Services for Children and Young People
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Focusing on children and young people who have additional needs and who use specialist services, this PSSRU research programme brings an economic perspective to studies of service provision and use of services. There is a poor evidence base and today’s economic climate will mean increasing budget constraints giving greater impetus to demands for evidence on costs, cost-savings and cost-effectiveness. This research programme comprises three core areas: services for disabled children, child and adolescent mental health services and exploration of the health and social care interface. It includes seven linked research projects undertaken with other institutions and the economic component for two five-year programmes funded by the National Institute for Health Research and two programmes funded by the Department for Children, Schools and Families.

Health and social care policy for children and young people has two main strands: early intervention to prevent childhood problems becoming more serious in adolescence and adulthood, and provision of good quality accessible supports for those with high needs. Typifying the prevention strand is our research on the economics of parenting programmes. Parenting programmes have a high policy profile and are considered to be good investment for the future (by averting subsequent high costs) as well as supporting families today. Parenting programmes can be delivered in many ways – from leaflets and advice to area-wide interventions. Our research with the National Academy of Parenting Practitioners research arm has found more than a 100-fold variation in parenting programme costs.

Other research focuses on multi-agency services. Transition teams, for example, aim to help young people with disabilities move from child to adult services (see below) and can help prevent young people becoming ‘lost’ to services, thus improving their outcomes in adulthood. We are also collaborating with researchers at the Centre for Housing Policy at the University of York to evaluate the cost-effectiveness of better supports for teenage mothers.

The research programme on Services for Children and Young People also includes economic studies of services for young people with very high needs or serious conditions. One example is research undertaken with the Institute of Psychiatry Eating Disorders Unit, including contributions to a five-year NIHR-funded research programme and cost-related studies of web-based or email-supported treatments (see below), intensive in- and out-patient therapies, carer supports and the innovative multi-family day treatment. Diagnosis, transition and interventions for children and adults with ADHD or ASD are the focus of the second NIHR programme. Both of these conditions can have long-lasting economic consequences for the individual and health and social care budgets.

The Service for Children and Young People Research programme takes a much-needed economic approach to evaluating services for vulnerable children and young people. The paucity of costs and cost-effectiveness evidence means that our findings will make an important contribution to children’s policy today, as well as that for tomorrow’s adolescents and adults.
Recently Completed Research

Transition from child to adult services for children with disabilities or complex health needs can be a particularly difficult period for children and families alike. A three-year project undertaken with researchers from the Social Policy Research Unit (SPRU) at the University of York investigated the arrangements for multi-agency transition across England, their implementation, the outcomes, funding and costs. The report has been submitted to the Department of Health and includes a chapter on the costs of these transition teams and the associations between costs and the services’ and families characteristics. This work continues over the next two years by looking at transition support for children and young people with autistic spectrum disorders (ASD).

Again undertaken alongside researchers from SPRU, recently completed research funded by the Youth Justice Board (YJB) includes a report on the costs of providing specialist intensive foster care for young offenders through the YJB pilot programmes compared with usual custodial sentences.

Adoption continues to have an important role in social services’ support for children in need. A three-year project funded by the Department for Schools, Children and Families and undertaken with researchers at the Universities of Bedfordshire and Bristol provided an opportunity for PSSRU to identify the costs of adoption teams nationally, the costs of supports used while the children are linked and matched with their adoptive families, and the costs of support post-adoption. Findings from the national survey are to be published by the British Association for Adoption and Fostering this year:


Some recently published articles


Reporting research undertaken with members of the Eating Disorders Research Unit at the Institute of Psychiatry, this paper shows that a web-based intervention generated improvements in eating disorder symptoms alongside reductions in use of formal services and lower family expenditure on bulimia-related items (such as food and medication). These improvements were maintained over six months.


As part of our research on post-transition support, and using existing literature and databases, we aimed to identify the treatment pathways for young adults in the year after injury. The findings allowed us to identify four groups. The least expensive, costing around £240 per person per year in health and social care, form the largest proportion and rarely have longer-term disabilities. The most expensive group is likely to include young adults who were the most severely injured and require specialist 24-hour supported accommodation; average costs are around £34,000 per person per year.


A detailed prospective cohort study of eight child and adolescent psychiatric inpatient wards found that mean admission costs were £24,000 but varied considerably; for the 131 young people the admission duration ranged between 10 and 325 days. Following inpatient admission the young people could be treated by community mental health services, and the costs of their support prior to and following their inpatient stay were found to be similar.