



Dear Colleagues,

Autumn Programme: Paper [7/11] Vulnerable Young People

A warm welcome to the Autumn session of the Conservative Policy Forum. Some of you will be receiving these emails for the first time, as an officer of one of our Constituency Associations. We hope you will be interested in our work and consider joining the ongoing CPF conversation.

We will be covering some very challenging issues in this session. We should not shy away from that. The most vulnerable, the poorest, those neglected in our society, need us. They need us to have the difficult political discussions and to help develop policy solutions for 2015 and beyond.

This is, of course, a precursor to introducing a hard-hitting discussion brief this month on 'Vulnerable Young People', which has been prepared by our Head of Research, Daisy Meyland-Smith. Daisy's excellent paper is full of facts and figures around mental ill health, substance abuse, teenage parenthood, children in care and crime which bring home the scale and sadness of the challenge and the importance of finding a remedy for the sake of our young people of the future.

The questions to this paper are attached in a separate document. These questions have been designed in such a way as to enable you to answer independently or by reference to the discussion brief.

CPF leaders should feel free to address the topic as they feel is most appropriate within the context of their own groups and the challenges faced within their own localities. Given the nature of the topic, individual additional submissions (including private submissions) are encouraged. We are aware that many members will have valuable professional and voluntary experience in these areas, particularly councillors, magistrates, teachers, care workers and health professionals. Please do let us know your views and share your experiences. If your CPF group would prefer to focus on only a few of the questions, please feel free to do so.

Please do get in touch with Daisy and the team for further information or resources or with any questions about the topics raised at [cpf@conservatives.com]. This closing date for this brief is 31 October 2011.

I look forward to seeing many of you at Party Conference. Please do come and meet us and **join the conversation** at one of the CPF events at Conference, details of which are attached and will be posted on our website: www.conservativepolicyforum.com.

With best regards
Natalie Elphicke

Director, CPF
For the voluntary party

Questions for discussion

1. Priorities for young people: Looking towards 2015, what are the priorities for government to focus on to help vulnerable young people - is it family breakdown, health, law and order, education, something else?
2. Health: Looking toward 2015 and beyond, how can our health services better identify and support the particular needs of young people?
3. Education: What role should schools play in tackling the problems of underachievement of children in care, of health challenges and of social/familial breakdown?
4. Crime: Overall crime is falling. Do you think crime rates among vulnerable young people will follow suit by 2015 or are there unique circumstances among the behaviour or situation of young people which requires specific attention and/or has different outcomes?
5. Justice: What will be the main obstacles facing the rehabilitation of young offenders in 2015?
6. Have your views on young people been affected by the events of this summer? In particular, the public disturbances and riots. Should these events influence policy development from 2015 with regard to young people and, if so, how?

Resources

www.conservativepolicyforum.com

This month we will be hosting a series of blog posts related to our theme of Vulnerable Young People. These will come from politicians, experts, and related charities, including: Syed Kamall MEP, Barnardo's, The Who Cares? Trust, Ryan Shorthouse of think tank the Social Market Foundation, and Edward Boyd of think tank Policy Exchange.

Frontier Economics, *Specialist drug and alcohol services for young people – a cost-benefit analysis*

<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RB087.pdf>

Department of Health, February 2011, *No Health without Mental Health*

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

Demos, 2010, *In Loco Parentis*

<http://www.demos.co.uk/publications/inlocoparentis>

New Economics Foundation, 2010, *Punishing Costs*

http://www.neweconomics.org/sites/neweconomics.org/files/Punishing_Costs.pdf

People to seek opinions from

Young people, parents, police, social workers, medical professionals, magistrates, lawyers

My children matter to me most of all – their wellbeing and future prospects are the single most important thing in my life. If they are happy and well cared for, I am happy (Submission to the National Debate on Measuring National Well-being)

The measure of a country's greatness should be based on how well it cares for its most vulnerable populations (Mahatma Gandhi)

The Department for Education defines vulnerable young people (VYP) as 'young people who experience substance misuse, emotional health concerns, teenage parenthood, low attainment, those who are NEET and those involved in crime.' These problems reduce quality of life in our country and increase the cost of public services. Most worryingly, these problems are often interlinked – as we show below – leading to a small but significant group of people facing multiple needs and exclusions.

As we covered the subjects of youth employment and skills extensively in the early part of the year, this discussion brief will focus on substance misuse, emotional health, teenage parenthood, children in care, and children in the justice system. Next month we will go on to cover poverty in all its forms, including child poverty.

1. Substance misuse

The UK has one of the highest rates of young people's cannabis use and binge drinking in Europe: 88 per cent have drunk alcohol in past 12 months, compared to a European average of 82 per cent. 29 per cent of young people have used cannabis before, compared with a European average of 19 per cent.¹ 13,000 hospital admissions are linked to young people's drinking each year and approximately 24,000 under-18s received specialist drug and alcohol treatment in the UK in 2008-09.²

Studies suggest a strong link between availability and levels of use. Indeed, a 2005 paper in the *Journal of Substance Use* concluded that the most promising route for curbing drug and alcohol use was '*harm minimization strategies such as local controls on drinking locales, server training, limitation of the number of outlets and more rigorous policing can produce tangible results*'.³ But reducing availability is a difficult task; current bans on psychoactive substances are constantly circumvented by the invention of new drugs. 41 new psychoactive substances emerged in 2010. 16 of these were first reported in the UK.⁴

The effects of substance misuse

- **The immediate cost.** The estimated annual cost of crime committed by young people misusing drugs and alcohol is just under £100 million per year, or £4,000 per affected young person, per year, in the absence of treatment.⁵

The estimated annual health care cost of young people's drug and alcohol misuse is around £4.3 million per year, or £179 per person per year.⁶

- **The long term cost.** Between 30 and 40 per cent of moderate/heavy teenage alcohol and cannabis users go on to develop drug or alcohol misuse problems as adults; around 80 per cent of problem drug users claim benefits.⁷

Central and local Government spend, between them, £1.2 billion a year tackling drug use, a problem which costs society an estimated £15 billion a year.⁸

- **Productivity.** Estimated annual cost of crime, poor health, premature death and lost output due to absenteeism and low employment levels is £173,090 - £238,397 per year for adult alcohol abusers, and £550,388 - £958,848 per year for problematic adult drug users.⁹

Coalition response

Tackling availability. In January 2011, the Home Office announced that retailers will be banned from selling alcohol below the rate of duty + VAT. This ban is an important step that will set a lowest limit for various types of alcohol, stopping the worst instances of deep discounting.

The Police Reform and Social Responsibility Bill aims to reduce the supply of illegal drugs, introduce a temporary ban on psychoactive substances ('legal highs') and promote the recovery of drug users.

This legislation will also give local communities a greater say in decision making on alcohol licensing. Maximum fines for under-age alcohol sales will be doubled and councils and the police allowed to shut down permanently any shop or bar found persistently selling alcohol to children, sending a clear message that such sales will not be tolerated.

In addition, the Government Drug Strategy 2010 aims to move away from therapies that replace one drug with a prescribed substitute and restore abstinence-based treatments.

2. Emotional health

Wellbeing can't be measured by money or traded in markets. It's about the beauty of our surroundings, the quality of our culture and, above all, the strength of our relationships. Improving our society's sense of wellbeing is, I believe, the central political challenge of our times (David Cameron, The Guardian, 14 November 2010)

Mental health. One in ten children aged between 5 and 16 years has a mental health problem at any one time, and many continue to have mental health problems into adulthood.¹⁰ Approximately three children in every classroom have a diagnosable mental health condition.¹¹

45 per cent of children in care and 90 per cent of imprisoned young offenders have a mental health disorder.¹²

Bullying. Bullying has a substantial negative effect upon the emotional and mental health of young people. Children in England who reported being bullied did 15 per cent worse at GCSE and were twice as likely not to be in education, employment or training at age 16. Children from the 20 per cent most deprived wards were more likely to be bullied than other groups.¹³

The effects of poor emotional and mental health

- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s. The problems of vulnerable young people are those that affect all ages.¹⁴
- **Quality of life.** Mental illness represents up to 23 per cent of the total burden of ill health in the UK – the largest single cause of disability. Around 43 per cent of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition.¹⁵

Our most deprived communities have the poorest mental and physical health and wellbeing. In addition, people with severe mental illnesses die on average 20 years earlier than the general population.¹⁶

- **Cost.** Nearly 11 per cent of England's annual secondary care health budget is spent on mental health and more than £2 billion is spent annually on social care for people with mental health problems.¹⁷
- **Productivity.** Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity. Detailed estimates put the cost of mental health problems, including costs of lost productivity and the wider impacts on wellbeing suggest that the costs may now be £105 billion, of which around £30 billion is work related.¹⁸

Coalition response

Mental Health. The Government aims to make mental health as important to people as their physical health through the 'No Health Without Mental Health' strategy, published in February 2011.

The strategy's theme is that mental health is everyone's business, whether employers, education, third sector or criminal justice, and it takes a life course approach covering children and young people, adults to older people. The aim is to address a long-standing marginalisation of mental health issues.

Key to reducing the annual cost of mental ill-health to the economy is to intervene early to stop problems developing and to prevent illness through public mental health and well-being actions across the board. It will enable more decisions to be taken locally, with people having more choice and information to meet their individual needs. In addition, £400 million has been pledged to help people gain access to psychological therapies, which could enable 70,000 people to go back to work and the Department of Health has committed funding to ensure the best treatment for Service and Ex-Service personnel. The strategy will also ensure that by 2014 people in contact with the criminal justice system will have improved access to mental health services.

Tackling bullying. The Government is also working to tackle bullying by simplifying anti-bullying guidance to help head teachers tackle all forms of bullying, particularly homophobic bullying, and extending head teachers' powers to respond to pupils who bully other pupils outside the school premises. Teachers will have the power to search for and confiscate mobile phones or video cameras

and delete inappropriate images such as those that could be used for cyber bullying.

This review of procedures will ensure that teachers can physically restrain pupils - for example if there is a fight in the playground - and give teachers back the power to hand out same-day detentions without having to give 24 hours notice. Vitally, the Coalition will abolish the power of appeals panels to send pupils back to a school they were expelled from.

The Government will also review the standards for teacher training to ensure a strong focus on managing poor behaviour and ensure that Ofsted place much greater emphasis on behaviour in inspections.

3. Teenage parenthood

Despite continued decline, the rate of teen pregnancies in the UK remains the highest in Western Europe: there were 38,259 teenage pregnancies in England and Wales in 2009.¹⁹ This trend is damaging for individuals and expensive for our health services.

The NHS saves money by reducing teenage pregnancy. Every £1 invested in contraception saves the NHS £11 in costs for abortion services, ante-natal and maternity care (Teenage Pregnancy Independent Advisory Group, [link](#))

Reducing teenage pregnancies is intimately related to the reduction of poverty, and improving outcomes for these mothers and children is also linked to strengthening social structures. Half of all under 18 conceptions occur in the 20 per cent most deprived wards and once young women have become mothers, they are likely to have another child: one fifth of births amongst under 18s are repeat pregnancies.²⁰

The effect of high rates of teenage pregnancy

Quality of life. Though for some mothers the choice to have children early is a positive one, others can suffer from a dearth of information that leaves them vulnerable to decisions made without a full picture of their future prospects. In these cases, teen pregnancies can significantly impact the welfare of the mother:

- Teenage mothers are three times more likely to develop post-natal depression
- Three times more likely to smoke during pregnancy than mothers over 35
- Daughters of teenage mothers are twice as likely to become teenage parents.²¹

Health costs. Babies of teenage mothers have worse health outcomes than those of older mothers:

- They are more likely to be born prematurely or at a low birth-weight
- One third less likely to be breastfed
- 60 per cent more likely to die in the first year of life than babies of mothers aged 20-39
- And twice as likely to be admitted to hospital.²²

Productivity.

- Over one third of teenage mothers have no qualifications and 70 per cent are not in education, training or employment
- At age 30, teenage mothers are 22 per cent more likely to be living in poverty than mothers giving birth aged 24 or over, and 20 per cent more likely to have no qualifications²³
- Teenage pregnancies cost the government an estimated £63 million a year.²⁴

Coalition Response

Teenage pregnancy is an issue of continuing concern and the Government will recognise the need to continue supporting local good practice in the Department for Education's youth policy statement and the Department of Health's Sexual Health Strategy, which are both due to be published later this year (Sarah Teather, Children's Minister, February 2011)

Sexual health will form an important plank of the new public health approach championed by the Coalition:

- **'Healthy Lives, Healthy People'** is a long-term vision to generate a 'wellness' service for the first time, creating a new organisation, Public Health England, to meet the challenges facing the country today.
- **Local authorities.** Local authorities will be given more power to deal with challenges facing their areas and ring-fenced public health budgets. Each local authority and their individual director of public health will act as strategic public health leaders for their local population. Health and wellbeing boards, based in local authorities, will provide a forum to bring together NHS commissioners, councils and elected councillors with patient champions, to join up the public health agenda with the wider work of the NHS, social care and children's services.
- **Health premium.** A new, simple health premium will reward progress on specific public health outcomes. Driven by a formula to be developed together with key partners, the premium will represent a new approach to fighting health inequalities. The intention is for the formula to recognise that disadvantaged areas face the greatest challenges, and will therefore receive a greater premium for progress made.
- **Public Health England.** At a national level, a new dedicated public health service: Public Health England, will integrate leading expertise, advice and influence, into one organisation by combining experts from a range of public health bodies such as the Health Protection Agency, the National Treatment Agency for Substance Misuse and the Department of Health.
- **Thousands of extra health visitors.** 4,200 new health visitor positions are being created with a new improved training programme to benefit thousands of families.

Children in care

There are currently about 80,000 children in care in the UK.²⁵ Outcomes of care are poor, but a series of high profile cases of child abuse by parents – such as the death of Peter Connolly (Baby P) in 2008 - have led to an increase in the number of children being taken into care.

Costs

A place in a foster home can cost £1,000 a week while a care home place can be between £2,000-5,000 a week.²⁶ Conversely, a report last year from Demos and Barnardo's estimated that the cost of a stable, positive care experience for children who enter care young could save councils £32,755 per child per year when compared with the cost of a care journey of a child who enters the system late and experiences high levels of instability.²⁷

Outcomes

Education. Care has a negative connection with education. In 2010 only 25.1 per cent of looked after children attained five good GCSEs compared with 75.3 per cent of all children.²⁸ Predictably, given these poor starting points, in 2009 just 1 per cent of care leavers went to university compared with 37 per cent of young people living with their birth parents.²⁹

Work. This translates into incredibly poor job prospects. In 2008/09, 37 per cent of all care leavers were not in employment, education, or training, compared to 15 per cent nationally.³⁰ Given earlier figures for employment of problem drug users, it is important to note that looked after children are more likely than others to come across illegal substances.³¹

Sexual health. Low educational and job prospects are reinforced by poor sexual health. 50 per cent of young women are pregnant within 18 months of leaving care and their children fare badly too: children taken into care are two and a half times more likely to become teenage parents and 66 times more likely to have their own children taken into care.³²

What's next? Unsurprisingly, given this catalogue of horrific statistics, outcomes for former looked after children are troubling:

- In 2009, the Youth Justice Board estimated that 71 per cent of children in custody have been involved with, or in the care of, social services before entering custody³³
- Between a quarter and a third of people sleeping rough have been in care.³⁴

Coalition Response

Getting children out of care. The Coalition's aim is to see more children adopted, particularly those from ethnic minority backgrounds, older children and those with disabilities. Currently, many looked-after children in these groups are not even considered for adoption. In February 2011, the Government issued new guidance that states explicitly that local authorities must not deny children a loving home with adoptive parents simply because they have a different ethnic or

cultural background, nor should older children or those with disabilities be overlooked for adoption, as they may have been in the past.

More support for looked-after children at school. Using the pupil premium, the Coalition is channelling more resources to looked-after children.

Child protection. In June 2010, the Government commissioned Professor Eileen Munro to carry out an independent review of child protection.

Professor Munro's recommendations to reform the child protection system include freeing local services from unhelpful government targets and national IT systems so that they can pay more attention to the impact on children's safety and welfare. She also suggests the introduction of a duty on all local services to coordinate an early offer of help to families who do not meet the criteria for social care services, to address problems before they escalate to child protection issues. In addition, experienced social workers should be kept on the frontline even when they become managers so that their experience and skills are not lost.

The Government has accepted a majority of Munro's suggestions and is committed to the following changes:

- **Radically reducing regulation.** The Government will publish slimmed down statutory guidance by December 2011.
- **Reforming inspections.** The Coalition agrees with Professor Munro that inspections should be unannounced and they should examine the contribution of all relevant local agencies to the protection of children. Ofsted have published proposals to implement this approach.
- **Giving social workers a voice in government.** The Government will appoint a Chief Social Worker to be in place by the end of 2012.
- **Publishing Serious Case Reviews.** Ensuring that Serious Case Reviews into cases such as the Baby P tragedy are published, rather than kept hidden from public view. All published reports will be carefully and appropriately redacted and anonymised to protect the privacy and welfare of vulnerable children and their families.

4. Justice

Young adults aged 18-24 constitute less than 10 per cent of the population but are disproportionately involved in the criminal justice system, making up more than one-third of those commencing a community order or suspended sentence order, one-third of the probation service's caseload and almost one-third of those sentenced to prison each year.³⁵ 75 per cent of offenders sentenced to youth custody reoffend within a year of release. Vulnerable young people are substantially over-represented in the justice system.³⁶ These children are also victims: over half of children and young people in the Youth Justice System (YJS) who commit an offence have been a victim of crime – twice the rate for non-offenders.³⁷

Substance misuse. Home Office studies show that young offenders are even

more likely to use drugs than their peers – 91 per cent of Young Offenders in a recent survey had used alcohol, 86 per cent cannabis, and 44 per cent ecstasy.³⁸

Education. Almost a quarter of young offenders were identified as having learning difficulties and a further third had borderline learning difficulties.³⁹ Over three quarters of children and young people in the YJS have serious difficulties with literacy and numeracy. Over three-quarters of children and young people in the YJS have a history of temporary or permanent school exclusion.⁴⁰

Mental health. 90 per cent of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem.⁴¹ Over half have problems with peer and family relationships.⁴²

Teenage pregnancy. 39 per cent of young women in custody and 25 per cent of young men are parents. Teenage boys and girls who had been in trouble with the police were twice as likely to become a teenage parent, compared to those who had no contact with the police.⁴³

Children in Care. In 2009, the Youth Justice Board estimated that 71 per cent of children in custody have been involved with, or in the care of, social services before entering custody.⁴⁴

The costs of Youth Justice

According to the Audit Commission, it costs four times as much to put a young person through the criminal justice system as it does to keep them out of it.⁴⁵

Holding a person in a Young Offender institution (YOI) costs about £100,000 a year.⁴⁶ The additional impact of custody on crime and unemployment adds up to at least a further £40,000 of expenses to the state. This estimate includes the public benefits of reduced crime while a person is serving their sentence.⁴⁷

Chance of re-employment reduces by 15 per cent once the offender is released, at an annual cost of £35,000 to the state, with additional social costs to other stakeholders of £15,000.⁴⁸

Coalition Response

- In March 2011 the Government announced funding of £2 million to help divert young people from crime, and also aims to create a national liaison and diversion service by 2014.
- The Youth Justice Board (YJB) will be abolished as an Executive Non Departmental Public Body (Quango). Instead, the Ministry of Justice will establish a Youth Justice Division to deliver the main functions of the YJB - overseeing the delivery of youth justice services, identifying and disseminating effective practice, commissioning a distinct secure estate and placing young people in custody. This will increase ministerial accountability for youth justice and create a strong impetus for improvement. Ministry of Justice ministers are well placed to influence policy across government and they will ensure that other departments play their part in stopping young people from becoming involved in crime and reoffending.

End Notes

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- ⁶ Ibid.
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- ¹⁴ Department of Health, February 2011, *No Health without Mental Health*: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf
- ¹⁵ Department of Health, February 2011, op cit.:
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- ¹⁷ Department of Health, February 2011, op cit.
- ¹⁸ Department of Health, February 2011, op cit.
- ¹⁹ ONS figures reported here by *The Guardian*, 11 August 2011: <http://www.guardian.co.uk/news/datablog/2011/feb/22/teenage-pregnancy-rates-england-wales-map>
- ²⁰ Teenage Pregnancy Independent Advisory Group: [http://www.youngpeopleshealth.org.uk/userfiles//GP_nov12_option1\(1\).pdf](http://www.youngpeopleshealth.org.uk/userfiles//GP_nov12_option1(1).pdf)
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- ²² Ibid.
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