APPENDIX 21:

EVIDENCE TABLES FOR THE ACCESS AND EXPERIENCE OF CARE

Abbreviations

ADHD	attention deficit hyperactivity disorder
ASB	antisocial behaviour
CAMHS	child and adolescent mental health service
CYP	children and young people
DBP	disruptive behaviour problems
EBP	evidence-based practice
LAC	looked-after children
MST	multi-systemic therapy
SEBD	social, emotional and behavioural difficulties

1 EXPERIENCE OF CARE

1.1 STUDY RESULTS TABLE FOR REVIEWS OF THE EXPERIENCE OF CARE

Study ID	DAVIES2008	CEFAI2010
Review quality	• Clear review question. • Included studies relevant to review. • Literature search sufficiently rigorous. • Study quality is assessed and reported in the paper. • Adequate description of methodology.	• Clear review question. • Included study relevance unclear (undergraduate dissertations include in the review). • Literature search insufficiently rigorous (Maltese studies only; no search strategy provided). • Study quality is not reported in the paper. • Inadequate description of methodology.
Pooled effect sizes or summary of findings (focus specifically on aspects relevant to conduct disorder/ behavioural problems; and/or, access to/use of services)	Thematic analysis grouped findings into eight major themes, as follows: 1. **'Perceptions, evaluations and recollections of interventions' (p. 27):** CYP are capable of providing balanced feedback on their experiences of mental health services and therefore 'there is consistent support for guidelines recommending consulting with looked-after children at all levels; in their individual treatment and service provision discussions' (p. 27). 2. **'Personal qualities, skills and attitudes of staff'** (p. 27): Aspects of one-to-one relationships – specifically 'personal attributes... the sense of something being done and respect for confidentiality' (p. 27) are frequently occurring themes. The authors suggest that: *the participant's experience of being heard and understood could be the foundation for a good match between child's need for action and therapeutic responsiveness. This implies that, despite NICE guidelines focusing on intervention type, other*	Thematic analysis resulted in five major themes, as follows: 1. **Disconnectedness from teaching staff – 'Perceived lack of understanding and support by classroom teachers'** (p. 186): • Feelings of humiliation, not being listened to or being ignored; feelings of not being able to talk to teachers. • There was also a theme relating to behaviour management, where a 'blaming and punitive approach' was viewed as very unhelpful (p. 188). • Where relationships were positive, respondents talked about teachers being caring and understanding. 2. **Victimisation – 'Being treated unfairly and picked on by teachers'** (p. 189): • Being held up as an example of bad behaviour by teachers. Being victimised and unfairly blamed for things by teachers and peers (although less so the latter).

	aspects of staff interactions may be more important to children (p. 27). 3. **'Therapy process'** (p. 27): • Children are 'analogous to adult populations' in their ability to 'meaningfully comment on the therapeutic process' (p. 27). Non-verbal methods of engaging were recognised as valuable. • Clinicians delivering therapeutic interventions with foster families need to help families 'think about their different use of communication modalities... incorporating non-verbal elements' (p. 28). 4. **'Practical arrangements and physical surroundings'** (p. 28): should be considered 'an important therapeutic feature' and there can be a mismatch between the importance placed on this by children and that evident in services (with less evidence of attention paid to this area by the latter). For LAC 'practical arrangements may be especially pertinent' (p. 28, citing Bettlheim, 1950[1]). 5. '**Desire for inclusion'** (p. 28): children want to be included and 'in principle children's inclusion should be actively pursued at all levels' of treatment (p. 28). 6. **'Outcome of intervention'** (p. 28): Children were positive about treatment outcomes, but there is a need for further research in this area to account for any bias in results. 7. **'Suggestions and improvements'** (p. 28): CYP's proposals for service improvements are congruent with national guidelines (p. 28) specifically related to improved access, more information and more opportunity to input to their care.	3. **Lack of perceived control/ feeling of oppression – 'sense of helplessness'** (p. 189): • Feelings of being excluded from an adult-dominated 'undemocratic system' (p. 189). • Dissatisfaction with the 'autocratic way' in which challenging behaviour is managed (p. 190). • School perceived as an 'alien' culture to which respondents can find it difficult to relate (p. 190). 4. **Disengagement from teaching methods – perception of the curriculum as 'boring, academic and unrelated to life and career'** (p. 191): • Difficulty making the connection between lesson content and 'real-life situations' (p. 191). • Desire to learn through 'practical, hands-on activities' (p. 191) so that learning made sense. Respondents reported that where learning was delivered in a meaningful way, they enjoyed and involved themselves in it. 5. **Feeling of being outside the system – 'schools and teachers show an unwillingness and/or inability to understand them and repeatedly fail to accommodate to [sic] their social and emotional needs'** (p. 191): • Difficulty adapting to uncompromising, 'rigid' (p. 191) school environments. • Lack of support and understanding of holistic needs result in 'labelling and stigmatisation' (p. 192). • Vicious cycle of 'disengagement and consequent misbehaviour' (p. 192) created, where detachment is 'a self-protective mechanism' (p. 192, citing Chircop, 1997[2]).

[1] Bettleheim B. Love Is Not Enough: The Treatment of Emotionally Disturbed Children. Glencoe, IL. The Free Press; 1950.
[2] Chircop D. Voting with their feet: students and absenteeism. In: R Sultana (ed.). Inside/Outside Schools: Towards a Critical Sociology of Education in Malta. Malta: PEG Publications; 1997, pp. 353–74.

	8. **Social context** (p. 28): CYP recognise 'the relevance of social context' on mental health and treatment. There is a need to undertake ongoing work on 'positive media representations' (p. 28) of mental health issues. The authors identified three themes specific to vulnerable children – 'ambivalence towards professional intervention', 'ambivalence towards talking' and preference for 'non-verbal communication' – but noted these should be treated with caution given the small sample size and non-exclusively LAC sample. **Implications for practice** • 'Eliciting looked after children's views of their mental health service should be standard practice' (p. 29). • 'Paying particular attention to building relationships with looked-after children is as integral to the intervention as the techniques/theories used' (p. 29). • 'Utilising non-verbal communication enhances the ability of mental health services to meaningfully engage looked-after children' (p. 29). • 'Appropriate thought should be given to children's experience of practical arrangements and physical surroundings within which they receive mental health services' (p. 29).	**Recommendations for practice** (taken from 'Conclusions' section): • Empowering SEBD students to 'have a meaningful and influential voice at school' can improve teacher-pupil relationships but teachers 'will need to see the significance and value' of this (p. 194) and to see pupil engagement as a collaborative process, rather than something threatening. • Students themselves 'need to be convinced that they have a valuable contribution to make' (p. 194). • SEBD pupils will need support and encouragement 'to articulate their views as clearly and effectively as possible' (p. 195). • Student views need to be gathered in 'more child-friendly and emancipatory' ways using a variety of appropriate strategies (p. 195). • Student views need to be used in a meaningful way, to actually inform policy and practice.
Source of funding	Not stated.	Not stated.
Bibliographic reference	Davies J, Wright J. Children's voices: a review of the literature pertinent to looked-after children's views of mental health services. Child and Adolescent Mental Health. 2008;13:26-31.	Cefai C, Cooper P. Students without voices: the unheard accounts of secondary school students with social, emotional and behaviour difficulties. European Journal of Special Needs Education. 2010;25:183-98.

1.2 STUDY RESULTS TABLE FOR PRIMARY RESEARCH OF THE EXPERIENCE OF CARE

Study ID	ADAMSHICK2010	ASHKAR2008	BARBER2006
Study quality	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods. • **Analysis:** rigorous data analysis; in-depth analysis; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** clear.	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** rigorous data analysis; in-depth analysis although data from one site only; reliable analysis; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** details of ethical considerations not reported.	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis not reported; data not 'rich'; reliable analysis; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** clear.
Summary of findings/results (focus specifically on aspects relevant to conduct disorder/behavioural problems; and/or, experience of care)	Author identified four main themes from analysis (p. 545): **1. 'Aggression to protect oneself'**: • Feelings of discomfort, discontinuity or betrayal in the girls' relationships (p. 546). • 'Finding ways to interact with girls... involved physical protection' (p. 546). • Aggression to protect the self is not only in response to bullying but also to protect self-esteem or worthiness, or to deal with the hurt caused by girls who were inauthentic or untrustworthy (p. 546-7). **2. 'Aggression is a part of the search for self':** • Fighting is integrated with identity, and	Authors identified three main themes from analysis (p. 589): **1. 'Prison culture':** • Bullying is commonplace and part of an 'entrenched prison hierarchy' (p. 589). • 'Coping strategies typically included avoidance and social isolation' (p. 590-1). • Substance misuse commonplace and accepted. • 'Authoritarian management styles resulted in poor communication, conflict and coercive behaviours' (p. 590), and detainees report	**Quantitative findings:** • Parent/carer and CYP highly satisfied with CAMHS; median parent/carer satisfaction score 'was 10.5 (range -7 to 12)' and median CYP score 9.5 (range 4 to 20)'(p. 13). • Neither gender nor age was related to satisfaction. **Qualitative analysis** elicited two main themes: **1. Positive relationships with services:** qualitative

	the ability to fight and be seen to be a good fighter is important (p. 547). • Girls find a sense of normalcy for their behaviour by comparing themselves with other girls and providing reasons for their behaviour (p. 547**).** **3. 'Aggression as connection and a means to attachment and friendship':** • Aggression is an approach to friendship and a means of attaining respect: 'how they got along, how they approached others, a natural part of their situation'. Fighting could lead to friendship (p. 548). • Fighting was a part of family culture, thus could be seen as an attempt at play (p. 549). • Aggressive tactics are used to defend friends (p. 549). • Aggression used when facing challenges to form a connection and as a way to get approval (p. 549). **4. 'Gaining perspectives on relationships and growing up':** • Girls associated drama and aggression with being younger, being ready to distance themselves from aggressive friendships as they grow up (p. 550-1). • Girls associate 'liberation and confidence' with being a fighter. The ability to fight is deemed necessary to be a good friend to others and to fit in (p. 550-1). **Conclusions:** • Girls revealed that non-physical aggression potentially escalates to physical aggression, and therefore the	frustration and 'antagonism with youth workers' (p. 594). • '[T]he structure and routine' of prison life was beneficial in 'providing a haven from the instability and stress' of being detained (p. 591). **2. 'Service delivery':** • Detainees dissatisfied with poor medical care and inconsistent adherence to medication. • Limited availability of services tacking 'criminogenic need' (p. 591). • Limited availability of 'educational and vocational services' (p. 591) but positive experience of these services reported by those able to access them. **3. 'Loss':** Detainees reported: • isolation from friends and family • frustration at lack of control • feelings of shame. Authors also analysed respondents own 'evaluation of [their] incarceration experience' concluding that: • incarceration is seen as having only 'minimal' deterrent effect (p. 593) • juvenile detention is typically evaluated in relation to adult detention (and seen as preferable) • incarceration is seen as a way of breaking habits and carving out 'time to think, mature...' (p. 593).	responses coded, with top five most frequently cited positive themes being: • 'relationships with staff • support, help and advice given • being listened to, given time • able to talk and express feelings • flexibility of service, crisis care' (Table 3, p. 15). **2. Improvements required:** • 'facilities' • specifics of treatment • initial concerns/worries • waiting time for first appointment • 'accessibility' (Table 3, p. 15). **Relationship between 'caseness' and satisfaction:** CYP who achieved 'caseness' on self-report conduct problem scale were significantly less satisfied with CAMHS than those who did not. CYP 'with self-reported high impact scores were significantly less satisfied' than others (p. 16). No correlation between caseness and parent/carer satisfaction. Parent/carer significantly more satisfied than CYP.

	two cannot be considered as separate entities. As such, 'interventions must be designed along lines of preventing escalation of aggression, but must also consider the need for connection that was inherent in the girls' aggression' (p. 551). • Connection through aggression is a powerful theme. 'Mentoring programs that aim to reduce positive behaviours ... can emphasize and utilize girls' affinity for attachment and the power of girls' friendships' (p. 552). • 'Girls expressed that their identity and self-esteem were synonymous with the persona of a fighter... interventions that attempt to merge marginalized aggressive girls' unique identity with opportunities to use aggressive behaviours in positive ways, and to develop aspects of themselves beyond fighter' are important' (p. 553).	**Conclusions:** • While 'incarceration alone is unlikely to have any significant impact on recidivism' (p. 595), incarcerated young people may be 'in a state of readiness for positive change' (p. 596) and therefore services might look to capitalise on this opportunity by developing 'rehabilitative programming' during incarceration. (p. 596). Such activity should include 'offence-specific treatment, psychological treatment, counselling, education, vocational training, social skills training, anger management, and problem solving' (p. 596). • There is a need to safeguard detainees, and authors suggested this should be done by 'improving staff quality and training' (p. 596).	**Recommendations:** • As CYP with conduct problems are less likely to be satisfied with services, it is important to research and work with this group more in future 'so that their needs are better understood and expectations met' (p. 19).
Source of funding	Funded by The Freedom From Fear Foundation through the Sharon Davies Memorial Awards Program.	Funded by Australian Research Council Linkage Grant to DT Kenny, University of Sydney, and partners New South Wales Dept. of Juvenile Justice and New South Wales Justice Health.	Not stated.
Bibliographic reference	Adamshick PZ. The lived experience of girl-to-girl aggression in marginalized girls. Qualitative Health Research. 2010;20:541-55.	Ashkar PJ, Kenny DT. Views from the inside: young offenders' subjective experiences of incarceration. International Journal of Offender Therapy and Comparative Criminology. 2008;52:584-97.	Barber AJ, Tischler VA, Healy E. Consumer satisfaction and child behaviour problems in child and adolescent mental health services. Journal of Child Health Care. 2006;10:9-21.

1.2 STUDY RESULTS TABLE FOR PRIMARY RESEARCH OF THE EXPERIENCE OF CARE *(CONTINUED)*

Study ID	BROOKMAN-FRAZEE2009	CHILDREN1ST2007	DEMOS2010
Study quality	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis not reported; 'rich' data; reliable analysis; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** not reported.	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis reported; 'rich' data; reliability of analysis not reported; convincing findings; findings relevant to study aims; conclusions adequate but minimal discussion of implications. • **Ethics:** not reported.	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis reported; 'rich' data; reliability of analysis not reported; convincing findings; findings relevant to study aims; conclusions adequate. • **Ethics:** not reported.
Summary of findings/results (focus specifically on aspects relevant to conduct disorder/behavioural problems; and/or, experience of care)	**Adequate test-retest reliability:** Therapeutic Strategies Survey administered to subset of 27/88 participants (mean test-retest interval 11.7 weeks; range 3 to 18 weeks). **Self-report views of individual strategies:** '[T]herapists value a wide variety of treatment strategies when working with children with DBPs and their caregivers' (p. 7). When working with CYP therapists most value techniques for 'identifying/addressing strengths'	**Providing a nurturing environment:** Parents need nurturing/to feel valued and respected. They enjoyed being with other adults who were found to share similar difficulties, so their sense of isolation decreased (p. 33). Important for children to know what is going to happen to them when they are referred to services (Dinosaur School information leaflet for children) (p. 34). **Responding to the Webster-Stratton programmes:** Parents and children have not always	'**What works for children in care?'** (p. 73): The authors summarise the themes from the literature review (which are not specific to conduct disorder). They identify that care providers need to ensure: • **that placements are of a high quality, and stable** (in order to have a positive impact on educational attainment, mental health and wellbeing). Authors make reference to numerous studies that demonstrate the relationship between 'aggressive and defiant behaviour' (p. 90) and placement instability. This evidence was supported by data from the LAC focus groups, in which one care leaver – who had experienced emotional

	(p. 8) and least value 'addressing client-therapist relationship' and 'using genograms' (p. 8). In terms of 'therapeutic content strategies' (p. 8), therapists most value 'parent/child relationship' and 'problem-solving/social skills' for younger CYP and 'problem-solving/social skills' and 'improved communication' for older CYP (p. 8). When working with caregivers of younger CYP, 'the two highest rated treatment technique strategies... were 'identifying strengths' and 'modeling' (p. 8). For older CYP caregivers, these were 'identifying strengths and psychoeducation' (p. 8). In terms of therapeutic content, therapists most value 'addressing parent/family issues' and 'parent/child relationship' when working with parents/carers of younger children. Evidene-based practice: statistical analysis suggested that 'therapists rate strategies that are common elements of EBPs as high, or higher, than all other treatment strategies' (p. 8). Factors affecting therapist attitudes to EBP: statistical analysis suggested no relationship between therapist characteristics (including gender, age, racial/ethnic minority status, professional discipline, theoretical	found the programmes easy – sense of cultural dissonance for some families. As one service manager commented 'the programme have a very white, middle class view of what is and is not acceptable family behaviour'... 'If we were working with highly motivated, highly literate parents with a crèche on the premises, and if parents had no other worries or impacts on their ability to engage, it would be perfect'. Incredible Years parent programme makes considerable time demands on parents, requires emotional literacy and role playing activities which some parents feel uncomfortable with. Some parents told the evaluation team that they experienced the video vignettes as false, dated and 'not real life'. They were focused too much on younger children and the children in the vignettes were unusually amenable to instruction. The programmes were not really related to the complexity or the severity of what they were experiencing – not addressing 'bad behaviour' outside the home and so on (p. 36). Although there were limitations to Webster-Stratton, they all commented on positive attributes of the programmes. This was due, in part, to staff persistence, their efforts in supporting individual parents and in interpreting the scenarios when found difficult. One mother commented that she had been on several different	difficulties and had demonstrated challenging behaviour identified that what would have help mitigate her placement breakdowns would have been '... "emotional support plus being settled"...' (p. 91) The authors note the importance of training and supporting carers to deal with emotional problems and challenging behaviour to minimise the likelihood of placement breakdown. One carer said: *Our child comes from horrendous abuse and she's got very severe learning difficulties, behavioural problems, and severe autism, so we need a lot of resources. And that is really hard to get hold of, speech therapy, psychologist, community nurses, appointments at hospitals, you have to fight and fight. I've had to go to MPs before* (p. 93). • **that a child can develop 'secure attachments** with their carers' (p. 13) • **that the child's views are heard** and 'able to influence care planning' (p. 15) • **that the young person's exit from care** – and transitions from placement to another – **are planned,** supported and timely. Authors do not talk about conduct disorder specifically but reference statistics and studies that indicate LAC are likely to already demonstrate challenging behaviour prior to becoming looked after. They also reference the Multi-Dimensional Treatment Foster Care

	orientation and so on) and attitudes to EBP (as measured by rated value of strategies). **Implications for practice** (taken from 'Discussion' section): A mental health 'training approach incorporating attitudes towards selected treatment strategies may be effective in addressing potentially ambivalent attitudes towards manualized interventions in general' (p. 11). 'Understanding therapists' attitudes has the potential to significantly improve implementation of EBPs in community-based care' (p. 11).	parenting programmes and thought they were 's***' but, after initial scepticism, found that for her Webster-Stratton 'was really working' (p. 36). Parents generally warmly welcomed the impact of the Dinosaur School programme on their children even though they might have had mixed views about the content of the parenting programme (p. 36). **Children's response:** The children who have undertaken the Dinosaur School have generally responded enthusiastically: 'Everything is good about dino school' (p. 37). There were, however, some limitations to the Dinosaur School programme identified by children in their evaluations and by project staff, for example: videos could be difficult to understand with a lot of background noise; some children became distracted while watching video clips; other children found the books accompanying the programme rather long; it was too emotional for some children with highly problematic family situations. Age appropriateness of the Dinosaur School programme for children older than the age of eight is a problem. While still maintaining fidelity, staff modified materials and activities to the needs and circumstances of children and	programme, the evaluation of which, they note, highlights: > *...the importance of ensuring that young people's holistic support needs, and in particular their emotional and behavioural needs, are properly assessed at entry to care* (p. 95). In relation to behavioural and emotional problems specifically, the authors note that **the decision to move a child into care needs to be timely and early** with action taken swiftly, to minimise the likelihood of the child developing behavioural problems: > *The impact of unnecessary delay and the associated emotional and behavioural difficulties this can cause is far-reaching* (p. 80). They identify evidence to suggest that age of entry to care (as well as 'pre-care adversity' (p. 59) is significantly associated with emotional and behavioural problems, that is CYP who are younger on entry are less likely to develop SEBD than peers who were older on entering care. **Areas in need of reform:** The authors' primary research findings suggest that there is poor practice at various stages of the care pathway which can have an impact in terms of the child's social, emotional and behavioural difficulties a child experiences; for example: 1. **Entry into care:** authors note the importance of ensuring the family and

		parents. One staff member, who subsequently left Directions, initially tried to run the programme 'by the book'. However parents were observed to be less engaged, fed back that they felt intimidated and some did not complete the course (p. 39). **Extending the projects' services:** Parents who completed the programmes gave the evaluation team a clear idea of what they would like, for example a support group to continue every few weeks, regular coffee morning, a marriage counsellor available at the project, some work with the whole family, contact with the projects by telephone, more work on personal issues such as addressing their lack of confidence or self-esteem. For the children, parents wanted the positive effects of the projects to continue, especially at holiday times, with additional community based activities and outings and more skills acquisition, such as learning to cook (p. 41-2). Liaison with schools is important to the projects. Teachers need to know and understand what the projects have been trying to do, in order to be able to comment on children's behaviour in class and social relationships in the school, and to reinforce new learning and behaviour. The school can also be used as a setting for the running of the projects.	child are supported appropriately before the child is placed in care, and that there aren't unnecessary delays which can 'result in an increased risk of mental health or emotional and behavioural problems' (p. 17). 2. **Placement support:** Authors identify that placement breakdown can sometimes be attributed to lack of mental health support. 'The lack of coherent mental health support is particularly concerning when we consider that several studies have established poor mental health as both a cause and a result of children having unstable care journeys' (p. 19). 3. **Residential care:** 'The high instance of mental health problems in residential care may be due to the fact that in the UK residential care tends to be viewed as an 'end of the line' option for children and young people whose previous placements have failed' (p. 19). 4. **Leaving care:** '...care leavers are not given adequate practical, emotional and financial care and support once they leave care' (p. 20); 'Research suggests that local authorities tend to overlook the need for emotional and psychological preparation for those on the verge of leaving care and living independently, focusing instead on practical issues' (p. 20). **Cost of care journeys:** 1. Child B's journey through care was

		Outcomes of the interventions • Changes measured over 6 months. • Strengths and Difficulties Questionnaire (n = 88): – 65% had a high level of difficulty on conduct scale at the end of the Webster-Stratton programme versus 86% at the beginning – teachers observed more change than parents. • Parenting Hassles (n = 94): – 14% had a high level of stress at the end of the Webster-Stratton programme versus 35%at the beginning. • Focus groups: expressed a high level of satisfaction with the programme and with the positive attitudes of staff. Additionally, parents' descriptions of specific examples of subtle but important changes they had been able to identify in their children's behaviour suggested that parents felt more in control and better about themselves (p. 60). **Findings from intensive sample of 17 children:** Children's evaluation: • Three-quarters were happy/very happy about the school and had positive views of the group leaders. The majority were happy to meet other children. • All children felt their behaviour had changed since Dinosaur School	significantly more costly than Child A's (£32,755.37 more per year), attributed to: • 'additional social worker time needed to make a larger number of placement moves' (p. 21-2) • 'a cyclical escalation of poor care experience and costs' (p. 22): *...a child with a delayed entry into care is less likely to maintain a stable placement, which is associated with poorer mental health and potentially behavioural problems, which in turn may undermine placement stability* (p. 22). 2. Child B also leaves care 'likely to have mental health problems' (p. 22). **The future of care:** The authors summarise the next steps for care and make recommendations for improvements in policy and practice grouped into: 1. 'Recommendations for early intervention and less delay'. 2. 'Recommendations for stability'. 3. 'Recommendations for supported transition to independence' (p. 26-8). **Case study evidence:** The case studies provided an example of how one local authority was working to address challenging behaviour or related mental ill-health, emotional and behavioural difficulties in LAC. • The 'Kensington and Chelsea Life Skills'

		and most thought that adults had noticed the change. • Children reported learning what the programme intended, for example not to be bad, to be good, how to share and so on. • Overall positive views of the programme. Parental evaluation: • 7/8 parents positive about programme; 5/8 enthusiastic. • Most parents found practising the skills at home useful, although not always easy, for example play, 'giving praise'/tangible rewards. • Overall, they most enjoyed the discussions, meeting others in similar situations and learning new skills, such as patience with their children. They least liked role playing, which they found challenging. Parents thought that some things could be done to improve the programme, including more time overall/standard of literacy required for the programme. **Focus group (five of the parents):** • Confidence as an adult and a parent had increased. **Issues arising from project staff:** • Lack of consistent engagement – working with parents who were hard to engage or retain, persistence	project 'was set up to address the problem of a high level of unmet need for mental health support among young people in residential care' [case study interviewee] and focused on reducing stigma associated with accessing mental health services, and improving access and support for CYP who weren't eligible (or willing) to access CAMHS support. CYP were able to access weekly or fortnightly 'life coach' sessions with a clinical psychologist employed by CAMHS but working onsite in the residential homes.

		and continuous positive reinforcement might need to become a standard feature of the programme.	
Source of funding	Not stated.	The Youth Crime Prevention Fund.	Not stated.
Bibliographic reference	Brookman-Frazee L, Garland AF, Taylor R, Zoffness R. Therapists' attitudes towards psychotherapeutic strategies in community-based psychotherapy with children with disruptive behavior problems. Administration and Policy in Mental Health. 2009;36:1-12.	Aldgate J, Rose W, McIntosh M. Changing Directions for Children with Challenging Behaviour and their Families: Evaluation of CHILDREN 1st's Directions Projects. Glasgow: The Open University; 2007.	Hannon C, Bazalgette L, Wood C. In Loco Parentis. Available from: www.demos.co.uk/publications/inlocoparentis. London: Demos; 2010.

1.2 STUDY RESULTS TABLE FOR PRIMARY RESEARCH OF THE EXPERIENCE OF CARE *(CONTINUED)*

Study ID	JRF2005	JRF2007	SODERLUND1995
Review quality	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis reported; 'rich' data; reliability of analysis not reported; convincing findings; findings relevant to study aims; conclusions adequate. • **Ethics:** not reported.	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis reported; 'rich' data; reliability of analysis not reported; convincing findings; findings relevant to study aims; conclusions adequate. • **Ethics:** not reported.	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** adequate and reliable analysis but not sufficiently rigorous; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** not reported.
Summary of findings/results (focus specifically on aspects relevant to conduct disorder/behavioural problems; and/or, experience of care relevant to conduct disorder-related conditions)	**ASB nationally:** • The report summarises 'the national picture' of ASB, identifying that it is diverse in nature but a concern for only 'a significant minority of people' (p. viii) and is found mainly in 'deprived urban areas' (p. viii). • The report summarises 'the national picture' of ASB, identifying that it is diverse in nature but a concern for only 'a significant *minority* of people' (p. viii) and is found mainly in 'deprived urban areas' (p. viii). **Explaining ASB:**	**Parents' views of mainstream school:** • All parents reported that they felt their child had been labelled 'trouble' at mainstream schools. The attitude seemed to be that they were expected to help sort out a problem, without the school understanding all of the other problems that the parents were facing (p. 6). • Extended critique of the child and, by implication, the parent(s); uncertainty around events at school/how to resolve the issue; feelings that the system was	The questionnaire comprised four parts reflecting different aspects of needs and barriers: **1. Family views of services:** • Parents' responses to Likert-scale items reflected favourable perceptions of the services they had received (p. 161). **2. Family needs:** • The highest rated family needs were learning effective methods of managing their child's behaviour, finding recreational activities for their children, and finding enough personal time for themselves (p. 161).

	• The study reports that respondents' views on the causes of ASB can be grouped into three 'narratives of ASB... although these are by no means mutually exclusive or discrete' (p. viii). **Authors also summarise the suggested responses to ASB categorised by explanation:** • 'Social and moral decline', that is 'symptoms of wider social and cultural change' (p. viii). This explanation prompted discussion about whether taking an 'enforcement' approach would be helpful (with respondents offering a range of views). • 'Disengaged youth and families', that is CYP not feeling connected to their families or communities (p. viii). Authors note that this explanation was the one 'that the professionals [we] interviewed tended to use' (p. 36). Discussion here related to how to 'promot[e] engagement' among disenfranchised CYP. • 'Kids will be kids'; that is, the view that there is an 'age-old tendency for young people to get into trouble,	stacked against them/losing faith in the school to do the right thing for their child as the school just wanted to be free of them (p. 6-9). **Establishing connections with 'hard to reach' parents:** • Contact between mentors and parents (review meetings and 'open door' policy) helps to establish the beginnings of a relationship. A balanced account of child's behaviour, including the positives is appreciated (p. 10-12). • Parents 'greatly appreciated the mediation and liaison work that mentors carried out with other agencies' (p. 13-15). **Going into parents' worlds:** • A non-judgemental and individualised approach means that 'parents increasingly 'let workers in' to their lives and to the nature of the problems they face' (p. 17). • Staff emphasise the importance of parents working out their own strategies (with support from workers), and in doing so feel more confident in their own abilities; 'You have to say to the Mum, "what suits you?" and to the kid' (p. 21).	**3. Service barriers:** Quantitative findings: • Inconveniently located services were identified as the most prominent barrier to services. • The least prominent barriers to services were identified as the inability to share records between agencies and the lack of culturally competent or bilingual staff (pp. 161-2). Qualitative findings: • The most frequently listed barrier was services that do not address family needs (N = 25). • The second barrier cited was the lack of information parents and children possess about community services (N = 20). • The lack of a central place to find information about community services also was identified as a barrier (N = 17) (pp. 162-3). **4. Service priorities** Quantitative findings: • Inconveniently located services were identified as the most prominent barrier to services. • The least prominent barriers to services were identified as the inability to share records between agencies and the lack of culturally competent or bilingual staff (pp. 161-2). Qualitative findings: • Parents' top priority was information

	challenge boundaries and antagonise their elders' (p. viii). This response associated with this theme related to potential benefits and risks associated with finding suitable diversionary activities for CYP. **Specific problems associated with ASB:** Authors identify four ASB themes 'emerg[ing] from interviews and focus groups: • 'misbehaving children and young people • problems associated with misuse of drugs and, to a lesser degree, alcohol • neighbour disputes and 'problem families' • a pervasive sense of powerlessness associated with all these problems' (p. 15). **Managing and responding to ASB nationally and locally:** Authors highlight a range of initiatives in use to tackle ASB at the local level but note that the research 'involved *analysis* of approaches' rather than any evaluative methods to discern 'what works and what does not' (p. 35). They note that case study areas are adopting a range of methods – both preventative and enforcement-based in	**Partnerships with children and young people who have been permanently excluded from school:** • Workers attribute success 'because of the support of the parents', and express how much more difficult it is with children whose parents cannot engage. • Collaboration between Sparks/St John's and parents causes relief for children who are used to tension between mainstream school and home. • Staff emphasise the importance of separating the child from the behaviour: 'The key for me is when they're showing this behaviour, whatever it is, it's only behaviour. That is not Earl and that is not Gavin.' (p. 36). • Staff believe it is important to challenge children and young people about some of their behaviour and help them to become analytical about their behaviour and attitudes (p. 54). • The authors summarise and discuss how the research has implications for a number of different groups in relation to policy and practice. • Importance of parents and young people having some control over their education. Vital for local authorities to consult parents and young people in relation to their	about community services (N = 16). • Transition/vocational services were also identified as a service priority (N = 12). • A third priority identified was alternative schools for their children (N = 11) (pp. 164-6). **Discussion/implications for practice:** • Overall, parents' views of the services they received were favourable. • The parents' perceived needs (that is, effective methods of behaviour management, recreational activities for children, and adequate personal time) underscore the importance of educational programmes for parents and recreational/respite programmes for both children and parents. • Inconveniently located services were identified as a major barrier. Possible solutions: planning meetings to be conducted a location designated by parent/at home; school-linked services approach. • No central place to find information about community services was identified as another barrier. Possible solutions: provide a central location or office (for example at school) that distributes comprehensive information on all community services; distribute information via intensive case management or community-based agency. • Parents' other priority was for information about

	nature – to tackle ASB. They identify 'sharp contrast' between focus on enforcement versus prevention at the national and local level, for example: the Home Office's national 'TOGETHER' campaign, they say, takes an enforcement approach, using 'simple, populist language' (p. 36) but identify that 'it is fair to question the assumption that support for victims necessarily implies a favouring of enforcement over preventive measures' (p. 36). In terms of commonality in the local-level action to address ASB, they highlight the need for: • 'shared definitions of ASB to inform approaches... at the local level; • a shared understanding of the underlying factors to inform responses; • better coordinating between projects; • better integration of ASB work within neighbourhood renewal strategies' (p. 37).	preferred choices for educational provision after a permanent exclusion from school.	educational/vocational options. Possible solutions: school personnel should work closely with the parents to develop a comprehensive program/plan for each child, addressing both child and family needs. (pp. 166-8)
Source of funding	Joseph Rowntree Foundation.	Joseph Rowntree Foundation.	Not stated.
Bibliographic reference	Millie A, Jacobson J, McDonals E, Hough M. Anti-social behaviour strategies: finding a balance [report]. Bristol: Joseph Rowntree Foundation; 2005.	Frankham J, Edwards-Kerr D, Humphrey N, Roberts L. School exclusions: learning partnerships outside mainstream education. York: Joseph Rowntree Foundation; 2007.	Soderlund J, Epstein MH, Quinn KP, Cumblad C, Petersen S. Parental perspectives on comprehensive services for children and youth with emotional and behavioral disorders. Behavioral Disorders. 1995;20:157-70.

1.2 STUDY RESULTS TABLE FOR PRIMARY RESEARCH OF THE EXPERIENCE OF CARE *(CONTINUED)*

Study ID	TIGHE2012	WILLIAMS2007
Review quality	• **Theoretical approach:** appropriate method and clear aim. • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods. • **Analysis:** rigorous data analysis; in-depth analysis; reliable analysis; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** clear.	• **Theoretical approach:** appropriate method and clear aim • **Study design:** defensible. • **Data collection:** appropriate. • **Validity:** clear context; reliable methods; researcher role not described. • **Analysis:** detail of data analysis not reported; 'rich' data; reliable analysis; convincing findings; findings relevant to study aims; adequate conclusions. • **Ethics:** not reported.
Summary of findings/results (focus specifically on aspects relevant to conduct disorder/behavioural problems; and/or, experience of care relevant to conduct disorder-related conditions)	**Domain 1: Engagement in MST and initial process of change:** Families spoke of being reluctant to engage in MST at the beginning: parents described feeling exhausted and stressed; young people also reported being tired of professional intervention. • **At the family's convenience:** families appreciated the flexibility of the MST model, where MST was fit around the family's schedule and within their home. • **Holistic approach: working with the systems around the young person:** targeting MST at parents and, through them, impacting the young person indirectly, was a productive way of struggling families. • **Solution-focused, practical approach, providing observable benefits:** seeing positive results and benefits early in the intervention brought hope and motivation. Parents also appreciated the therapist's practical support in managing various agencies in the child's life, and the solution-focused approach to therapy. • **Strong therapeutic relationship: a person-centred, collaborative approach:** high value placed on therapists' ability to connect with different family members, showing empathy, understanding, and genuine care. Parents felt the	**Authors identified the main themes from analysis:** • **'School climate and safety':** overall teachers felt safe' in spite of the high-profile criminal acts committed in US schools; teachers in one of the schools identified however that 'many students did not feel safe in school or in the community' (p. 99). • **'Parental involvement and community support':** teachers at one school noted low levels of parental involvement whereas teachers at the other reported parents to be engaged and cooperative attributed to 'having additional service personnel in their school (parent liaison, librarian) and the strong work of the principal and the PTA [Parent Teacher Association]' (p. 102). • **'Recognizing mental health problems':** both sets of teachers 'felt comfortable in recognizing mental health problems in students' although focused on externalized behaviours, considering this a strength. Behaviour management was reported to take precedence over identifying mental health problems. Anger management was noted as being particularly problematic. • **'Barriers to services'**:

	therapist was 'on my wavelength' (p. 5). • **Therapist as a source of support: companion, counsellor, motivator mediator:** parents valued the sense of 'having someone there' for them, to 'share what you're going through' (p. 6). **Domain 2: Outcomes are complex:** • **Increased parental confidence and skills:** by the end of the intervention, nearly all parents reported an increase in confidence in parenting. Power dynamics had shifted and parents spoke of no longer feeling scared of their child. Parents also reported improvements in their own mental health. • **Relationship improves:** parents reported improved relationships with their child. Communication improved across a number of domains. Developing greater empathy and understanding affected the way young people thought about their behaviour. • **Young person choosing to create a different future:** young people were helped back into the education system. This was linked with spending time with more prosocial friends and less time unoccupied on the street. For a subset of young people, a return to education was closely linked to increased self-belief, self-confidence and aspirations. • **Behavior mostly improves:** many families reported change in their child's behaviour, both inside and outside the home. • **Not all targets are met or situation deteriorates after the therapist leaves:** despite improvement, the vast majority of parents reported that not all targets were met. Most families reported that their situations were somewhat better; however, several families reported that the young person continued to offend on a frequent basis. Several families said they did not notice any change in their relationship in terms of conflict, communication, warmth or understanding, and a few mothers had reached the point where they felt like giving up. Several parents expressed the concern about the continued influence of deviant peers.	• Teachers 'perceived parents to be significant barriers to mental health services for children' (p. 102) in that they often did not act on teachers referrals or recommendations. Teachers thought parents 'expected teachers and the school system to resolve their child's problems' (p. 102). Authors note that 'data became mixed' in this respect, when appraised in relation to the positive comments about parental involvement in one school. • Additional barriers included situational factors (for example student place of residence), financial problems or 'community or family concerns, for example.' • 'Systematic barriers' included: 'lack of resources in the school, large class sizes, no zero tolerance policy for certain behaviours, a lack of parenting classes, too much bureaucracy...too many administrators and not enough teachers...' (p. 103). **Implications (from 'Discussion'):** 'A teacher's perception of the motivation and level of involvement by parents may have a direct effect on not only how, but also if they make a referral for mental health services' (p. 103). 'All teachers agreed that organizational and community structural problems, along with parents' interpersonal deficits, were the primary barriers for subsequent service utilization' (p. 103). Within the context of increasingly pressured resources 'it becomes imperative that the children who are referred for services are those most in need and that teachers' perceptions and beliefs about making appropriate referrals accurately reflect their abilities and decision-making processes' (p. 104). Related to this, the authors suggest

	Those who struggled after the intervention had ended said they would have preferred a more tapered approach to ending, a 'weaning process' (p. 8). **Summary:** • Families accounts of their experiences with the process of MST were generally positive, although treatment outcomes, from their perspective, were often mixed. • The therapeutic relationship and model of working were key to families' engagement. • Parents greatly valued the therapist's person-centred approach. • A range of benefits, beyond reductions in antisocial behaviour, were identified. • Two new processes of change in MST identified: (1) young people developing positive goals and aspirations for the future, (2) young people beginning to reflect on the negative consequences of their antisocial behaviour on others.	'multiple gating strategies for screening' (p. 104, citing Hallfors & Van Dorn, 2002; Williams et al, 2004[3]). They follow this by saying that 'at the next stage, there could be an increased focus, through more refined and intensive screening protocols, on these identified children' (p. 104-5).
Source of funding	The Tudor Trust, Atlantic Philanthropies, and the Department of Health (UK)	Not stated
Bibliographic reference	Tighe A, Pistrang N, Casdagli L, Baruch G, Butler S. Multisystemic therapy for young offenders: families' experiences of therapeutic processes and outcomes. Journal of Family Psychology. 2012;26:187-97.	Williams JH, Horvath VE, Wei H, Van Dorn RA, Jonson-Reid M. Teachers' perspectives of children's mental health service needs in urban elementary schools. Children and Schools. 2007;29:95-107.

[3] Hallfors D, Van Dorn RA. Strengthening the role of two key institutions in the prevention of adolescent substance abuse. Journal of Adolescent Health. 2002;30:17-28.
Williams JH, Ayers CD,Van Dorn RA, Arthur MW. Risk and protective factors in the development of delinquency and conduct disorder. In: MW Fraser (ed.), Risk and Resilience in Childhood: An Ecological Perspective. Washington DC: NASW Press; 2004, pp. 209-50.

2 ACCESS TO SERVICES

2.1 STUDY RESULTS TABLE FOR REVIEWS OF ACCESS TO SERVICES WHICH EVALUATE TARGETED INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE

Study ID	LANDSVERK2009	LOCHMAN2000	SHEPARD2009
Review quality	• Unclear review question. • Relevance to guideline question unclear. • Non-systematic review. • Study quality not assessed or reported in the paper. • No methodology section.	• Unclear review question. • Relevance to guideline question unclear. • Non-systematic review. • Study quality not assessed or reported in the paper . • No methodology section.	• Appropriate and clear question. • Relevant to guideline question unclear. • Non-systematic review. • Study quality not assessed or reported in the paper. • No methodology section.
Pooled effect sizes or summary of findings (focus specifically on aspects relevant to conduct disorder/behavioural problems; and/or, access to/ use of services)	**Need for, and use of mental health care:** Use of mental health care affected by clinical factors and non-clinical factors (specifically 'maltreatment, racial/ethnic background, age and type of placement', p. 52). **Evidence-based interventions:** Behavioural/cognitive interventions 'are not uniformly available across the country' (p. 53); there is a need to increase availability of intensive support (at home and in the community) 'while youth are in foster care' as this is seen as something which 'could benefit the community and prevent further movement away from family and community' (p. 53).	**Impact on outcomes:** Parenting interventions resulted in: • improvements in children's problem behaviour noted from 'several months to six years or more' post-treatment (p. 256), specifically, lower rates of aggressive, antisocial and delinquent behaviour • fewer days placed in correctional facilities or special classes in school • improvements in parenting behaviour, specifically, increased positive parenting and reduced 'aversive' and 'harshly punitive' approaches (p. 256) • improvements in family functioning, specifically 'reduced observed family conflict' (p. 257), and improved communication and	**Impact on outcomes:** Incredible Years interventions resulted in improvements in children's problem behaviour (self-reported and observed) at home and school. Children with 'comorbid attentional problems... were especially responsive to their parents' participation' in Incredible Years (p. 670). **Barriers to effectiveness of Incredible Years:** • inconsistent attendance at, adherence to, and/or drop-out from programme • inaccessible location • need exceeds capacity • related to previous point, lack of local-level resources to deliver

	Spreading good practice: There are some attempts to spread evidence-based interventions 'into local mental health systems', but they vary by state (p. 62). **Recommendations about access to care:** There is a need: • for those caring for CYP to understand importance of early intervention/prevention. • to standardise assessment/screening of CYP when they enter the care system. • for workers to have a better understanding of local services, as well as how/when to refer. • for referrals to be tracked and followed-up, to make sure CYP has accessed mental health service. • to explore effectiveness and availability of different interventions in different settings with the aim of moving 'beyond usual outpatient and institutional care' (p. 64) • build on previous learning about how to introduce and sustain interventions, specifically in relation to engaging key stakeholders and organisations (p. 65).	interaction. • The review notes highlights research noting 'mixed findings about the effects of parenting programmes on ADHD symptoms' suggesting that interventions may be most appropriate for this group where children also display 'substantial levels of aggressive, antisocial behaviour'. **Gaps in knowledge:** Lack of evidence on: • long-term prevention effects; • whether there is a need for differential input depending on child/young person's stage of development. **Barriers to widespread implementation:** Community/organisational-level barriers, including: • lack of adequate training • lack of ownership of programmes (particularly if they have been driven in a very top-down way) • lack of focus on cultural appropriateness of programmes. Individual-level barriers include: • parent attendance/drop-out (owing to parent dysfunction, poor health, feelings of stress, blame or inadequacy, and so on • temperaments/traits of different children (that is, there are some traits in children that predict a weaker link	evidence-based programmes. **Recommendations/implications for the future:** • Group sessions are 'as effective, if not more effective, than individualized, personalised parent therapy applying Incredible Years practices and principles...' (p. 670). • Hold groups in community venues, accessible to parents, at different times of the day, providing childcare and food to encourage attendance. • Manage parents' expectations. • Incorporate motivational strategies, for example initial phone contact with parents. • Using innovative approaches may help to improve access, for example self-administered programmes delivered via television, DVD, internet and so on, in parallel with some face-to-face support. Technology-based programmes have been found to elicit behavioural improvements and to be cost-effective. Incorporate programme delivery into existing community structures – using a partnership model – particularly as a way of reaching the high-risk groups, least likely to attend programmes in mental health settings.

		between parenting approach and child behaviour, possibly rendering parenting interventions less effective. **Opportunities/ recommendations:** There is a need: • for national- and local-level policy reflecting evidence-base on benefits of early intervention/ prevention. • to implement prevention interventions 'in early childhood and at key developmental transitions' (p. 261) • for further research on meditational and moderating factors affecting programme's level of success (both at individual child and parent level, and organisational-level). • to ensure programmes are implemented in a way that reflects 'socioeconomic, ethnic and community' context (p. 263).	
Source of funding	The original technical report which informs this article was undertaken for Casey Family Programs (US).	The National Institute of Drug Abuse and the Center for Substance Abuse Prevention, part of the Substance Abuse and Mental Health Services Administration (US).	The National Institute of Mental Health (US).
Bibliographic reference	Landsverk JA, Burns BJ, Stambaugh LF, Rolls Reutz JA. Psychosocial interventions for children and adolescents in foster care: review of research literature. Child Welfare. 2009;88:49-69.	Lochman JE. Parent and family skills training in targeted prevention programs for at-risk youth. The Journal of Primary Prevention. 2000;21:253-65.	Shepard SA, Dickstein S. Preventative intervention for early childhood behavioural problems: an ecological perspective. Child and Adolescent Psychiatry Clinics of North America. 2009;18:687-706.

2.2 STUDY RESULTS TABLE FOR REVIEWS OF FACTORS AFFECTING SERVICE AVAILABILITY AND ACCESS

Study ID	FLANZER2005	OLIVER2008
Review quality	• Unclear review question. • Relevance to guideline question unclear. • Non-systematic review. • Study quality not assessed or reported in the paper. • No methodology section.	• Appropriate and clear question. • Relevant to guideline question. • Systematic review. • Studies had to meet set methodological criteria to be included in the review. • Adequate description of methodology.
Summary of findings (focus specifically on aspects relevant to conduct disorder/behavioural problems; and/or, access to/ use of services)	**1.** Treatment type and intensity needs to correspond to severity of drug misuse problem but 'coordination is hampered by lack of availability of, and access to services in the community' (p. 891). **2.** Accessibility of treatment, and 'the organizational and economic context of... service delivery' are critical to treatment effectiveness. Specifically, effective adolescent drug treatment has been found to comprise: • 'comprehensive assessment, primary therapy, family involvement and aftercare' (p. 894) • minimum standards for treatment • trained, specialist staff. A range of macro- and micro-system failures result in inadequate treatment for drug misusing adolescents in the juvenile justice system including, for example: lack of specialist knowledge among staff, inappropriate/inadequate assessment and referral for treatment, over-focus on criminal behaviour rather than on a holistic approach to rehabilitation. **Conclusions about care organisation and management:** Staff morale and expertise is critical to drug treatment programme success: professionals need expertise in both navigating the	**1.** There was no clear evidence in outcome evaluations about the impact of intervention or intervention provider, or focus of mental health promotion on effectiveness of intervention on mental health. **2.** The review of studies on young people's views elicited a number of specific findings related to: how young people describe general mental health/ill-health; sources of stress and concern; coping strategies (productive and counter-productive); how mental health could be promoted; perceptions of mental health support. **Barriers and facilitators** can be seen as operating at four levels: • School, for example achievement in school; relationships with, and ability to talk to teachers; enjoyment/boredom. • Physical and material resources, for example exclusion from society; whether or not basic needs (food, shelter and so on) are being met. • Relationships with family and friends, for example feeling loved/liked/cared for; ability to talk to others about feelings and concerns. • Self, for example self-esteem; ability to control own life; ability to manage own feelings.

	criminal justice system and in providing treatment/therapy to young people. Case management approaches can help deliver integrated, coordinated, coherent care by 'establishing linkages across programs and systems' (p. 899). The 'integrated care program' model relies on a case management approach with co-located services addressing the person's substance misuse and mental/physical health needs, along with the criminal justice element of their treatment. There is an additional version of this model that also provides 'material support' to the young person (p. 900). Such programmes are rare. There are limited data available on the economics of young people's substance misuse services, but often models are predicated on the view that the issue is acute rather than a complex, long-term condition. Access to care may be limited by families' inability to fund this under existing insurance. There is a paucity of research into 'organizational adoption and adaptation' of treatment and this needs more study (p. 904).	**Evidence of intervention effectiveness** were structured around the four themes. Relevant findings were as follows: • *School:* effective interventions 'addressed student concerns about teachers' (p. 785-6). • *Physical and material resources:* Access to resources and services were increased where interventions target 'structural' factors specifically and these may be 'particularly valuable' for reaching socially excluded young people. • *Relationships with family and friends:* effective interventions identified address young people's concerns about family conflict, bereavement and/or peer group rejection. There was a gap in the literature in relation to interventions helping young people talk to their friends. • *Self*: effective interventions at this level focus on self-esteem, physical appearance, personal achievement, concerns about the future and ability to take control: *There is a mismatch between researchers addressing policy imperatives for mental health with intervention studies and what is known about young people's lives* (p. 786).
Source of funding	Not stated	Department of Health (England)
Bibliographic reference	Flanzer J. The status of health services research on adjudicated drug-abusing juveniles: selected findings and remaining questions. Substance Use and Misuse. 2005;40:887-911.	Oliver S, Harden A, Rees R, Shepherd J, Brunton G, Oakley A. Young people and mental health: novel methods for systematic review of research on barriers and facilitators. Health Education Research. 2008;23:770-90.