

Risk & Response

Update Number 6: 17-19 Years

1. Introduction

This update examines the risk and protective factors, issues and interventions for young people aged 17 – 19 years.

1.1 Health and Social Factors

At this age most young people should be able to manage their own health needs and seek advice where they feel appropriate. With the exception of young people who have a disability or ongoing health condition that may prevent them from doing so, they should be increasingly independent and adept at dealing with everyday activities. In contrast to earlier years, they usually have more stable interests, greater emotional stability, greater ability to make independent decisions and compromise. They also tend to have a higher level of concern for the future and thoughts about one's role in life than when younger. Young people at this age are negotiating adulthood, so whilst they may engage in adult behaviour such as drinking and smoking this is frowned upon by many carers who are anxious about these young people who, in many cases, they still consider to be children.

A sense of identity is usually established at this age with more independence and with peers becoming more influential. Young people are often emotionally independent of parents and a lack of confiding in them is not necessarily a cause for concern as long as the young person is communicating with somebody.

One of the main challenges during this period is the transition from school to one of a range of different activities. Young people need advice and guidance to ensure that education, training and employment opportunities are accessible to them. These activities will range from further education, vocational training, employment, unemployment or a combination of these during this age range. This is a time of uncertainty where for the first time the young person has to make real decisions regarding their future and are not subject to a set school routine. Depending on which of these activities they are involved in, influences will vary immensely. If they are still in some form of education then to some extent they will be in a similar position to when at school, although they will be expected to act more independently and may still be required to be responsible enough to hold down a part-time job. If they are engaged in employment then they will be expected to adhere to the norms in the workplace and act in an adult manner. Unemployment is often harder to deal with in the sense that it is the young person's responsibility to actively seek employment and failure to do so will result in withdrawal of Jobseekers Allowance.

1.2 Risk and Protective Factors

Risk and protective factors are increasingly diverse depending on the route young people take during this transition phase, whether they are still living with carers, the type of daily activity they are involved in - if any - and the new people that they encounter.

RISK	<ul style="list-style-type: none"> Risky sexual behaviour Lack of advice/support for future Non participation in daily activity Homelessness Local authority care
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PROTECTIVE	<ul style="list-style-type: none"> Regular FE attendance Employment if not in education Deferment of pregnancy Stable relationship with parents/ carers or other adult
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2. Issues and interventions

The main issues for this age group are the increase in substance use opportunities combined with stresses of this difficult transition phase. There are a number of potential significant stresses in life including change of school; parental conflict or separation; death or illness in the family; substance misuse in the family; economic disadvantage; and the physical, social, hormonal and cognitive changes that accompany adolescence may lead to feelings of stress, anxiety and depression.

2.1 Issues

2.1.1 Substance Use

There is an increasing experimentation with drugs and alcohol during this period. Research has shown that over a third of boys and over a quarter of girls drink alcohol regularly, 45% of this age group will also have taken illicit drugs at some point in their lives. Over a fifth of young people aged 16-19 have used Class A drugs in their lifetime (British Crime Survey 2000). Whichever route a young person takes they will increasingly come into contact with different individuals and groups after the age of sixteen; these encounters will often increase their exposure to substance using opportunities. As noted in a previous update, the vast majority of young people who use substances recreationally do not go on to develop problematic usage. Carers should try to respond appropriately to the discovery of substance use and neither over react nor be unaware of problematic or escalating substance use. Carers should be aware of issues surrounding substance use.

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.

2.1.2 Other issues

Young people at this age can be moody, irritable, distant and question their parents/carer's values, this alone is not a cause for concern, much of this is normal adolescent behaviour. Carers should be concerned about excessive dieting, exercise, excessive moodiness that lasts for a length of time, 'clamming up' completely and withdrawing into themselves, which could be a sign of depression. Promiscuity and/or risky sexual behaviour are also concerns, which may be a sign of low self-esteem.

Young people at the lower end of this age range are not yet recognised as adults in some legal areas so whilst in some senses they are becoming fully autonomous, in others they cannot fully participate in society and are still regarded as children. This in itself can result in frustration for young people who increasingly expect to be treated as adults, but invariably at the lower age scale still need considerable support.

This is also a time of sexual experimentation. Young people may be at risk of becoming pregnant, getting someone else pregnant or catching a sexually transmitted infection. It is also during this age range that many young people have their first meaningful relationship, the break-up of which often causes considerable upset. Young girls should be made aware of the value of going on to further education. Teenagers who see options in their future are more likely to delay pregnancy and childbirth.

Research has shown that mental health problems increase during this period. Depression rates increase during adolescence, with depressive disorders twice as high amongst girls than boys. Suicide increases too, during this period, boys outnumber girls in completed suicide, although girls outnumber boys in suicidal behaviour (Young People and Gender 2001).

Interventions

This period is one of difficult transitions regardless of the route taken.

- ▶ Targeted interventions for vulnerable groups
- ▶ Key worker system to consolidate good relationships between agencies concerned with young people to enable an effective multiagency response.
- ▶ Assessment of drug misusers should not concentrate on drug use alone, if complex problems exist then multi agency response required.

3. Sure Start Plus

Sure Start Plus is a 3 year pilot programme covering 20 Health Action Zone areas and administered by the Sure Start Unit. The scheme was rolled out in April 2001 and will receive eight million pound funding from the Sure Start Unit's current budget. The main aim of Sure Start Plus is to reduce the risk of long-term social exclusion and poverty from teenage pregnancy. Pilot projects have been set up across the country in areas with high rates of teenage pregnancy to support young parents and parents-to-be under 18.

3.1 Objectives

Improving Health

- By working with relevant agencies to ensure teenage parents and pregnant teenagers have access to appropriate healthcare including access to contraceptive advice.
- By ensuring pregnant teenagers have access to advice and counselling during the early stages of pregnancy so they are able to make informed decisions whether to continue with the pregnancy or adoption or abortion according to their individual circumstances.
- By supporting teenage parents in caring for their children to promote healthy development before and after birth

Target

- Increase in numbers of pregnant teenagers in contact with health services by 12th week of pregnancy
- Reduction in numbers of teenage mothers smoking during and after pregnancy.

Improving learning of teenage parents and their children

- By ensuring teenage parents return to or continue education or training; by encouraging stimulating and enjoyable play for, and improving the language skills of children of teenage parents; and through early identification and support of children with learning difficulties.

Target

- Increase the percentage of teenage mothers participating in education and obtaining qualification at NVQ Level 1 or above.

Strengthening families and communities

- By helping teenage parents to be effective parents by involving both their families in supporting them and their children.

Target

- Increase percentage of teenager mothers who report involvement of their family, father of their child, or partner in their child's upbringing.

Improving social and emotional well-being

- By supporting early bonding between teenage parents and their children, by helping teenage parent families to function and by enabling the early identification and support of children with emotional and behavioural difficulties.

Target

- Increased identification and support of all teenage mothers with postnatal depression

Sorted – Northumberland

Sorted is a Tier 3 substance misuse service which is a multi-agency outreach statutory service working with young people aged 0 to 18 years old, with the majority between 15 and 18 years. A needs assessment ensured that the service was appropriate and it works to QUADS and HAS guidelines. Sorted has developed a basic screening tool for generic workers who deal with young people in a variety of settings, to allowing these workers to assess if the young person needs substance use advice or further support and then refer to Sorted if necessary.

Sorted provides a number of interventions including:

- Holistic assessment of need
- Groupwork (substance awareness/education)
- Multi-agency training/support to professionals
- Access to adult substance misuse team
- Relapse prevention
- On-site substitute prescribing for over 16 year olds
- Advice and information
- Access to CAMHS
- Access to detoxification services
- Complementary therapies
- Motivational interviewing

The service is funded by Social Services, Health Improvement Plan, Communities Against Drugs and the Drug Action Team. Sorted work closely with the Youth Offending Team, Castington HMYOI, Social Services looked after service, Community Substance Misuse Team, Arrest Referral, Health and voluntary agencies.

The team when complete will consist of a Manager of the service, 5 outreach workers with appropriate qualifications, YOT Drugs Worker, a Forensic Psychologist, Occupational Therapist, and administrative staff.

**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

This is a difficult time for young people who are reaching the cusp of adulthood. They are leaving the relative stability of statutory education and care where daily life is determined for them and are in a position to make their own decisions about their lives. Many of the services available for this age group are specialist and work with young people who have specific problematic behaviours. The emphasis shifts from prevention to treatment for all problematic behaviours, not just substance use.

Further Reading

Health Advisory Service (2001) The Substance of Young Needs. London: HMSO

5. Update Number Six

The next Update will be sent out in July and will focus upon the transition from young people's to adult services. If you have any comments to make in relation to these or any other issues, 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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