Richardson K and Corbishley P, *Frequent Moving: Looking for Love?*, JRF, 1999.

⁷⁹ Interview with William O'Donnell, researcher on New Deal evaluation study for Employment Service.

⁸⁰ Making it Happen, 1999, Strategy Action Team Report presented to the Scottish Social Inclusion Network.