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The Legal Problems and Mental Health Needs of Youth Advice Service Users: The Case for Advice



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The Legal Problems and Mental Health Needs of Youth Advice Service Users:
The Case for Advice

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Contents

1. Key Findings	1
2. Introduction	4
3. Methods	4
3.1 Survey of young people in youth advice settings	4
3.2 The CSJS/CSJPS	5
3.3 The General Health Questionnaire	6
4. Findings	7
4.1 Young people in youth advice settings – profile and problems	7
4.2 The mental health of young people in youth advice settings	9
4.3 The impact of problems on young people’s lives	18
4.4 What clients were seeking and their expectations of advice	21
4.5 Improvements with advice	22
4.6 The cost-effectiveness of advice	24
Appendix 1: The Survey Questionnaire	30
Appendix 2: Participating Agencies and Survey Guidance	34
Appendix 3: Legal Aid Policy Context	37
Appendix 4: References	40

1. Key Findings

This report presents findings from a survey of clients of youth advice agencies commissioned by Youth Access to investigate the social welfare related legal problems faced by these clients and their mental well being. The findings of this survey are also placed in the context of more general findings from the Civil and Social Justice Survey (CSJS) and Civil and Social Justice Panel Survey (CSJPS), large scale nationally representative surveys of people's experience of, and responses to, problems with a legal dimension (Pleasence 2006; Pleasence et al. 2009).

Problems

Problems associated with housing and homelessness were the most common issues faced by clients of youth advice agencies, though many reported associated problems with welfare benefits and debt. There was evidence of significant problem clustering.

Mental health

The clients of youth advice agencies had very high rates of mental illness; much higher than any comparison cohort identifiable through CSJS data. Around two-thirds scored four or more on the GHQ-12 (a screening device for the detection of common mental illnesses in the community and non-psychiatric clinical settings (Goldberg & Williams 1991)), a commonly used cut-off to identify cases of mental illness.

The survey findings point to the success of the participating advice agencies in serving a uniquely vulnerable group. Levels of mental illness among the young people surveyed were in excess of rough sleepers/night shelter users (Meltzer, 2008) and only comparable to those in the midst of highly stressful legal proceedings (e.g. Trinder et al. 2006) or those who had recently lost a partner (e.g. Oswald and Powdthavee 2008).

Consequences of problems

The vast majority of young clients (84%) reported adverse consequences stemming from their problems. The most common consequence reported was that health suffered (45%), and almost half of those who suggested that their health had suffered reported visiting a doctor or counsellor as a consequence. A very high percentage of the young clients also reported becoming homeless (40%) or having to move home (32%). Just over a third reported their relationship with their parents suffering (34%). Adverse consequences for education, employment and personal relationships were also reported relatively often, as was trouble with the police, contact with social services and violence. Rates of adverse consequences were far in excess of those reported by CSJS respondents.

The cost of consequences

Using information on the costs of health services, social services and homelessness, and using assumptions based on previous research, the knock-on cost of legal problems to the health service (GPs and counselling visits only) was estimated to be £181,068 per 1,000 young clients. The cost of social services was estimated to be £1,016,028 per 1,000 young clients (assuming six months of contact), while the cost of homelessness was estimated to equate to £1,438,904 per 1,000 young clients.

Expectations of advice

The majority of young clients were seeking both advice and information from the youth advice agency, with smaller percentages seeking counselling or 'something else' (which

included 'advocacy', assistance with mental health, referral to a homeless mental health team, help filling out forms, food parcels, use of a telephone and/or simply someone to talk to). When asked what they hoped to receive from advice agencies, clients' responses thus ranged from basic needs (such as food) to practical assistance. Importantly, their responses made clear that the practical assistance required often came hand in hand with a need for emotional support. A number of respondents stated that they needed assistance to reduce their stress or decrease their anxiety.

Improvements with advice

A substantial majority of clients felt that help obtained from advice agencies resulted in improvements in their health, either with regard to how stressed they were (64%), or their health in general (34%). Combining these two, 70% per cent of clients felt that advice resulted in improvements in stress or health. Not surprisingly, given the nature of their problems, there was also a large percentage reporting improvements in their housing situation (42%), while smaller, though still significant, percentages reported improvements in their relationship with parents or partners, education or employment. Levels of improvement with advice were higher than those seen through the CSJS, even when controlling for mental illness and the types of problems reported, though the different methodologies employed by the different studies means direct comparison is not possible.

The cost of advice and the cost of health service provision

Combining findings on the cost of GP visits as a consequence of problems (and assigning unit costs as above) with information on the benefit of advice, tentative estimates are provided on the potential savings of advice in terms of GP costs. For example, a reduction of two GP visits for those that suggested advice had improved their stress or health would equate to a saving in GP costs of £108,108 per 1,000 clients of youth advice agencies (or £108 per young person). Five of the youth advice agencies used in the survey of young people were able to give estimates of the cost of providing advice, ranging from £61 to £120 per young person. Based on a reduction of two GP visits, the health savings of help from advice agencies (in terms of knock-on GP costs only and disregarding other health services) exceed the cost of service provision in all but one of the agencies.

The cost-effectiveness of advice: The case of QALYs

Converting young people's GHQ-12 scores to health utilities and combining them with findings on the benefits of advice allowed calculation of the change in Quality Adjusted Life Years (QALYs) with advice. Using NICE guidelines on the value of a QALY then allowed calculation of whether or not advice should be considered cost-effective with regard to consequential improvements in mental health and housing situation. QALYs are often used to calculate the cost-effectiveness of health care interventions and allocate healthcare resources.

An advice intervention that was able to improve the level of mental health of the young clients studied, for one year, to that of young people who were not in education, employment or training from the CSJS for one year (whether or not they reported problems), would equate to a change of 173.1 QALYs per 1,000 young people (using the Serrano-Aguilar algorithm to convert GHQ-12 scores to health state values) and be considered cost-effective (with regard to mental health alone and disregarding any other benefits of advice) even if it cost between £3,462 and £5,192 per young person (with a cost less than £3,462 clearly cost-effective).

Perhaps more realistically, on a conservative estimate that advice resulted in a mean change of a single point in GHQ-12 score (the smallest possible change using GHQ scoring) over a year, it would be cost-effective on the grounds of change in mental health alone (again ignoring any other benefits) if it cost between £383 and £575 per young client receiving advice (over all clients) (with a cost less than £383 clearly cost-effective).

With regard to housing situation, advice resulting in an improvement in mean GHQ-12 score corresponding to an improvement from a 'poor' to 'fair' housing situation in previous research, maintained for a year, would be cost-effective (ignoring other benefits) if it cost between £211 and £316 per young person (with a cost less than £211 clearly cost-effective). If housing advice resulted in a movement from a 'poor' to 'good' housing situation, an intervention costing less than £514 per person receiving advice would be clearly cost-effective.

The figures above involve a range of assumptions. Nonetheless, given that youth advice agency unit costs ranged from £61 to £120 per individual young person helped, advice appeared to be cost-effective on the basis of improvements in *either* mental health *or* housing situation, disregarding any other benefits of advice.

Legal aid 'exceptional funding'

The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) will, from April 2013, remove legal aid (both for legal advice and for legal representation for court hearings) from many areas of civil law. Moreover, areas of particular relevance to young people are among those hit hardest. One hope for vulnerable young people who are no longer ordinarily eligible for legal aid is through the 'exceptional funding' regime established under section 10 of the Act. Under the 'exceptional funding' regime, funding is available where individuals are unable to represent themselves 'properly and satisfactorily'. A number of factors are likely to affect young people's ability to represent themselves 'properly and satisfactorily', including mental illness. Analysis suggests that the potential for young people to be readmitted on the basis of exceptional characteristics (such as mental illness) is well in excess of government estimates.

2. Introduction

Youth Access has previously published research, in conjunction with the Legal Services Research Centre, examining the relationship between social welfare problems, mental health and youth, using data from the English and Welsh Civil and Social Justice Survey (CSJS).¹ That research found that young people with mental health problems were far more likely to report social welfare problems than other young people and that social welfare problems tend to impact adversely on young people's mental health. A need for further research on the role and impact of youth advice agencies in ameliorating young people's mental health through the provision of social welfare advice was identified.

This report presents findings from a survey of clients of youth advice agencies who had attended for advice in relation to social welfare issues. The survey was primarily designed to measure the mental health of young people in youth advice settings, comparing their scores on a standardised mental health instrument to a range of other groups, and illustrating the extent of their vulnerability.

More generally, using a cohort of 188 young clients of 14 advice agencies, the report sets out the problems faced by young people, their mental health, the impact problems have had on their lives (and the associated costs of some of these impacts), what young people were seeking from advice agencies, what impact advice had on their lives, the cost-benefit of advice, the cost-effectiveness of advice and the importance of considering mental health in light of LASPO Act reforms.

3. Methods

3.1 Survey of young people in youth advice settings

188 young people were surveyed in youth advice settings across 16 sites operated by 14 different agencies, geographically spread throughout England and Wales. All of the participating agencies deliver advice as part of wider holistic young person-centred services, often alongside other interventions such as counselling, advocacy and health clinics. The survey was conducted between 14th May 2012 and 8th June 2012, although all but one of the participating agencies ran the survey over a shorter period within the overall survey period.

A questionnaire (see Appendix 1) was developed to collect information about clients presenting to youth advice agencies with social welfare problems. 'Social welfare' problems were defined to include welfare benefits, debt/money, housing, homelessness, employment rights, education rights, consumer rights or immigration. Clients who approached agencies only in relation to other issues, such as sexual health, relationships or careers, were not included in the survey. The guidance notes issued to participating agencies are set out in Appendix 2.

The questionnaire asked about the nature of problems, the type of help young clients were seeking (i.e. information, advice, counselling, other), what consequences problems had had on the young clients' lives and whether clients felt advice had led to

¹ LSRC (2009) *Young people, advice and mental health: a data digest*. London: LSRC. Sefton, M. (2010) *With Rights In Mind: Is there a role for social welfare law advice in improving young people's mental health? A Review of Evidence*. London: Youth Access.

improvements in a range of life areas. Some basic demographic questions were also included, as well as questions on whether (and how often) clients had used the particular agencies before. Finally, clients were asked the standard GHQ-12 questions; GHQ-12 being a standardised screening device for the detection of common mental illnesses in the community and non-psychiatric clinical settings. The questionnaire is included in Appendix 1.

The survey was made available in paper and online versions, as well as versions for self-completion (by the client) and adviser completion (with the adviser interviewing the client). Surveys were completed at the time felt most appropriate, by the agencies, for clients and advisers. In the event, all questionnaires were administered by advisers, with the majority (two-thirds) completed at the outset of advice sessions, and the remainder completed at the conclusion. Overall, the survey took around ten minutes to complete. Where a client refused to take part in the survey, or where it was felt by the agency to be inappropriate to ask a client to participate (e.g. because they were too distressed), this was recorded together with the reason for their non-participation. In all, 188 questionnaires were completed and analysed, while 17 eligible clients did not take part for a variety of reasons. A small number of questionnaires were also administered, in error, to clients falling outside of the scope of the survey (i.e. to clients presenting with problems falling outside the working definition of 'social welfare'); these were discarded.

To promote participation, incentive payments, amounting to a maximum of £150 per agency, were offered to the agencies. (See Appendix 2 for details.) No incentives were offered to clients.

3.2 The CSJS/CSJPS

For comparison and to provide context, this report also uses data from the English and Welsh Civil and Social Justice Survey (CSJS) and Civil and Social Justice Panel Survey (CSJPS). The CSJS/CSJPS is a nationally representative survey of people's experience of, and response to, problems with a legal dimension (Plesence 2006; Plesence et al. 2009). The survey was conducted in 2001, 2004 and between 2006 and 2009. The CSJPS, which was introduced in 2010, is a substantial development of the CSJS, adopting a longitudinal panel approach, where respondents are interviewed each eighteen months (Plesence et al. 2011). The surveys are some of the latest in a tradition of 'legal need' surveys that originated in response to the 1930s recession at the United States Bar (Clark and Corstvet 1938).² Overall, the CSJS/CSJPS surveys have involved face-to-face interviews with over 20,000 adults in their own homes.

Some questions included in the survey of young people in youth advice settings (such as consequences of problems, perceived benefit of advice and measurement of mental health) replicated questions used in the CSJS/CSJPS, placing the experience of the young people in youth advice settings in context and allowing comparison with groups of interest.

² However, only in the 1990s did such research gain momentum following the conduct of high profile national surveys in, first, the United States (C.A. Eldred. and R.W. Reese (1994) *Legal Needs Among Low-Income Households: Findings from the Comprehensive Legal Need Study*, Chicago: ABA), then England and Wales (H. Genn. (1999) *Paths to Justice: What People Do and Think About Going to Law*, Oxford: Hart), New Zealand (G.M. Maxwell. C. Smith. P.J. Shepherd. and A. Morris (1999) *Meeting Legal Needs*. Wellington: Victoria University of Wellington) and Scotland (H. Genn. and A. Paterson (2001) *Paths to Justice Scotland: What People in Scotland Do and Think About Going to Law*. Oxford: Hart).

3.3 The General Health Questionnaire (GHQ-12)

The General Health Questionnaire is a screening device for the detection of common mental illnesses in the community and non-psychiatric clinical settings (Goldberg & Williams 1991). It has been used extensively in occupational health, medicine and psychology, as well as by clinicians wishing to screen individuals for mental illness. The GHQ-12 (Goldberg 1992) is the short form of the general health questionnaire and has similar psychometric properties to longer versions (Goldberg *et al* 1997). It contains twelve questions relating to psychiatric morbidity, each utilising a four point scale (e.g. better than usual, same as usual, less than usual, much less than usual). For example, items included asking respondents whether they had lost much sleep over worry, had been feeling unhappy or depressed, had been losing confidence in themselves and had been able to face up to their problems, with respondents asked to respond to each item. It takes around two minutes to complete, which made it practical for inclusion both in the CSJS and for a survey of clients of youth advice agencies.

As regards scoring the GHQ-12, the most common methods used to date have been GHQ scoring and Likert scoring. In the former, the two most positive statements are assigned scores of zero and the two negative statements scores of one, yielding a total score ranging from zero to twelve. In the latter, responses are assigned scores between zero and three, yielding a total score between zero and thirty-six. In both cases, the GHQ-12 yields a single summed score, with higher scores indicating increasing psychiatric disorder. Medical opinion suggests that normal individuals may score around one or two (GHQ scoring), with scores near twelve (the maximum) rare and corresponding to clinical depression. There has been some examination of the use of GHQ-12 scores as a case screening tool (i.e. detector of potential mental illness or 'caseness' (e.g. Furukawa *et al* 2001)). Different studies use different cut-off points between 2 and 4 to define a case of common mental disorder (GHQ scoring), with scores of three or more (Kelly *et al.* 2008) or four or more suggested as an indicator of 'caseness' (e.g. Miller *et al* 2003).³

For the purposes of this study, we employed GHQ scoring throughout, unless indicated otherwise in the text below.

³ More specifically, using patient data collected in Paris, Furukawa *et al* (2001) suggested that a primary care physician using the GHQ-12 as a mental health screening tool would find a positive diagnosis for 42% of those scoring three or more, 63% of those scoring four or more and 79% amongst those scoring over seven.

4. Findings

4.1 Young people in youth advice settings – profile and problems

Summary:

- The great majority of clients surveyed were aged 17 to 24.
- 62% had visited the youth advice agency before, often several times.
- The majority of problems concerned housing/homelessness.
- Benefits and money/debt problems were also common.
- There was strong evidence of problem clustering (i.e. problems occurring in combination).

Young clients surveyed in youth advice settings ranged from 14 to 26 years old. The distribution of client ages is shown in Figure 1. As can be seen, the vast majority of clients were between 17 and 24 years old, with a small number younger than 17 (n = 9) or 25 or older (n = 4). 103 (54.8 per cent) of the clients surveyed were female, and 85 (45.2 per cent) male.

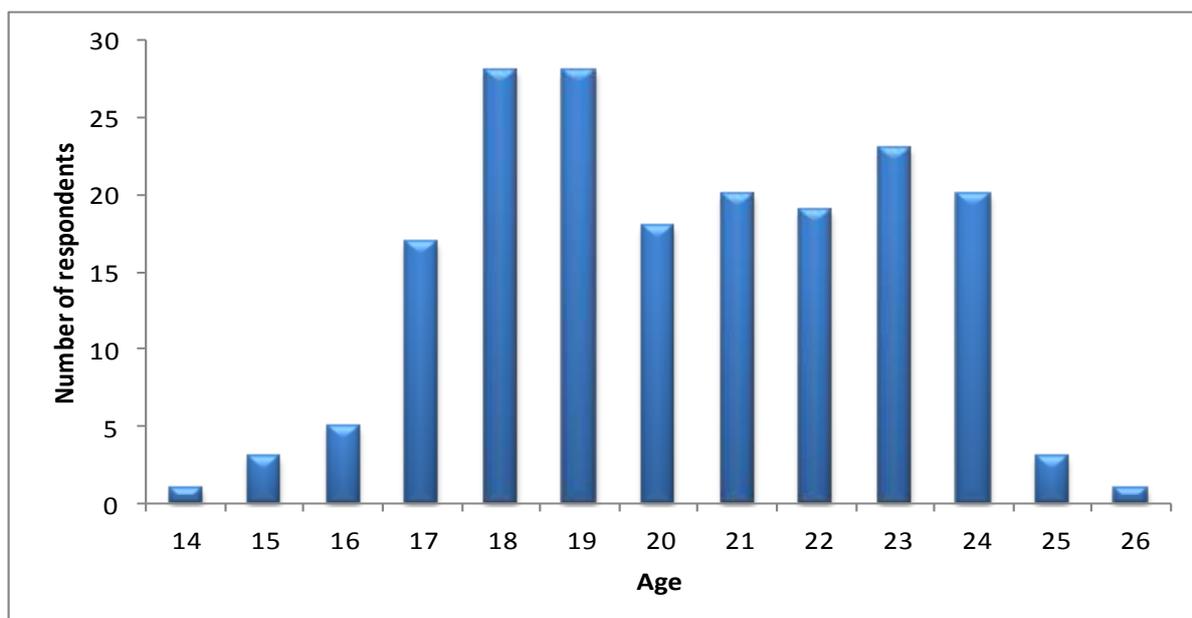


Figure 1: Age distribution of clients of youth advice agencies

The majority of the clients had visited the youth advice agency before (116 of 188; 61.7 per cent) prior to their current problem or visit. Of those who had made previous visits, it was not uncommon to have visited a large number of times. For example, 39.8 per cent of those who had made previous visits had made six or more.

Figure 2 shows the types of problems presented by clients. As shown, the majority presented problems concerning housing and homelessness. There were also large percentages with benefits and money or debt problems, and smaller percentages reporting other types of issues.

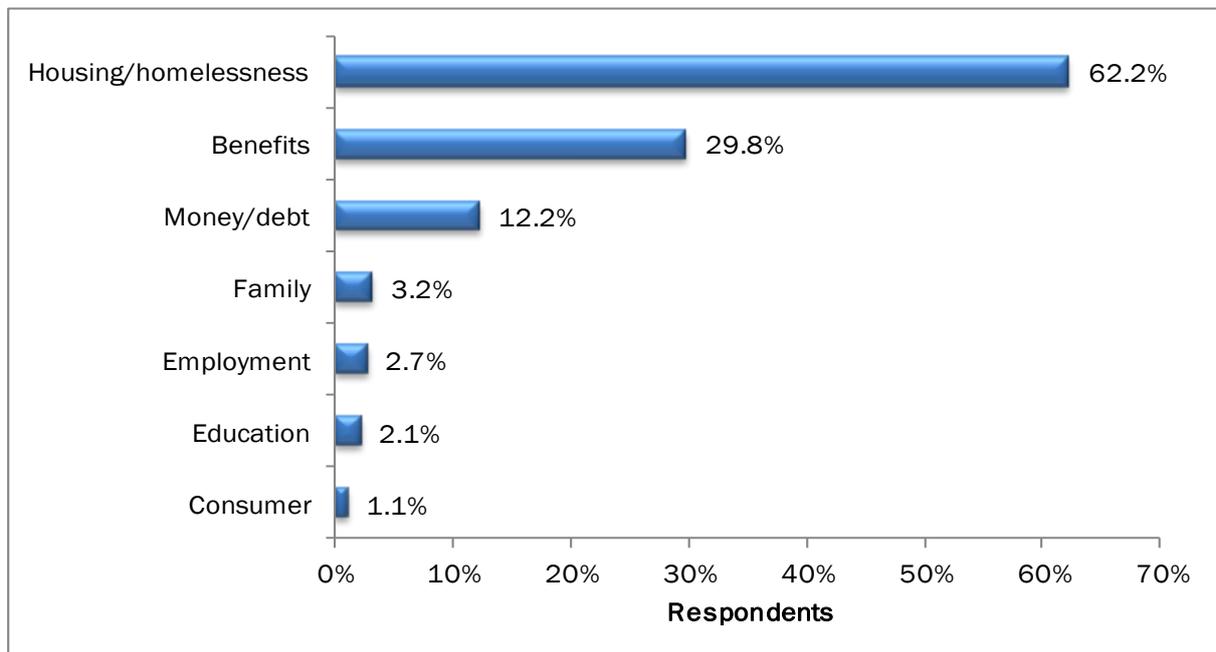


Figure 2. Types of problems reported by clients of youth advice agencies

Although problems were described in respondents' own words (rather than attempting to identify individual problem types in sequence as in the CSJS/CSJPS), there was good evidence of problem types occurring in combination. There were twelve respondents whose description of the problem they came to the agency with included both housing/homelessness and welfare benefits issues, five where housing/homelessness and money/debt were reported in combination, three housing/homelessness and family issues were reported in combination, and two with both housing/homelessness and employment problems. There was also one respondent reporting housing, welfare benefits and debt problems, one reporting homelessness, benefits and family problems and one reporting housing, debt, benefits and employment problems. While this provides evidence of problem clustering, the actual degree of clustering will most likely be far greater. As the existence of multiple problems was identified through respondents' problem descriptions, rather than through questions specifically aimed at identifying the existence of each of a defined range of problems (as in the CSJS), it is to be expected that respondents will have faced further problems that were not the subject-matter of their visit to the advice agency, and were thus not mentioned by clients.

4.2 The mental health of young people in youth advice settings

Summary:

- The survey of youth advice agency users found exceptionally high GHQ-12 scores, indicating high levels of mental illness among young people attending for social welfare advice.
- Around two-thirds of the clients of youth advice agencies had GHQ-12 scores that met or exceeded common cut-off points for cases of mental illness.
- 17% had GHQ-12 scores that indicated severe mental health issues, compared with 2.6% of the general population.
- Levels of mental illness among the young people surveyed were considerably higher than those of all British Household Panel Survey and CSJS comparison groups studied, highlighting the fact that clients of youth advice agencies differ markedly from young people surveyed in national household surveys.
- When compared to other studies, levels of mental illness found were in excess even of rough sleepers and only comparable to those in the midst of highly stressful legal proceedings or those who had recently lost a partner.
- The survey findings highlight the importance of an advice model for this group that is accessible to vulnerable young people and that acknowledges their high levels of mental illness.

Using GHQ-12 scoring measures from the British Household Panel Survey (which was incorporated into the Understanding Society study in 2009/2010), 31.6 per cent of the adult population of the United Kingdom had a GHQ-12 score of two or more. This corresponds to reporting two of the twelve symptoms associated with mental illness, and is often used as a threshold suggesting evidence of non-psychotic mental illness. In the sample of young people in youth advice settings, 80.3 per cent scored two or more. Moreover, while just 2.6 per cent of the general population scored 11 or 12 (indicating the most severe mental health issues), the figure was 17.0 per cent among the young people in youth advice settings. Figure 3 sets out the percentage of the general population and the percentage of young people in youth advice settings with each GHQ-12 score, highlighting the stark difference in mental illness.

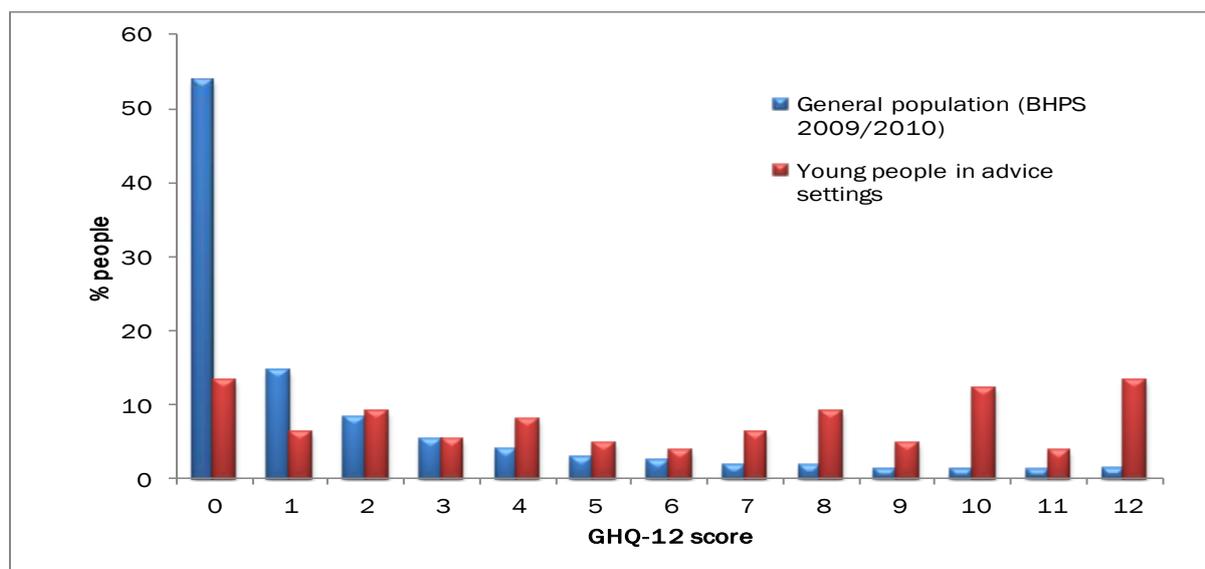


Figure 3: GHQ-12 scores of young people in youth advice settings and the general population

The following tables in this section compare the mental health of the clients of youth advice agencies to a range of groups of interest.

Table 1 contrasts GHQ-12 scores of the clients of youth advice agencies with the general population (using the British Household Panel Survey), CSJS respondents (in general) and CSJS respondents who reported one or more civil justice problem. As was highlighted in Figure 3, the clients of youth advice agencies had far higher scores than the general public on the GHQ-12. This was also demonstrated by far higher levels with scores of three or more, or four or more among clients of youth advice agencies (71.2% vs. 23.5% and 65.9% vs. 18.3% - common cut-off points for cases of mental illness), as well as six and a half times as many clients of youth advice agencies having scores of eleven or twelve (the most severe scores and indicative of clinical depression). Referring to CSJS data (the final two columns in Table 1), and specifically the final column (respondents with one or more civil justice problem), GHQ-12 scores were still dramatically different from clients of youth advice agencies. More than three times as many young people in youth advice settings had scores of four or more, and more than five times as many scores of eleven or twelve.

Table 1: GHQ-12 scores of clients of youth advice agencies, the general public, CSJS respondents and CSJS respondents who reported one or more civil justice problem

GHQ-12 score	Study respondents		CSJS respondents	
	Young people in advice settings (n = 188)	BHPS 2009/10	All (n = 3,085)	With problems (n = 1,189)
1 or more	86.6	46.1	38.7	49.2
2 or more	80.2	31.6	26.0	35.1
3 or more	71.2	23.5	19.1	26.2
4 or more	65.9	18.3	14.0	20.4
11 or 12	17.0	2.6	1.7	3.3
0	13.3	53.9	61.3	50.8
1	6.4	14.5	12.7	14.2
2	9.0	8.2	6.9	8.9
3	5.3	5.2	5.1	5.8
4	8.0	4.1	3.3	3.9
5	4.8	2.8	2.3	3.1
6	3.7	2.5	1.8	2.8
7	6.4	1.9	1.8	2.6
8	9.0	1.8	1.6	2.1
9	4.8	1.3	1.0	1.6
10	12.2	1.3	.5	1.0
11	3.7	1.2	1.0	1.8
12	13.3	1.4	.7	1.5

Table 2 goes a step further, by comparing the clients of youth advice agencies to *young* respondents in the CSJS who reported problems. Again, youth agency clients tended to report much higher GHQ-12 scores. Restricting comparison groups to solely those not in education, employment or training made relatively little difference, with the youth advice setting cohort reporting far higher rates of mental health problems (more than three times as many scoring four or more (i.e. a case of mental illness) when compared to an age-matched group with problems), as well as far more severe problems (more than eight times as many scoring eleven or twelve (the most severe scores) when compared to an age-matched group with problems). Evidently, the young people in youth advice settings looked quite unlike the young people in the CSJS, even when factoring in education, employment and training.

Table 2: GHQ-12 scores of clients of youth advice agencies, age-matched CSJS respondents with problem, and young CSJS respondents not in education, employment or training who also reported one or more civil justice problem.

GHQ-12 score	Young people in advice settings (n = 188)	CSJS respondents	
		Age matched with problems (n = 139)	Young NEETs with problems (n = 31)
1 or more	86.6	48.4	43.3
2 or more	80.2	35.9	38.4
3 or more	71.2	24.5	33.5
4 or more	65.9	19.2	28.6
11 or 12	17.0	4.2	4.9
0	13.3	51.6	56.7
1	6.4	13.5	4.9
2	9.0	10.4	4.9
3	5.3	5.3	4.9
4	8.0	4.7	9.0
5	4.8	3.1	4.9
6	3.7	2.2	4.9
7	6.4	2.0	0
8	9.0	2.0	0
9	4.8	0	0
10	12.2	1.1	4.9
11	3.7	2.0	0
12	13.3	2.2	4.9

As has been demonstrated previously (e.g. Pleasence, Balmer & Tam, 2009), problems where respondents obtain advice are often more severe than those where they do not.

Therefore, Table 3 compares the GHQ-12 scores of clients of youth advice agencies to CSJS respondents who obtained advice (albeit from a far broader range of advisers than those youth advice services that participated in the survey of young clients), an age-matched CSJS group who obtained advice and a group of young CSJS respondents who were not in education, employment or training and also obtained advice.

As illustrated in Table 3, there was a clear increase in GHQ-12 score where CSJS respondents obtained advice (for example, 26.4% of such scored four or more). However, scores were still far lower than those of the group under study, who were 2½ times as likely to have scores of four or more (i.e. cases of mental illness) and more than four times as likely to have scores of 11 or 12 (the most severe scores). Differences looked even starker when comparing the clients of youth advice agencies to age matched CSJS respondents who obtained advice, who had lower GHQ-12 scores than respondents who obtained advice in general. A very small group of young CSJS respondents who were not in education, employment or training and also obtained advice had a comparable percentage of cases (four or more) to the broad group of CSJS respondents who obtained advice.

Table 3: GHQ-12 scores of clients of youth advice agencies, CSJS respondents who obtained advice, an age-matched group of CSJS respondents who obtained advice, and young NEETs who obtained advice in the CSJS.

GHQ-12 score	Young people in advice settings (n = 188)	CSJS respondents		
		Obtained advice (n = 963)	Obtained advice (age-matched) (n = 65)	Obtained advice (young NEETs) (n = 23)
1 or more	86.6	54.4	44.6	43.5
2 or more	80.2	41.6	32.3	39.2
3 or more	71.2	32.9	23.1	30.5
4 or more	65.9	26.4	16.9	26.2
11 or 12	17.0	4.1	3.1	8.7
0	13.3	45.4	55.4	56.5
1	6.4	12.8	12.3	4.3
2	9.0	8.7	9.2	8.7
3	5.3	6.5	6.2	4.3
4	8.0	4.9	4.6	8.7
5	4.8	4.1	3.1	4.3
6	3.7	3.4	3.1	4.3
7	6.4	2.5	0	0
8	9.0	3.7	3.1	0
9	4.8	2.1	0	0
10	12.2	1.6	0	0
11	3.7	2.2	0	0
12	13.3	1.9	3.1	8.7

Table 4 takes the matching process a step further, comparing the clients of youth advice agencies to a small group of age-matched young people in the CSJS who sought advice and were weighted to have a similar profile of problem types. Again, however, this group's GHQ-12 scores were far lower than those of the clients of youth advice agencies, who had four times as many cases (scores of four or more) and were nine times as likely to score 11 or 12 (the most severe scores, indicative of clinical depression).

Table 4: GHQ-12 scores of clients of youth advice agencies and CSJS respondents who were matched on age, obtained advice and weighted to have a similar profile of problems.

GHQ-12 score	Young people in advice settings (n = 188)	Matched CSJS group ⁴
		Matched on age, problems and advice seeking (n = 38)
1 or more	86.6	40.8
2 or more	80.2	32.0
3 or more	71.2	24.0
4 or more	65.9	16.4
11 or 12	17.0	1.8
0	13.3	59.2
1	6.4	8.8
2	9.0	8.0
3	5.3	7.6
4	8.0	4.8
5	4.8	.4
6	3.7	9.0
7	6.4	0
8	9.0	.4
9	4.8	0
10	12.2	0
11	3.7	0
12	13.3	1.8

⁴ Producing this group involved taking 18-24 year old CSJS respondent's problems, dropping those with only problem types not reported by the youth advice agency survey group and weighting the others to produce a comparable problem profile. Again numbers were fairly small (n= 38).

Finally, with respect to CSJS comparisons, Tables 5 and 6 compare the GHQ-12 scores of the clients of youth advice agencies to three vulnerable groups in the CSJS (lone parents, unemployed respondents and ill/disabled respondents) (Table 5), and also these same groups where problems had been experienced and obtained advice (Table 6).

As can be seen from Table 5, the vulnerable groups, and the small number of unemployed respondents in particular, were far closer to the clients of youth advice agencies than previous comparison groups. However, the percentage of GHQ-12 cases (four or more) and scores of 11 or 12 remained far higher for the youth advice agency group.

Table 5: GHQ-12 scores of clients of youth advice agencies, and lone parents, unemployed and ill or disabled respondents in the CSJS.

GHQ-12 score	Young people in advice settings (n = 188)	CSJS respondents with problems		
		Lone parents (n = 106)	Unemployed (n = 39)	Ill/disabled (n = 332)
1 or more	86.6	56.0	66.6	61.0
2 or more	80.2	48.9	55.2	46.8
3 or more	71.2	43.3	51.3	37.2
4 or more	65.9	33.2	46.1	30.3
11 or 12	17.0	9.5	10.0	7.2
0	13.3	44.0	33.3	38.9
1	6.4	7.1	11.4	14.2
2	9.0	5.6	3.9	9.6
3	5.3	10.1	5.2	6.9
4	8.0	4.0	8.7	3.9
5	4.8	4.6	7.1	4.1
6	3.7	2.9	8.8	3.6
7	6.4	3.9	0.0	4.6
8	9.0	4.6	0.0	3.4
9	4.8	1.9	2.4	2.0
10	12.2	1.8	9.1	1.5
11	3.7	5.7	5.4	3.3
12	13.3	3.8	4.6	3.9

Even examining only those respondents to the CSJS who sought advice (albeit from a broad range of advisers) (Table 6), the clients of youth advice agencies continued to have significantly higher GHQ-12 scores, a higher percentage of cases and a higher percentage with the most severe scores. In fact, the clients of youth advice agencies had higher GHQ-12 scores than CSJS respondents who sought advice and indicated that they had suffered from stress, depression or some other kind of mental health problem. 43.0 per cent of those who suggested they had suffered from stress, depression or some other kind of mental health problem in the CSJS were identified as GHQ-12 cases (four or more) while 8.7 per cent scored 11 or 12 (the most severe scores). This compared to 65.9 per cent of clients of youth advice agencies scoring four or more and 17.0 per cent scoring 11 or 12. Essentially, being a youth advice agency client was a better proxy for high GHQ-12 scores than a single standardised question in the CSJS designed to identify mental health problems.

Table 6: GHQ-12 scores of clients of youth advice agencies, and lone parents, unemployed and ill or disabled respondents who sought advice in the CSJS.

GHQ-12 score	Young people in advice settings (n = 188)	CSJS respondents with problems who sought advice		
		Lone parents (n = 147)	Unemployed (n = 76)	Ill/disabled (n = 298)
1 or more	86.6	59.3	84.4	64.7
2 or more	80.2	53.2	61.3	53.3
3 or more	71.2	45	57.5	41.9
4 or more	65.9	35.5	53.7	35.9
11 or 12	17.0	10.2	11.5	9.1
0	13.3	40.8	15.4	35.2
1	6.4	6.1	23.1	11.4
2	9.0	8.2	3.8	11.4
3	5.3	9.5	3.8	6.0
4	8.0	7.5	7.7	2.7
5	4.8	1.4	3.8	7.0
6	3.7	2.7	11.5	3.7
7	6.4	4.1	0.0	3.4
8	9.0	7.5	0.0	5.7
9	4.8	.7	7.7	2.0
10	12.2	1.4	11.5	2.3
11	3.7	4.8	3.8	4.4
12	13.3	5.4	7.7	4.7

As illustrated by Tables 1 to 6 above, the clients of youth advice agencies had far higher GHQ-12 scores than any comparison group identified in the CSJS, including those with self-reported mental health problems.

Mental health problems in a broader context

So what groups might have comparable levels of mental health problems to the clients of youth advice agencies? Beyond the CSJS, there has been little research domestically or internationally giving firm data on the prevalence of mental health problems (i.e. using GHQ) for those experiencing legal problems. However, both Trinder et al., (2006) and Buchanan (2001) have measured GHQ-12 scores in the family law context. In both cases, people were surveyed while going through stressful legal processes. Trinder et al (2006) found very high levels of distress reported by parents who had attended in-court conciliation in contact/residence cases, with three quarters (77.5 per cent) of the parents in their study scoring above their threshold of twelve on the GHQ-12 (using Likert rather than GHQ-12 scoring as described in the methods above). Similarly, 84 per cent of parents involved in the court welfare report process examined by Buchanan scored above the same threshold. Using the same scoring method among the young people in youth advice settings produces a very similar result, with 78.2 per cent scoring twelve or more, despite the fact that the young people were in a youth advice setting rather than a formal process setting. It would seem highly likely⁵ that the young people would score higher still if surveyed while going through such a process.

Elsewhere, the GHQ-12 has been used in a variety of studies to gauge the impact of a variety of life events and circumstances. For example, in a study of homelessness, Meltzer (2008) found that 60 per cent of those sleeping rough and users of night shelters had a score of 4 or more on the GHQ-12. This compares to 66 per cent for the clients of youth advice agencies.

Dockerty et al (2000), meanwhile, found average GHQ-12 scores (using Likert scoring) of 13.7 for mothers and 12.3 for fathers of children who had been diagnosed with cancer in New Zealand (compared to 10.7 and 10.4 for control groups). This compares to a score of 18.7 for the clients of youth advice agencies.

Oswald and Powdthavee (2008) presented GHQ-12 scores for those who had experienced death of a child or partner. For those whose child died, mean GHQ-12 scores (GHQ scoring) were shown to move from around 1.3 (the year before the death) to 3.5 (the year after). For those who had lost a partner, the difference was even starker, moving from around 3 to 6.3. The mean score of 6.0 for the clients of youth advice agencies was comparable to people who had just suffered the death of their partner. Gardner and Oswald (2006) also presented GHQ-12 scores (using likert scoring) for those experiencing divorce (14.85) and loss of a partner (17.20). Again, the mean score of 18.7 for clients of youth advice agencies was comparable to that of people losing a partner (in fact slightly greater in this instance), and greater than those going through divorce. Elsewhere, a Norwegian study of bereavement associated with the 2004 Tsunami (Kristensen et al., 2009) found mean scores (using Likert scoring) of 13.44 for those who had suffered a bereavement not directly related to the Tsunami and 20.16 where it was directly related (interviewed 26 months after the Tsunami). The score for the clients of youth advice agencies was again fairly comparable.

⁵ As GHQ-12 scores were higher in the Trinder et al., (2006) study where participants were in a formal process, compared to the Gardner and Oswald (2006) study for those reporting divorce though not necessarily in a process.

Discussion

Overall, the survey of young people in advice agencies identified levels of mental illness that exceeded any comparable group identified using CSJS data. In part, this shows the weakness of the CSJS approach, which is not best suited to identifying the most vulnerable young people living in the margins of broader society. This is not surprising. Young people at crisis point, such as those surveyed, may be disinclined to answer a household survey, or be absent from the sample frame altogether (e.g. if they are in temporary accommodation).

The findings of the survey of young people also highlight the success of the advice agencies in serving the most vulnerable in society. Levels of mental illness among the young people surveyed were staggering, in excess of those of rough sleepers/night shelter users (Meltzer, 2008) and only really comparable to those who were in the midst of highly stressful legal proceedings (e.g. Trinder et al., 2006) or those who had recently lost a partner (e.g. Oswald and Powdthavee, 2008).

However, while the serious predicament of the young clients of youth advice agencies surveyed cannot be doubted, simple comparisons with other vulnerable groups should be treated with some caution. Different studies may capture experience at different points in the progression of life events and transitions. It is to be observed that the young people surveyed for this study were, almost by definition, at a point of crisis in their lives. This is in contrast to respondents of (say) the CSJS, most of whom will either have moved beyond problems of the types under study, or not have experienced such problems at all.

Moreover, the site of the surveys, within advice agencies, may have had a bearing on the results. It may be the case that serious mental distress is a key factor in motivating young people to obtain help from such sources. Thus, clients of youth advice agencies may differ somewhat to other young people facing similar circumstances.

Nevertheless, the findings point to the success of youth advice agencies in reaching out to vulnerable people in crisis. The precise level of GHQ-12 score is less important than the fact that scores were generally and substantially elevated among youth advice agency clients.

Moreover, all of this is in the context of a reluctance to seek advice when suffering mental health problems, particularly among young people. For example, Oliver et al., (2005) found that 55-64 year olds were three times more likely than 16-24 year olds to seek help when faced with mental health issues. They also highlighted that friends and relatives were the preferred source of help, which may be particularly relevant for the youth advice agency respondents, where support networks may be less reliable. Biddle et al., (2004) also suggested that 16-24 year olds preferred lay sources of advice when faced with mental health problems, while young men were particularly reluctant to seek help. This emphasises the importance of advice agencies that young people appear to find more accessible (since they are relatively unlikely to seek help elsewhere), as well as the importance of an advice model that acknowledges their high levels of mental illness.

4.3 The impact of problems on young people's lives

Summary:

- 84% of young people reported at least one adverse consequence.
- 45% reported their health suffering as a result of their social welfare problems.
- 26% visited a doctor or counsellor, equating to a knock-on cost to the health service of £181,068 for every 1,000 clients of youth advice agencies.
- A high percentage of the young clients also reported becoming homeless or having to move home, with knock-on costs from homelessness estimated at £1,438,904 per 1,000 young clients.

The types of impact of problems on young people's lives

The survey of clients of youth advice agencies asked respondents about a range of adverse consequences of their problems. Responses are presented in Figure 4. Overall, 84 per cent of the young people reported at least one of the consequences. The most common consequence reported by respondents was that their health suffered, with many also reporting visiting a doctor or counsellor (or 44.7 per cent of those who reported their health suffering). A very high percentage also reported becoming homeless or having to move home, while just over a third reported their relationship with their parents suffering. Adverse consequences for education, employment and relationships were also relatively commonly reported, as was trouble with the police, contact with social services and violence.

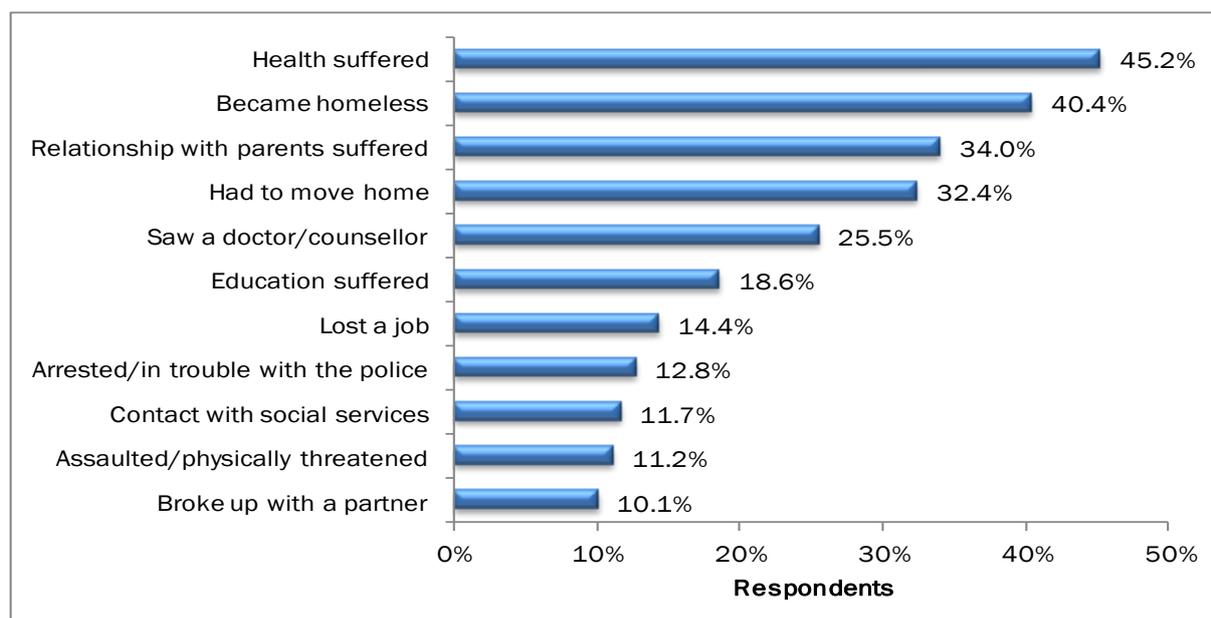


Figure 4: Adverse consequences of problems reported by clients of youth advice agencies

Both the CSJS and CSJPS also featured questions about the adverse consequences of problems, with the CSJPS being most comparable to the client survey. Figure 5 compares the responses of clients in advice agencies (excluding consequences not covered in a comparable way) with CSJPS respondents. As can be seen, all consequences were far more likely to be reported by clients of youth advice agencies. The smallest discrepancy was for respondents reporting that their health had suffered, though it should be noted that the CSJPS figure combines responses for 'physical ill health', 'stress-related ill

health' and 'other mental ill health' (8.2%, 22.0% and 3.4% respectively) which may inflate the percentage.

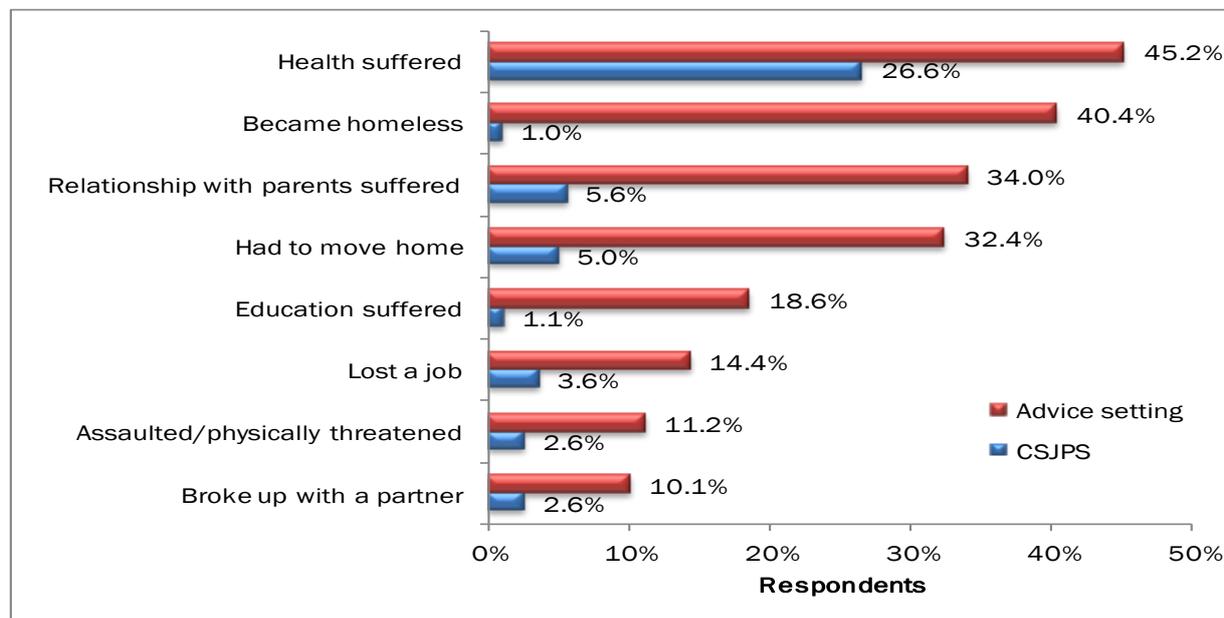


Figure 5: Adverse consequences of problems reported by clients of youth advice agencies and CSJPS (wave 1) respondents

The monetary cost of adverse consequences

Curtis (2011) sets out the unit costs of health and social care. These can be used to provide an estimate of the knock-on cost of the adverse consequences of legal problems for health services.

For example, counselling in primary care was estimated to cost £60 per surgery consultation⁶, while an 11.7 minute GP visit costs around £36⁷, with prescription costs at £41 per consultation (actual cost).

From the youth advice agency survey, we know that 25.5 per cent of clients of youth advice agencies reported seeing a doctor or counsellor as a consequence of their problem (though details were not available of the location of counsellors). While we do not have data indicating the number of visits, figures from the 2004 CSJS (Pleasence, 2006) can be used to give a (likely conservative) estimate. In the CSJS, where respondents visited a GP as a result of consequential physical ill-health, they did so 6.3 times on average. Where they visited a GP as a result of consequential stress-related ill-health, they did so 10.8 times on average, and where they visited a counsellor, they did so 7.7 times on average. If we take respondents in the CSJS who reported treatment stemming from either consequential physical or stress-related ill health, we find that they make 8.8 visits to GPs on average and 0.5 visits to a counsellor.

Applying these figures to the youth advice agency sample, for every 1,000 clients we would expect 255 to have already visited a GP or counsellor as a result of their problem

⁶ Costs of £51 per hour and £66 per hour of client contact were also cited.

⁷ Including direct care staff and qualification costs.

at the point of advice (others may also make subsequent visits). This equates to 2,244 GP and 138 counsellor visits. Using the above costs for GP (including prescriptions) and counsellor visits, for every 1,000 clients of youth advice agencies (overall), this would equate to a knock-on cost to the health service of £181,068 (or £181 per young person).

Beyond use of health services, other adverse consequences highlighted in Figure 4 can also be assigned costs. For example, social services were estimated to cost £334 per child per week (Curtis, 2011).⁸ If we assume an average length of contact with social services of six months⁹ (for the 11.7% identifying contact with social services), this would equate to a cost of around £1,016,028 for each 1,000 young people in youth advice settings (or £1,016 per young person).

A number of studies have examined the cost of homelessness, with a range of examples cited by Homeless Link.¹⁰ For instance, the New Economics Foundation (2008), MEAM (2009) and Kenway and Palmer (2003) all estimate annual costs (to the state) for a single homeless person, including the costs of benefits, hostel accommodation, care of children, health and drug treatment, day centre services, support, criminal justice services and resettlement. Annual cost estimates set out in the three reports were fairly consistent, ranging from £24,350 (MEAM, 2009) and £24,500 (New Policy Institute, 2003) to £26,000 (New Economics Foundation, 2008). The youth advice agency survey did not measure how long young people were homeless/in temporary accommodation for, but if we were to assume around 50 days on average,¹¹ and a cost of £26,000 per annum, we might expect the 40.4 per cent reporting homelessness as a consequence of their problems to result in a cost of around £3,562 per young person becoming homeless. For every 1,000 young people in advice, therefore, we might expect the overall cost of homelessness to be around £1,438,904 (or £1,439 per young person).

However, there are a number of reasons to suppose that these figures may underestimate costs. First, with regard to health, the CSJS figures on the number of visits come from a far less vulnerable group than those in the youth advice agency survey. Moreover, information is collected at the point of advice, and it is highly likely that many of those who have not yet visited a GP or counsellor will subsequently do so. Similarly, only use of GPs and counsellors are considered, and there are likely to be a number of further services used (e.g. psychiatric services) with further costs. While this provides an estimate of the knock-on cost of health service use, it may be just the tip of an iceberg with regard to total downstream costs. In addition, only health, contact with social services and homelessness are considered. There are also likely to be costs associated with the other consequences set out in Figure 4 that are not considered here (e.g. loss of employment, having to move home, violence, being in trouble with the police).

⁸ Based on a representative ratio of children being supported to children being looked after for England as a whole. The weekly cost for a child being supported was £161 per child per week, with a weekly cost of £783 where a child is being looked after.

⁹ It is hard to gauge the duration or nature of client contact with social services as information was only collected about the bare fact of contact. This contact could range from anything from the casual to the statutorily required, and from passing to semi-permanent. We therefore use a figure of six months, but acknowledge that the actual figure may be quite different.

¹⁰ <http://homeless.org.uk/costs-homelessness#.UBp7i-5Dygw> (accessed 7th August 2012).

¹¹ Those under 18 should, of course, be housed by local authorities very quickly. However, the position for older youths is quite different. The estimate of 50 days is more in the nature of art than science, but accords with, for example, the average number of nights spent by visitors to Oxford night shelter, Oxford Night Shelter Annual Report, 2007-2008.

4.4 What clients were seeking and their expectations of advice

Summary:

- A number of clients hoped merely to address basic needs or simply wanted someone to talk to, but most clients wanted information, advice and practical assistance with housing and/or benefits.
- The practical assistance required from advisors often came hand in hand with a need for emotional support.
- Many clients were also seeking wider support relating to mental and physical health issues or employment-seeking.

Survey respondents (i.e. those clients attending youth advice agencies for social welfare advice) were asked whether they were seeking information, advice, counselling or something else from their visit to the youth advice agency, with their responses set out in Figure 6.

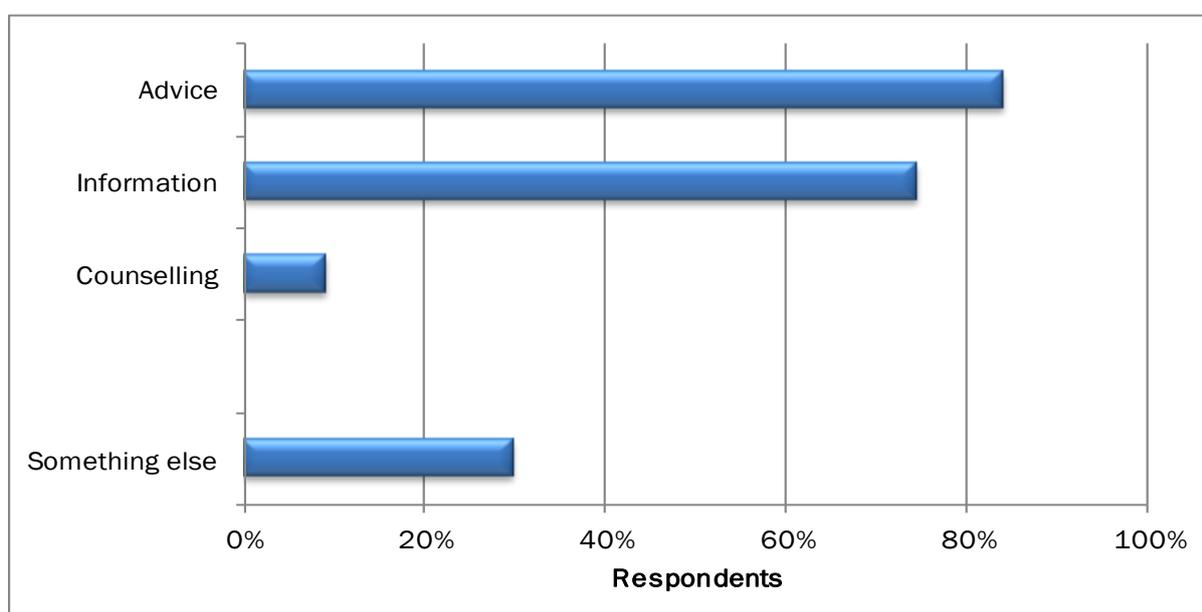


Figure 6: Reasons for respondents' visiting advice agencies

As can be seen, in the majority of cases respondents said they were looking to obtain 'advice' and 'information'. There was also clear overlapping of reasons. For example, of those seeking 'advice', 80.4 per cent were also seeking 'information', 10.8 per cent counselling and 22.8 per cent something else.

Those who suggested they were seeking 'something else' were also asked to explain what they were seeking. Answers included 'advocacy', assistance with mental health, referral to a homeless mental health team, help filling out forms, food parcels, use of a telephone and simply someone to talk to.

Survey respondents were then asked, 'Before you came here, what did you hope advice would do for you?' They were invited to respond in their own words. Their responses demonstrated a wide range of motivations for using services. At one end of the spectrum, a number of young people were simply attending the centre to address very basic needs,

primarily to see if they could find food – either because they were homeless and not in receipt of benefits, or because their level of benefit payment had been unable to cover their cost of living. However, the majority of individuals were seeking practical assistance and for someone to take the lead in helping them to fill in forms, find housing or claim benefits. Seeking help with housing and benefits was particularly common, especially among pregnant clients.

Practical assistance and signposting often involved issues that extended beyond civil justice highlighting multiple needs amongst the client group, with individuals requiring help locating local doctors, dentists, mental health counselling and pre-natal services. For other clients, the demand for practical assistance also extended to advice on constructing a CV, finding a job/apprenticeship and further study/training. Other individuals appeared to have lesser expectations and were simply looking to be ‘pointed in the right direction’ to an appropriate source of advice with one respondent claiming that they were unsure of what they wanted from the service as they were not aware that “(they) could get this help”.

Importantly, the verbatim responses made clear that the practical assistance required from advisors often came hand in hand with a need for emotional support. A number of respondents stated that they needed assistance so as to reduce their stress, decrease their anxiety, provide them with reassurance and/or offer them some peace of mind and were looking for “*someone to confide in*”. One respondent stated that they hoped the advice would “*give them a chance in life... (and help them to) gain more confidence in (themselves)*”, another was seeking advice that could “*help (him) move forward in life*”, and another claimed that advice was the first step on “*the right track...to have a better life with less suffering*”.

4.5 Improvements with advice

Summary:

- 70% of clients felt that advice resulted in improvements in stress and/or health.
- Youth advice agency clients were far more likely than CSJS respondents to report improvements in stress and health following advice, even when accounting for differences in their baseline mental health.
- 42% reported improvements in their housing situation.
- Significant percentages also reported improvements in their relationships, their education or their employment situation.

Clients of youth advice agencies were asked whether the advice they had received to date had improved a number of areas of their lives.¹² Clients’ responses are set out in Figure 7. The majority of clients felt that advice resulted in improvements in their health, either with regard to how stressed they were, or their health in general. Combining these two, 70.2 per cent of clients felt that advice resulted in improvements in stress or health.

¹² This question may not be the most reliable indication of the broader impact of advice, given that some clients will have received relatively little advice at the point of interview. Moreover, it is not clear how accurately clients can attribute life changes to advice. Nonetheless, it gives a good indication of what clients felt the wider benefits of advice were.

Not surprisingly, given the nature of the problems reported (see Figure 2) there was also a large percentage reporting improvements in their housing situation, while smaller, though still significant percentages reporting improvements in their relationships with parents or partners, their education or their employment.

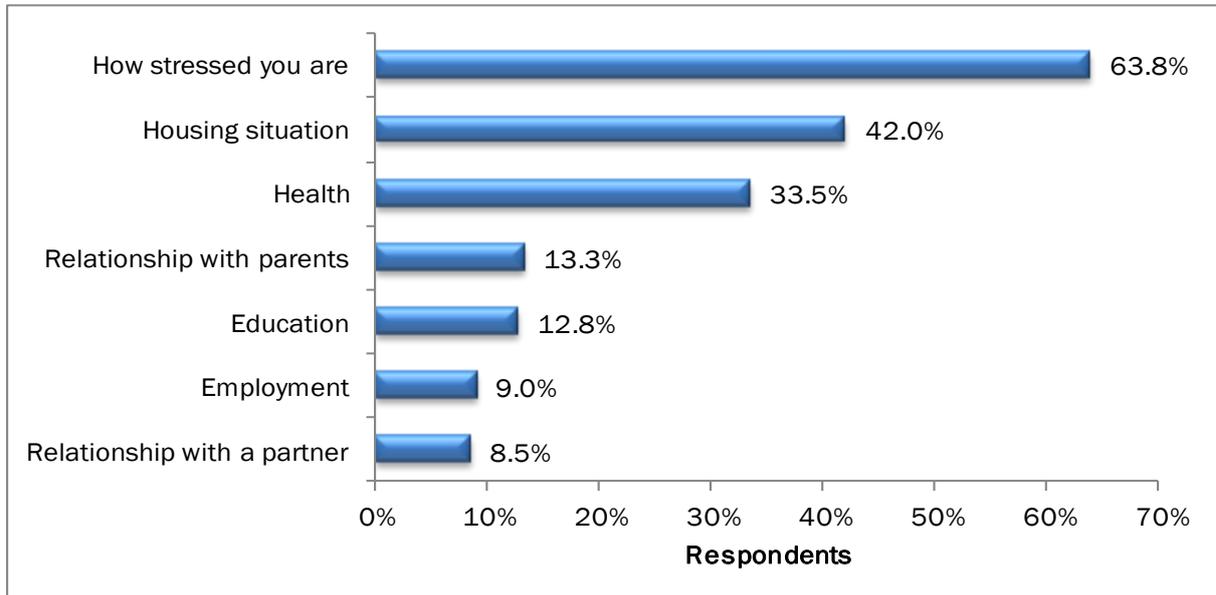


Figure 7: The extent to which clients felt advice had led to improvements in a range of areas

A similar question was asked of CSJS respondents who obtained advice. While improvements in education and relationships with parents were not included, the other areas of improvement could be compared between the two surveys. A comparison is set out in Figure 8.

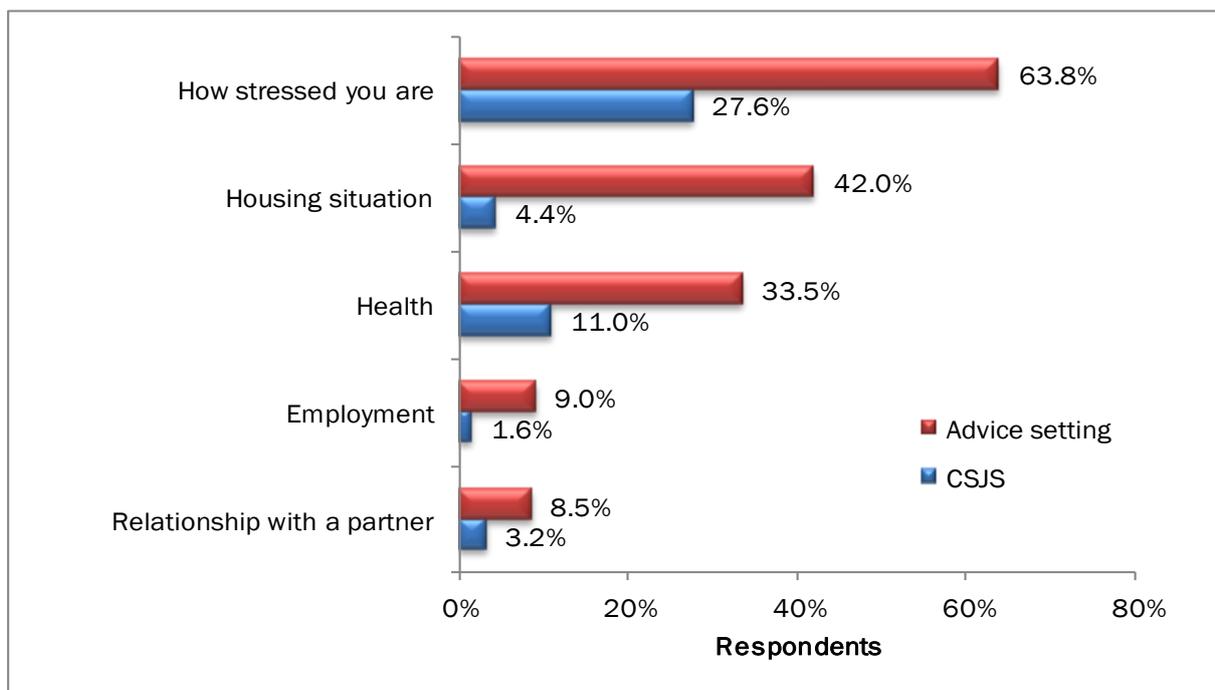


Figure 8: Improvements with advice in for advice setting clients and CSJS respondents

As shown in Figure 8, improvements with advice were more common, across all areas, for youth advice clients than CSJS respondents who obtained advice. It is to be noted, though, that numerous sources of advice are reported by CSJS respondents, not all of which appear appropriate or promising. Thus, we might expect the clients of dedicated youth advice services to fare somewhat better. Moreover, the respondents to the youth advice survey were still very much connected with the advice agencies concerned, while CSJS respondents are often much further removed from the advice context, and so may be less likely to attribute change to advice received.

With regard to improvements in housing situation, the difference between client survey and CSJS respondents is of least surprise, given that 62.2 per cent of those in youth advice settings had housing related problems (see Figure 2). In the CSJS, of those with one or more problem, 16.7 per cent reported a housing problem (rented housing, owned housing or homelessness). Nonetheless, the ratio of housing problems to improvements in housing for clients of youth advice agencies was far more favourable than for those in the CSJS. For clients in youth advice settings, of those reporting housing or homelessness problems, 54.7 per cent¹³ reported improvements in their housing situation as a result of advice. In contrast, in the CSJS, only 15.2 per cent of those who obtained advice for their housing problems reported improvements in their housing situation. Thus, while the methodological differences prevent simple comparison, the youth advice agencies studied are evidently seen to be having a good impact on the lives of their clients.

Similarly, the very high percentage reporting improvements in levels of stress and health among the clients of youth advice agencies will partly be a function of the very high prevalence of mental health problems (see above). However, if we compare like with like (as best we can), by weighting the CSJS respondents to have similarly severe GHQ-12 scores to the clients of youth advice agencies, the clients of youth advice agencies continue to report dramatically higher levels of improvement in stress and health than those obtaining advice reported through the CSJS. For groups with identical GHQ-12 profiles, 63.8 per cent of clients of youth advice agencies reported improvements in stress and 33.5 per cent improvements in health, compared to 33.2 per cent and 11.5 per cent of those obtaining advice as reported through the CSJS. Again, therefore, the youth advice agencies studied are evidently seen to be having a good impact on the lives of their clients.

4.6 The cost-effectiveness of advice

Summary:

- For those young people who suggested advice had improved their stress or health, estimated savings in GP costs alone exceed the cost of advice provision.
- Cost-effectiveness of advice on mental health grounds was also calculated by converting GHQ-12 scores from the survey to QALYs.
- Assuming modest changes in mental health and housing amongst those young people reporting improvements, and using NICE guidelines on the value of a QALY, advice is found to be clearly cost-effective on grounds of mental health alone in a range of scenarios.

¹³ This percentage is higher than in Figure 8, since it refers only to those with housing/homelessness problems rather than all clients in advice settings.

This section uses two distinct approaches to look at the potential cost-benefit or cost-effectiveness of providing advice to young people.

The first approach uses some of the unit costs of adverse consequences set out above to explore how advice might reduce some of the knock-on costs of problems.

The second converts young people's GHQ-12 scores to health utilities. In combination with findings on the benefits of advice, the change in Quality Adjusted Life Years (QALYs) with advice can be calculated and used to assess what advice should cost for it to be considered cost-effective in these terms.

Impact of advice on knock-on costs

We set out above some of the potential costs associated with the adverse consequences of problems (concerning health, homelessness and contact with social services). In the case of health and housing, we also showed the extent to which clients of youth advice agencies felt that advice had resulted in improvements. Findings concerning adverse consequences and the benefits of advice can be combined to produce estimates of the potential savings advice could make. These can then be placed in the context of the actual cost of providing advice, as supplied by some of the agencies taking part in the survey.

Savings in knock-on health costs

Using the assumptions set out above, health costs stemming from the adverse health consequences of problems were calculated to equate to £181,068 per 1,000 young clients. For GP visits alone, the value was £172,788 (2,244 visits multiplied by £77).

Of the 25.5 per cent who visited a GP, 72.9 per cent suggested that advice had resulted in improvements in stress or health. Of the 74.5 per cent who did not visit a GP, 69.3 per cent suggested that advice resulted in improvements in stress or health.

Looking at GP visits alone (disregarding counselling or other health services), if we assume that health improvements from advice resulted in one less GP visit (i.e. 7.8 visits on average rather than 8.8) for those who reported visiting a GP and a positive health impact from advice, this would equate to a saving in GP costs of £14,322 per 1,000 clients of youth advice agencies (or £14.32 per young person). Of course, this disregards the group who had not yet visited a GP, but suggested that advice resulted in improvements in stress or health. If we were also to assume that advice resulted in a reduction of one GP visit for this group, advice would equate to a saving in GP costs of £39,732 per 1,000 clients of youth advice agencies (or £39.73 per young person). Adding these two (since they are mutually exclusive) gives a saving in GP costs of £54,054 per 1,000 clients of youth advice agencies (or £54.05 per young person).

If the reduction was two visits for the group who had already visited a GP and one for those who had not, advice would equate to a saving in GP costs of £68,376 per 1,000 clients of youth advice agencies (or £68.38 per young person) (£28.64 and £39.73 respectively).

If the reduction was two visits for both the group who had already visited a GP and those who had not, advice would equate to a saving in GP costs of £108,108 per 1,000 clients of youth advice agencies (or £108 per young person).

How much does advice actually cost and does it provide value for money?

Five of the advice agencies used in the survey of young people were able to give estimates of the cost of providing advice. These costs were per individual/different young person helped, in some cases involving a single advice session, and in others, a number of sessions. The lowest value was £61.00 per young person, with two around £75 (£75.50 and £75.71 respectively), one at £100.32 and the highest at £120.

With regard to improvements in health, assuming a reduction with advice of two GP visits (of an assumed average of 6.8) would relate to a saving in GP costs of around £108 per young person. This exceeds all but one of the advice agencies' estimates of costs of providing advice, even when considering health impacts alone and only GP visits. Even assuming a reduction of a single GP visit, the £54.05 saved in GP costs per young person makes up a substantial proportion of the cost of advice.

Using QALYs to calculate the cost-effectiveness of advice in terms of health

This section uses young clients' GHQ-12 scores, converting them to health utilities. Findings on the benefits of advice (section 4.5), as well as other research on the impact of advice or improvement in housing situation are then used to calculate the impact of advice in terms of QALYs. These figures are used, in combination with NICE guidelines on the value of a QALY, to assess what advice should cost for it to be considered cost-effective in these terms. These costs are then compared to the actual cost of advice as provided by four of the agencies taking part in the study.

A Quality adjusted life year (QALY) is a year of life adjusted for its quality or value. A year in perfect health is considered equal to one QALY. The value of a year in ill health would be reduced. For example, a year bedridden might have a value equal to 0.5 QALY. The QALY is often used to calculate the ratio of cost to QALYs saved for a particular health care intervention. This is then used to allocate healthcare resources, with an intervention with a lower cost to QALY saved (incremental cost-effectiveness) being preferred over an intervention with a higher ratio.

A variety of studies have attempted to set out the cost-effectiveness of interventions in terms of QALYs. The rule of thumb provided by the National Institute for Clinical Excellence (NICE) is that if a treatment costs more than £20,000 to £30,000 per QALY, then it is not cost-effective.¹⁴

A common way of determining the weight or utility value associated with a particular state (and calculating QALYs by multiplying by the time spent in that state) is through the use of the EQ-5D questionnaire, which categorises health states according to mobility, self-care, usual activities, pain/discomfort and anxiety/depression.

While the present survey of clients of youth advice agencies does not include EQ-5D, Serrano-Aguilar et al (2009) provide an algorithm to convert GHQ-12 scores to health

¹⁴ <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp>

state values. The algorithm can be used to calculate utility scores for QALY estimation in cost-effectiveness assessment of interventions (in this case advice/counselling) for datasets containing GHQ-12 scores. Serrano-Aguilar et al. (2009) present mean EQ-5D index scores by GHQ-12 score. This allows differences in GHQ-12 scores between groups to be compared in terms of EQ-5D score, and therefore in terms of QALYs. Using general NICE thresholds for cost-effectiveness, this also allows an estimate of the amount worth spending on intervention, if that intervention resulted in a particular improvement in mental health.

So, an advice intervention that was able to improve the level of mental health of the youth advice agency group, for one year, to that of young CSJS respondents who were not in education, employment or training (whether or not they reported problems - see Table 2) would equate to a change of 173.1 QALYs per 1,000 young people (using the Serrano-Aguilar et al. (2009) formula to convert changes in GHQ-12 to QALYs). Using the rule of thumb provided by NICE (above) regarding the value of QALYs, an intervention resulting in this level of improvement in mental health could be considered cost-effective (with regard to mental health alone and disregarding any other benefits of advice), even if it cost between £3,462 and £5,192 per young person. Any intervention producing this level of improvement in mental health which cost less than £3,462 would be clearly cost-effective.

Advice improving stress – QALY calculations

As shown in the section on improvements with advice, 63.8 per cent of young people suggested that advice had improved levels of stress and 33.5 per cent suggested that advice had improved their health. Combining these, 70.2 per cent of young people suggested that advice had improved their stress or their health. If we assumed that advice resulted in a change of a single point in GHQ-12 score (the smallest possible change using GHQ scoring, for a period of one year) for each respondent in this 70.2 per cent only¹⁵, this would equate to a change of 14.9 QALYs per 1,000 young people (using the Serrano-Aguilar et al., (2009) formula). Therefore, advice would be cost-effective on the grounds of change in mental health alone (for a year and ignoring any other benefits) if it cost between £298 and £447 per young person. Any advice intervention which produced a single point change in GHQ score for 70.2 per cent of young people which cost less than £298 per young person would be clearly cost-effective.

If we assumed that improvements in levels of stress equated to a mean change of one point in GHQ-12 score (rather than a movement of one point for each respondent) as was the case for Dixon et al's (2006) changes in housing situation (discussed further below), the change in QALYs is even greater.¹⁶ An improvement of this size for one year would equate to a change of 24.8 QALYs per 1,000 young people. Therefore, advice would be cost-effective on the grounds of change in mental health alone (for a year and, again, ignoring any other benefits) if it cost between £383 and £575 per young person. Any advice intervention which produced a mean change of one in GHQ score for 70.2 per cent of young people which cost less than £383 per young person would be clearly cost-effective.

¹⁵ Where possible; evidently you cannot move if your GHQ-12 score was zero.

¹⁶ These two measures differ since some of the young people in the first example (one point movement per respondent) cannot move as their score was zero. The second example, using the mean one point change, means that some respondents have to improve by more than one point to give an overall mean improvement of one on the GHQ-12.

Advice improving housing situation – QALY calculations

Dixon et al's (2006) study of young care leavers provides some very useful comparison data, as well as information to inform measurement of the cost-effectiveness of advice. They conducted a survey, including GHQ-12, of young people two to three months after leaving care, with a follow-up survey nine to ten months later. Overall they found a slight worsening in mental health between the two surveys (22% cases at baseline, compared to 25% at follow-up¹⁷). Importantly, they suggested that a positive housing outcome at follow-up correlated with young people feeling more positive about mental health, highlighting housing (and the support to sustain a home) as the most critical area for leaving care services and post care interventions. Specifically, a 'poor' outcome with regard to accommodation and economic activity related to a GHQ-12 score (GHQ scoring) of 3.29, a 'fair' outcome to 2.38 and a 'good' outcome to 1.31.

While the mean GHQ-12 score (GHQ scoring) for the clients of youth advice agencies was far in excess of that of Dixon et al's care leavers, we might expect an advice intervention that improves respondents' housing situation to have (at least) a similar impact.

Forty-two per cent of the clients of youth advice agencies suggested that advice had led to improvements in their housing situation (again, this is likely to be a conservative estimate as many clients are likely to be early in the advice process). If we restrict clients to those who have housing/homeless problems and have made at least one previous visit, the percentage reporting improvements in their housing situation rises to 66.2 per cent.

If we assume that advice resulted in a one point improvement in mean GHQ-12 score (GHQ scoring) for the (42% of) clients of youth advice agencies (i.e. the change in GHQ-12 score corresponding to an improvement of 'poor' to 'fair' on Dixon et al's (2006) scale), and that this change was maintained for a year, this would equate to a change of 10.5 QALYs per 1,000 young people (using Serrano-Aguilar et al's (2009) algorithm to convert GHQ-12 scores to health state values). This would mean that advice would be cost-effective on the grounds of change in mental health as a result of improved housing situation (ignoring other benefits) if it cost between £211 and £316 per young person (over all clients). An intervention costing less than £211 per person would be clearly cost-effective.¹⁸

These calculations provide values ignoring whether or not young people actually had housing problems, and whether or not it was their first visit to the agency. As suggested above, reported improvements in housing situation rose to 66.2% if we restricted clients to those who have housing/homeless problems and have made at least one previous visit. Conducting similar analyses with this group, advice resulting in movement from 'poor' to 'fair' in housing situation (and therefore a one point improvement in GHQ-12 score (Dixon et al. 2006) for 66.2% of the group), for a period of one year, would relate to a change of 19.8 QALYs per 1,000 young people. This would indicate that advice would be cost-effective on the grounds of change in mental health as a result of improved

¹⁷ Note, once again, even with a sample of care leavers had a substantially lower percentage with GHQ-12 scores of four or more than the clients of youth advice agencies (i.e. 66% compared to 25%).

¹⁸ Incidentally, an improvement from 'poor' to 'good' on Dixon et al's scale would be cost-effective if it cost between £514 and £771 per young person, with an intervention costing less than £514 clearly cost-effective.

housing situation alone if it cost between £397 and £595 per young person. An intervention costing less than £397 per person would be clearly cost-effective.¹⁹

Advice improving levels of stress or housing situation – QALY calculations

Combining improvements in levels of stress/health and housing, 79.8 per cent of the clients of youth advice agencies reported that advice resulted in improvements in stress/health or housing. Again, if we assume that improvements equated to a mean change in GHQ-12 score of one point (i.e. from Dixon et al. 2006) for one year for this 79.8 per cent of the young people only²⁰ (and no change for 20.2 per cent), then advice would relate to a change of 19.5 QALYs per 1,000 young people. This would suggest that advice would be cost-effective on the grounds of change in mental health as a result of improved stress/health or housing situation if it cost between £390 and £575 per young person. Using these assumptions, an intervention costing less than £390 per person would be clearly cost-effective.

How much does advice actually cost, and is it cost-effective?

The QALY/cost-effectiveness calculations involved making a number of assumptions, for example, regarding the degree and duration of the benefit of advice. Some assumptions may overestimate the effectiveness of advice (for example, it may not be viable for advice to easily return the mental health of clients to that of a comparison CSJS group of young people in the early example), though many seem conservative (for example, assuming very small changes in mental health or disregarding the clients' greater potential for improvements). Moreover, the calculations looked solely at improvements as a function of changes in levels of stress and housing situation with advice. It would seem entirely plausible that other improvements identified with advice, for example, in relationships, education and employment, would also result in improvements in mental health.

Nonetheless, even looking at these two areas alone, advice appeared to be clearly cost-effective. Using the example combining the impact of advice on stress/health and housing situation (and even with some conservative assumptions) advice was calculated to be clearly cost-effective (i.e. using the NICE threshold of less than £20,000 per QALY being cost-effective) if it cost less than £390 per young person. All of the advice costs were less than this, and thus clearly cost-effective.

¹⁹ For a similar group, an improvement from 'poor' to 'good' on Dixon et al's scale would be cost-effective if it cost between £852 and £1,278 per young person, with an intervention costing less than £852 clearly cost-effective.

²⁰ Note that we are assuming a mean change of one point regardless of whether improvements were reported in housing, stress/health or both.

Appendix 1: The Survey Questionnaire

Below is the text to the survey of young clients of youth advice agencies. The survey was made available in paper and online versions. Both versions collected the same information, and the text to the substantive questions was the same in both, though the formatting differed to meet the requirements of the particular mode of delivery.

Introduction to the survey

Thank you for conducting this short survey.

It should take around 5 minutes to complete.

It includes a few questions about the issue your client is here about today, and then the GHQ-12 series of questions that provide an indication of mental health.

You can answer the Section A questions on your client's behalf. You should then ask the Section B questions of your client and record the answers as appropriate.

In Part B, references to 'you' and 'your' in questions refer to your client.

Part A – Adviser to answer

1. Please give the name of the Youth Advice, Information and Counselling Service where you are completing this survey?
2. Please describe the type of problem (or problems) that your client is here about today?
3. Is your client visiting for information, advice, practical assistance or counselling? (Please tick all that apply)

Information

Advice

Counselling

Something else (please specify)

4. Are you completing this questionnaire at the conclusion or outset of an advice session?

Conclusion

Outset

5. What is your client's age?
6. What is your client's gender?

Male

Female

7. Is this your client's first visit here?

Yes

No

8. How many times has your client visited here before about this problem (or problems)?

Part B – Client to answer

9. Before you came, what did you hope you would achieve from coming here today?

10. Have any of these things happened as a result of the problem or problems you came in with today? (Please read out the list and tick all that apply)

You were arrested/in trouble with the police

Your health suffered

You saw a doctor or counsellor

You had contact with social services

You had to move home

You became homeless

Your education suffered

You lost a job

You broke up with a partner

Your relationship with your parents suffered

You were assaulted or physically threatened

11. Has the advice you have received to date improved any of the following?
(Please read out the list and tick all that apply)

Your health

How stressed you are

Your housing situation

Your education

Your employment

Your relationship with a partner

Your relationship with your parents

GHQ-12

ADVISER – PLEASE READ THE FOLLOWING TEXT TO YOUR CLIENT

The following questions ask about how your health has been in general over the last few weeks. The questions are known as GHQ-12, and answers give a good indication of how well someone is feeling.

There are twelve questions in total. Please provide the answers that best apply to you by ticking the relevant box.

Some of the questions might not seem relevant to you, but please answer anyway. The information you provide will be very helpful.

12. Have you recently been able to concentrate on what you're doing?
(Please read out the list and tick the appropriate answer)

Better than usual

Same as usual

Less than usual
Much less than usual

13. Have you recently lost much sleep over worry?
(Please read out the list and tick the appropriate answer)

Not at all
No more than usual
Rather more than usual
Much more than usual

14. Have you recently felt you were playing a useful part in things?
(Please read out the list and tick the appropriate answer)

More so than usual
Same as usual
Less useful than usual
Much less useful

15. Have you recently felt capable of making decisions about things?
(Please read out the list and tick the appropriate answer)

More so than usual
Same as usual
Less capable than usual
Much less capable

16. Have you recently felt constantly under strain?
(Please read out the list and tick the appropriate answer)

Not at all
No more than usual
Rather more than usual
Much more than usual

17. Have you recently felt you couldn't overcome your difficulties?
(Please read out the list and tick the appropriate answer)

Not at all
No more than usual
Rather more than usual
Much more than usual

18. Have you recently been able to enjoy your normal day-to-day activities?
(Please read out the list and tick the appropriate answer)

More so than usual
Same as usual
Less so than usual
Much less than usual

19. Have you recently been able to face up to your problems?
(Please read out the list and tick the appropriate answer)

More so than usual
Same as usual
Less so than usual
Much less than usual

20. Have you recently been feeling unhappy and depressed?
(Please read out the list and tick the appropriate answer)

Not at all
No more than usual
Rather more than usual
Much more than usual

21. Have you recently been losing confidence in yourself?
(Please read out the list and tick the appropriate answer)

Not at all
No more than usual
Rather more than usual
Much more than usual

22. Have you recently been thinking of yourself as a worthless person?
(Please read out the list and tick the appropriate answer)

Not at all
No more than usual
Rather more than usual
Much more than usual

23. Have you recently been feeling reasonably happy, all things considered?
(Please read out the list and tick the appropriate answer)

More so than usual
About same as usual
Less so than usual
Much less than usual

End of survey

Thank you for completing the survey.

Appendix 2: Participating Agencies and Survey Guidance

Sixteen youth advice services operated by 14 different agencies in England and Wales participated in the research:

- Alone in London, London Borough of Hackney (operated by Circle)
- BYHP, Oxfordshire
- The Cabin, Stockton-on-Tees (Stockton and District Advice and Information Service)
- Croydon Drop In, London Borough of Croydon
- Faces In Focus, London Borough of Southwark
- Housing Advice Drop-In, Brighton (Sussex Central YMCA)
- No Limits, Southampton city centre
- No Limits, Shirley
- Off Centre, London Borough of Hackney
- Streetwise Community Law Centre, London Borough of Bromley
- The Warren, Hull
- Young Adult Advice & Support Project, Manchester
- Young People's Centre, Brighton (Impact Initiatives)
- Youth Advice Centre, Hove (Sussex Central YMCA)
- Youth Information Service, Abercynon (Rhondda Cynon Taff Youth Service)
- The Zone, Plymouth

Below is set out the text of the survey guidance provided by Youth Access to each of the youth advice agencies that took part.

Survey guidance

How long is the survey questionnaire?

We estimate that the survey questionnaire should take 5-10 minutes to complete with each client.

What does the questionnaire ask?

It includes a short section for the adviser to record some basic information, such as why the client has come for advice, and their age and gender. There is then a section asking the client what impact the problem and advice has had on them, followed by the GHQ-12 standardised General Health Questionnaire. Clients taking part will remain anonymous.

Which clients should we use it with?

The questionnaire should be administered to all clients attending your service for advice in relation to social welfare issues. It may make good sense to use the form with your drop-in and/or advice appointment clients.

What is your definition of social welfare advice?

By 'social welfare advice', we mean advice on welfare benefits, debt/money, housing, homelessness, employment rights, education rights, consumer rights or immigration. **Not included** are issues like sexual health, relationships or careers, although if a young person comes in with a combination of social welfare advice issues and other issues, then these clients should be included in the survey.

How many clients do we need to survey?

We would like you to survey about 10-20 clients. If you manage to survey more than 20, that would be great, but we will only pay you for up to 20 completed forms. [See below for details of payments]

Over what period should we run the survey?

The overall survey runs from 14th May to 8th June. You need to decide on a period within these dates for your agency to run the survey. The length of your own survey period will depend on how many clients you have coming in to your service for social welfare advice, i.e. if you have 20 advice clients per day, then you may only need to run the survey for one day, but if you only see about 10 advice clients per week on social welfare issues, you may need to run the survey over 2 weeks. Please advise us in advance what your chosen survey period is.

How do we select clients for the survey?

Once you start the survey, it is important that you administer it to all young people coming for social welfare advice until you have reached your target number or survey end date.

Should we call existing clients in to our office specially to complete the survey?

No, not unless they are in need of advice on a social welfare issue – the survey is designed to measure the health and well-being of young people attending youth advice services for advice.

What do we do if a client is too distressed?

If there is a compelling reason not to include a particular client in the survey, e.g. where you judge it to be inappropriate because they are too distressed, then it is vital that you add a note on the NIL RETURN sheet we have provided. Without recording clients who have not taken part in this way, it will not be possible to describe the sample of clients completing the survey and the survey data will lose much of its value. A completed NIL RETURN sheet(s) should be returned to [Youth Access] at the conclusion of the survey. A NIL RETURN sheet should be returned even if all eligible clients completed the questionnaire. If this is the case please mark the sheet “100%”.

Who should administer the survey?

The survey should be administered by a client’s adviser in the presence of the client.

When should the survey be administered?

The survey should be administered at the outset, or as near to the outset as practicable, of an advice session, unless there is a compelling reason not to. If the survey is not administered at the outset of an advice session, it should be administered at the end of the session.

Should we use the paper or online version of the questionnaire?

There are two versions of the questionnaire: a paper-based version (supplied to you by email and/or post) and an online version (accessible here: [LINK]). It is up to you which version you use. If you want to use a combination of paper and online questionnaires, that is fine.

Is it OK to skip a question?

No. It is important to ensure that all questions on the questionnaire are answered, particularly in the case of the GHQ-12 questions. If there is incomplete GHQ-12 information, then it will be excluded from analysis.

What will we get paid for taking part in this research?

Your agency will receive £5 from Youth Access for each complete survey response for a client attending for help with a social welfare issue, up to a maximum of £100. Services will also receive a £50 bonus if they deliver more than 10 complete survey responses, i.e. the maximum you can receive is £150.

What do we do with the questionnaires at the end?

All completed paper questionnaires should be collated and returned at the conclusion of the survey, together with your NIL RETURN sheet(s) for recording clients who do not participate, by post to: [Youth Access]

Appendix 3: Legal aid policy context

The LASPO Act and young people

The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) will from April 2013 remove legal aid – both for legal advice and for legal representation for court hearings – from many areas of civil law. Moreover, a number of areas of particular relevance to young people (see Figure 2) are among those hit hardest. The Ministry of Justice’s ‘Impact Assessment Annex A: Scope’ (*Reform of Legal Aid in England and Wales: The Government Response* (London, TSO, 2011)), para 10, Table 1 shows forecasted reductions in the volume of cases as a result of the legal aid reforms. For example, housing is forecast to be reduced by 52,000 legal help (40% of cases) and 1,200 legal representation cases (11% of cases), welfare benefits by 135,000 legal help cases (100% of cases) and debt by 105,000 legal help (74% of cases) and 50 legal representation cases (13% of cases).

With specific regard to young people (18-24 year olds),²¹ the LASPO Act is forecast to result in a reduction of 5,500 legal help (36% of cases) and 150 legal representation cases (10% of cases) for housing, 9,100 legal help cases for welfare benefits (100% of cases) and 9,000 legal help cases for debt (77% of cases). Overall, including all areas of law, the forecast for young people is a reduction of 66,000 legal help and 8,100 legal representation cases (54% of legal help and 20% of legal representation cases). This is expected to yield a reduction in spend of £18 million for legal help and £28 million for legal representation (35% of legal help and 13% of legal representation spend). Note, that these forecasts are for face-to-face cases only, and exclude telephone cases. Overall, the Act is expected to remove 74,100 face-to-face cases for 18-24 year olds and reduce costs by £46 million.

Exceptional funding (and mental health)

One hope for vulnerable young people who are no longer eligible for legal aid following the implementation of the LASPO Act, is through the ‘exceptional funding’ regime established under section 10 of the Act. Exceptional funding will be made available on a case by case basis where the new Director of Legal Aid Casework determines either that the provision of legal aid is necessary to avoid what would otherwise be a breach of the assisted person’s rights under the ECHR or that it is appropriate in the circumstances to provide legal aid having regard to any *risk* that failure to do so would constitute such a breach.²² The focus is on Article 6 ECHR, from which the Strasbourg Court has implied a (means- and merits-tested²³) right to legal aid in civil proceedings where necessary to ensure that the litigant in question can enjoy ‘practical and effective’ access to court.²⁴ Whether that can be achieved without legal aid depends on whether the individual can represent him or herself ‘properly and satisfactorily’ (*ibid*). Whether that is so is a matter for judgment on the particular facts of each case, dependent on a holistic appraisal of various factors, including: the importance of what is at stake for the individual, the

²¹ Using information from FOIA request 76301.

²² The Government has made clear that the use of the word ‘exceptional’ in clause 10 is not intended to carry any special legal meaning; rather, it simply signifies that these are cases which fall outside the newly restricted scope of legal aid in civil cases (Lord McNally, Hansard HL Deb col 1272, 27 March 2012).

²³ *Santambroglio v Italy* (App No 61945/00) (2005) 41 EHRR 48; *Del Sol v France* (App No 46800/99) (2002) 35 EHRR 38.

²⁴ *Airey v Ireland* (App No 6289/72) (1979-80) 2 EHRR 305, para 24.

complexity of the relevant law and procedure, and the individual's capacity to represent him or herself effectively.²⁵

A number of factors are likely to impact on the ability of young people in particular to represent themselves 'properly and satisfactorily'. Research has demonstrated far lower levels of knowledge of rights and legal processes among young people, particularly those from disadvantaged and marginalised backgrounds, who appear to possess little or no knowledge of their most basic rights and entitlements and seem unaware of any system of civil law to which they might have recourse (Ruck et al 1998, Kenrick 2002, Parle/IARS 2009). In addition, Parle/IARS (2009) have found that young people possess poor communication skills, negative attitudes towards professionals in authority (e.g. the Police) and difficulty managing the emotional effects and stress that come as a result of handling their law-related issues. All of these factors will diminish the ability of young people to represent themselves 'practically and effectively'. A further key factor that would inhibit individuals' ability to represent themselves 'properly and satisfactorily' and so impede 'practical and effective' access is mental health (see Miles, Balmer and Smith (2012)).

Readmission under the exceptional funding scheme

Estimates of the percentage of 'out of scope' cases likely to be readmitted under the exceptional funding scheme are modest (Ministry of Justice, 2011, paragraph 10, table 3). Consumer, debt, immigration (non-detention) and welfare benefits matters are all expected to have what is described as a 'negligible' percentage readmitted under the scheme, while employment, education, financial provision and private law family are expected to have 'up to five per cent' readmitted. With the exception of clinical negligence (up to 100 per cent), only housing (up to 25 per cent) has a greater expected percentage of readmissions.

Using the GHQ-12 scores of the young people in youth advice settings, 65.9 per cent reported scores of 'four or more' using GHQ scoring, a common threshold for cases of mental illness (e.g. Miller et al 2003²⁶), while 17.0 per cent reported scores of eleven or twelve, the highest scores using GHQ scoring and indicative of severe mental health problems.

Categorising mental health on the basis of GHQ-12 'caseness' would mean that around 43,500 of 66,000 legal help and 5,300 of 8,100 legal representation cases have the potential to be readmitted as exceptional, equating to around £30.3 million of the proposed £46 million reduction in spend for legal help and representation.²⁷

It does not necessarily follow that possessing 'exceptional' characteristics will make it more likely that legal action will be considered, advice sought, or legal aid pursued and

²⁵ *Steel and Morris v UK* (App No 68416/01) (2005) 41 EHRR 22, para 61.

²⁶ Even this definition is quite conservative, and many studies have also suggested scores of 3 or more as a threshold for 'caseness'. 71.2% of the young people in advice settings had scores of three or more.

²⁷ i.e. 70.7 per cent of the proposed savings for legal representation and legal help. This assumes that the cases of those with and those without mental health problems cost the same on average. Should mental health problems increase the mean cost of cases, which seems possible, even £30.3 million would be conservative. There is also some ambiguity regarding whether or not funding for exceptional cases applies only to legal representation and therefore excludes legal help alone, though we assume it does not: s 10 of the 2012 Act refers generally to 'civil legal services' (defined in s 7) being made available on an exceptional basis (cf the Impact Assessment's calculation of cases to be readmitted for *legal representation* specifically).

successfully granted under the new regime, especially since little is currently known about the new criteria for exceptional funding and how they might be applied. However, the fact remains that the population of potentially eligible cases based on mental health alone (ignoring other relevant characteristics such as knowledge, capacity or experience) is far in excess of the modest percentages anticipated by the government.

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