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► [What works? A 15-year follow-up study of 85 young people with serious behavioral problems.](#)



Helgeland I.M. [Request reprint](#)

**Children and Youth Services Review: 2010, 32, p. 423–429.**

In Norway, long-term continuity of care by the same adults in a family-like setting outside the home (a specially funded foster home or residential centre) was the key to a better later life for severely troubled young teenage substance users.

**Summary** *Introduction and sample* Adolescents with serious behavioural problems, such as truancy, criminality, drug abuse and vagrancy, provoke a range of reactions. What measures can help these young people onto a more positive track? A child welfare project in a Norwegian county in the early 1980s examined alternative initiatives for 85 boys and girls with the most serious behavioural problems at age 14–15 at school. The problems took the form of truancy, severe conflicts with teachers (and other pupils) and criminality. Most also had problems with their schoolwork. Two thirds of the boys and over 8 in 10 girls had serious drug problems including with alcohol, glue, and cannabis, or heroin, and 80% had a history of using these drugs and/or amphetamines. Among their multiple disadvantages, two thirds had grown up with parents who abused alcohol or drugs. The study tracked their progress up to age 30.

*The intervention* In the county a government project intended to offer alternatives to imprisoning 14-year-olds targeted such children by:

- Counselling local staff in how to help adolescents for whom help at local level was seen as realistic and preferable. This help was offered to 15 adolescents with the least extensive problems.
- Supervising parents to develop the skills for dealing with their troubled teenagers, and/or developing alternative school programmes or job training. These 19 adolescents lived at home with their parents.
- In 51 cases when the preceding alternatives were ruled out due to a prolonged need for 24-hour care, the project provided one of three re-housing options to give the adolescents the chance of a new start in life: a specially funded foster home; collective therapeutic housing for adolescent drug abusers; or institutional accommodation,

including boarding schools and adolescent psychiatric centres.

*Main findings* Of the 85 adolescents subject to these procedures between 1981 and 1984, by age 30 two women and nine men had died, all but one due to drug-related suicides. Of the remainder, 60 were followed up at age 30 by means of interviews, surveys and official data. Three quarters of the starting sample of women and about half the men were living lives traditionally viewed as **satisfactory** for 30-year-olds, ie, 'ordinary' lives – better outcomes than would be expected based on other studies. An analysis which adjusted for all the included variables at once found that having a parent with alcohol or drug problems during one's upbringing was associated with a much higher risk of persisting problems at age 30, as was an early onset (under age 12) of behavioural problems at school. Compared to other intervention options, once the severity of the child's problems had been taken in to account, specially funded foster homes or collective therapeutic housing were associated with better outcomes at age 30. Both these settings offer long-term, 24-hour continuity of care by the same adults. In contrast, in institutional residential care adults work in shifts and continuity is provided by the group of young residents themselves, a breeding ground for mutual socialisation in an anti-social direction.

*Conclusions* The findings indicate that long-term, out-of-home initiatives in a family-like setting (with adults and adolescents living together on an everyday basis) give the best chance for positive re-socialisation. Well resourced foster homes and treatment collectives for young drug abusers gave the young people an opportunity to learn step-by-step to have confidence in adults as significant others, to live meaningful and 'ordinary' daily lives, and gradually to break with friends with antisocial conduct.

**FINDINGS** As the authors acknowledge, the main limitation of this study is that there was no **control** group of youngsters *not* subject to the county's child protection and welfare procedures. Without this we cannot know whether it was these procedures which helped turn their lives around, or whether this would have happened anyway. But as they also point out, deliberately denying children in need this kind of help just to see what happens would be unethical. While the conclusions about which type of procedures work best make sense, are supported by the data, and the study attempted to correct for possible biases, it is impossible to be sure that the different procedures were responsible for the differences in outcomes, or whether for example, more promising children/families tended to be allocated to certain procedures and the harder cases to others.

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