

Risk & Response

Update Number 5: 12–16 Years Part 1

1. Introduction

This issue examines the risk and protective factors, issues and interventions for young people aged 12-16 in non-school settings. Update Number 6 will focus on school-based issues and interventions.

1.1 Physical Development

Young people of this age should have regular medical and dental checks and receive appropriate immunisations: BCG, and rubella for girls. The most dramatic physical change during this period (if not already begun before the age of 12) is puberty, experienced by both sexes and characterised by growth spurts and an increasing production of hormones, which stimulate the sex drive.

Physical appearance becomes increasingly important to the young person as they get older. They are developing physically, so it is important that they are eating enough, and healthy. Children, whilst often sensitive about the physical changes they are undergoing, should have the opportunity to ask a carer questions to quell worries or concerns about their physical and psychological well-being.

1.1.1 Social Development

Young people during this period will increasingly question family belief systems as they become more independent and encounter different groups whom will gradually acquire more importance. Young people often act in a rebellious manner as they reject previously accepted family rules and norms. They will however, usually still have a strong need to be an important part of the family and, whilst wanting to be taken seriously by family members, will easily lapse into childish behaviour if upset. As the child reaches teenage years they can often appear distant and undemonstrative. Puberty and the move to secondary school can make this a particularly difficult transition period and the carer should still expect to provide support and comfort thought more appropriate to earlier years.

There is a particular emphasis during this period on non-school sporting and leisure activities as young people become increasingly independent and begin to arrange their own leisure pursuits. Many young people have their first sexual encounter during this period and they should have already received basic sex education as part of the Biology National Curriculum at school. At the upper age, range truancy now becomes a real issue for some young people as they are able to travel to and from school without parental supervision.

1.2 Risk & Protective Factors

Risk and protective factors are increasingly individually focused at this age with the first real exposure to substance use opportunities.

RISK	<ul style="list-style-type: none"> Problematic parental drug use Substance use at early age Substance using peers Mental health problems Behavioural problems Family problems
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PROTECTIVE	<ul style="list-style-type: none"> Accurate substance use information Out of school activities Positive adult relationship Positive temperament Mutual friend Coping strategies
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2. Issues & Interventions

As the young person becomes increasingly independent as they enter their teenage years, so the issues affecting them change qualitatively from earlier ages.

2.1 Issues

Issues during this period can be split into substance use itself and other associated factors that may constitute risk factors for development of substance misuse.

2.1.2 Substance Use

This is the first real period when substance use by the young person themselves first occurs to any significant degree. They may begin to drink alcohol, with family or friends, either on special occasions or on a regular basis. Smoking also increases amongst this age group. In terms of illicit drugs, cannabis is often used and solvent abuse is common - it is easy to obtain amongst this age group and can have potentially fatal consequences.

Although people in this age group may use both legal and illicit substances, the majority of young people who use substances recreationally do not go on to develop problematic usage so to predict problematic use based on use alone would be an erroneous conclusion. Early substance use itself however, has been identified as a risk factor for later problematic use. It is important that parents are aware of drug issues and can respond in an appropriate manner if they suspect or find that their child is using drugs. Negative behaviour in young people cannot always be directly linked to substance misuse, this may be due to other factors present regardless of drug use. Parents often either overreact to drug use or are unaware of problematic or escalating drug use, so it is important that drug related incidents are dealt with sensitively.

2.1.3 Other Factors

Inappropriate role models and/or substance using peers have been identified as issues, however research shows that association with drug using peers may predict drug use, but not necessarily misuse and may be peer preference rather than peer pressure. That is to say that young people choose peers who fit their own choice of substance use, rather than peers initiating a young person's substance use.

If there are family problems resulting in poor relationships, then children are often wary of bringing friends home as the family situation will be revealed. Children in this situation will often restrict their friendships to avoid embarrassing situations. There is also a high incidence of depression amongst adolescents, substance use in this situation can lead to further deterioration in mental health. This is also the age where the young person may first become involved in deviant or criminal activities with potentially increased availability of substances. Social deprivation should also be considered, a young person may feel they have a bleak future with lack of training or development opportunities and may misuse substances as a form of escapism.

2.2.1 Interventions

Research has suggested that young people are particularly vulnerable to risk during transition periods and with the recent start of secondary school and onset of puberty. This is a time of major upheaval that also brings the first usual exposure to any drug use, so effective interventions are particularly important at this stage. It is important that any interventions aimed at this age group should still be age and developmentally appropriate, rather than adapted from adult services.

- . Universal substance education delivered by competent independent agency.
- . Training of generic child and young people service staff in substance awareness to recognise early signs of drug use and misuse, and use of screening tools
- . Target specific screening and interventions at vulnerable young people, homeless, truants, those in the criminal justice system and children of substance misusing parents.
- . Access to services across all four tiers as appropriate
- . Community led schemes to encourage participation in out of school activities with adults.

3. Connexions Service

The Connexions Service has been established to provide integrated information, advice, guidance and access to personal development opportunities for all 13-19 year olds in England, with additional help for those most in need. The aim is to engage with young people to identify and address their needs; offering information and guidance on learning, career and personal development options, to raise the aspirations of each young person in order to help them make a successful transition to adult and working life.

Connexions is provided by bringing together public, private and voluntary sectors to respond to early signs of social exclusion and to prevent escalation of adverse circumstances. Forty seven Connexions Partnerships will plan the service with delivery organised by local management committees comprised of multi-agency bodies such as LEAs, careers services, YOTs, Social Services Departments, health and voluntary sector agencies.

In 2003-2004, funding for Connexions will increase to reach a total of £455 million. Funding is provided from three main sources; national funding from the Connexions Service National Unit comprised of the Careers and New Start budgets, the Year 2000 Spending Review, local funding from partners and the Regional European Social Fund. Funding for the Personal Adviser posts is provided by the Department of Health. Eighteen of the Connexions Partnerships are already running with eighteen more having submitted plans detailing how delivery in their areas will be provided from April 2002.

Key Connexions Principles

- Raising aspirations - setting high expectations of every individual
- Meeting individual need and overcoming barriers to learning
- Taking account of young peoples views
- Inclusion - keeping young people in mainstream education and preventing them moving to the margins of society
- Partnership - agencies collaborating to achieve more for young people, parents and communities
- Community involvement and neighbourhood renewal- through involvement of community mentors and personal advisers providing access to local welfare, health, arts, sport and guidance networks
- Extending opportunity and equality of opportunity -raising participation and achievement levels for all young people
- Evidence based practice- ensuring that new interventions are based on rigorous research and evaluation

Central to the service is the role of the Connexions Personal Adviser whose function will vary according to the needs of the young person. Their work can be split into:

- direct work with young people - e.g. assisting young person in completing application for FE college
- brokerage of services – e.g. referral to relevant agencies and following up outcome of referrals

The Connexions framework identifies 18 factors which are important to the successful transition to adulthood. The Personal Adviser uses the framework to identify any problems and to judge if the young person needs additional help. Issues beyond the usual concerns about training should be identified. Where people have urgent and complex needs, such as overcoming substance dependency or developing basic personal and social skills, then these needs will take priority over plans for learning or employment

The broker role of the Personal Adviser is also paramount in assessing and influencing the quality of service provision available locally and can help to identify where a service has been unresponsive, unsuitable or just unavailable. Structures should be in place to allow Personal Advisers to feed this information through to line managers and local management committees.

HEAT – Millgarth Police Station

The HEAT initiative was founded in 1997 as a partnership between West Yorkshire Police, Leeds Addiction Unit and Leeds City Council. The initiative includes work with children from the age of 5 to 16 and includes a Young Person's Support Group for children whose parents/carers or older siblings abuse drugs or alcohol. Age specific weekly sessions are held after school for around 8 to 9 weeks with transport to and from school with a snack provided. There is a focus on drug and alcohol awareness and on protective strategies for the children and young people involved. This includes risk taking activities, intensive harm reduction and discussion. There is also an emphasis on fun, including art-based activities and visits including the local climbing wall, horse riding and the IMAX cinema. The scheme has recently expanded into full day groups to run during school holidays.

The group may also include young people who have started to experiment with drugs or alcohol. The aim of the project is to engage and support young people who are affected by family substance use and who may be at risk themselves of developing substance misuse problems and who require support to prevent escalation of use. Referrals are made to the group from a variety of sources including teachers, Social Workers, Police Officers and health professionals.

The group is run by two Social Workers with another 2 Drug Workers from Base 10, a young people's drug service. If further support is required the young people can either be referred to other agencies or receive individual work from one of the HEAT workers. The project is funded by a variety of sources including Social Services, Police Community Safety Budget, Leeds DAT and Turning Point.

** It is the intention of the case studies simply to illustrate current work. Additional case studies will be used for the final project report & suggestions for these are welcomed. Please contact Paul or Karen at the address below.*

4. Conclusion

Young people aged 12 to 16 are at a particularly vulnerable transition phase where substance use opportunities first begin to present themselves. Non-school based issues, particularly the family environment still play an important part in the young person's life, but as they become increasingly independent their own behaviour and actions increasingly dictate their exposure to risk during this period. Non-school based interventions can be particularly effective as they are viewed as independent of the school environment and authorities.

Further Reading

H. Cleaver, I. Unwell & J Aldgate (1999) 'Children's needs, parenting capacity - The impact of parental mental illness, problem alcohol and drug use, and domestic violence on childrens' development' London: The Stationery Office

5. Update Number Six

The next Update will be sent out to you in May and will focus upon school related risk and protective factors and interventions for children aged 12 to 16 years and also briefly describe school based interventions. If you have any comments to make in relation to these or any other issue, please contact us, we would be happy to hear from you

6. Contact Details

Risk and Response is being carried out by the Research Department of Lifeline Projects. The key staff currently working on the project are:

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