

Consultation of Young People for Kent and Medway DAAT

FINAL REPORT

8th July 2005

**A study for Kent and Medway DAAT
by In-volve**

Colin Cripps, Dinah Senior & Lisa Nicholls

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EXECUTIVE SUMMARY

1. Introduction

- This youth consultation was undertaken by In-volve and funded by Kent and Medway DAAT.
- The aim of the research was to consult with young people from a significant and representative sample of identified disadvantaged youth communities within the county, and to ascertain from the consultation process the youth perception of drugs and alcohol services currently provided, as well as the perceived understanding of young people's needs in relation to drugs and alcohol.
- The outcome of the research is to supply the DAAT with information that is current and relevant in order to fill current gaps in knowledge around youth perception in the field, in order to accurately inform the development of the 2005/6 young people's substance misuse plan.

2. Summary & Discussion

2.1 Assessment

- Relationships are absolutely central to true engagement with young people and are the key indicator of success in the social care field. Models of Care showed that the relationship between a drugs worker and their client was far more important in influencing outcome than the type of therapy or intervention offered.

2.2 Interventions Tier 1

- Young people want their information about drugs to be non-judgemental and they want to get that information from people and places that they feel do not judge them.
- Youth workers and drug workers are the social care professionals identified by this consultation as the ones that vulnerable young people are most likely to trust and to talk to about their drug problems, so it is these designated front line workers who most urgently require comprehensive drugs awareness training in order to deal with the full range of issues that young people are likely to face.

2.3 Interventions Tier 2

- The most successful services focus on physical and creative activities (like music and sport) that provide positive experiences to counterbalance the isolation and depression that young people often feel.

- Approaches that carefully and proactively target the complex needs of the most vulnerable groups are required in order for these groups to access services.

2.4 Prevention

- It is important to remember that the most vulnerable young people are typically either in informal education settings or not in education at all.
- Prevention programmes that focus on personal development processes extend a young person's self-awareness and provide access to other opportunities, such as accredited qualifications or reintegration into full time education or employment.

2.5 Confidentiality

- Confidentiality is a key factor in engaging young people in services and is high on young people's agendas as the national research into information sharing for Every Child Matters clearly indicates.

2.6 Broader Definitions of Treatment

- Treatment services need access to programmes that develop communication and social skills; develop basic literacy, numeracy and IT skills; target training for a real job; provide role models who young people trust/respect who operate with positive attitudes, values and behaviour; provide them with a sense of belonging and of value; draw them into credible communities; and that recognise the potential that young people themselves have to contribute, in the present and the future.
- *"A positive sense of self is crucial to a child's development. All children need to develop a sense of identity and self-worth, which comes through relating positively to family tradition, culture, ethnic and social group, religion, language and gender. Unless children feel thoroughly secure and reasonably free from anxiety, growth in other areas, even their general health, can be affected"* National Children's Bureau said in 1992

3. Methodology

This study consulted with a total of 46 young people from a cross section of settings and locations, and took the form of focus groups and semi-structured interviews.

4. Core Findings

- All the young people apart from two listed alcohol, cannabis and tobacco in their top 3 or 4 most used drugs.

- Those most common answers to the question 'what is a drugs problem?' were
 1. addiction
 2. when you only feel happy after taking drugs
 3. when you get into debt over drugs

- The kinds of adults the young people were most likely to speak to about a drugs problem were:
 1. Friends
 2. Siblings
 3. Drugs worker
 4. Youth worker

- The adults they were least likely to speak to about a drugs problem were:
 1. Church
 2. Police
 3. Teacher
 4. Parents

- The ideal drugs service was described by the young people as follows:
 1. It should be comfy, with sofas, carpets and posters
 2. It should be like a youth centre, with other services/activities
 3. People should be non-judgemental and real
 4. You should always see the same person
 5. The place should be friendly
 6. The place should make me feel calm and safe

- The main reasons why a young person would stop using a drugs service were:
 1. feeling judged
 2. feeling bullied into doing things you don't want to do
 3. the place being too far away
 4. finding out that the service was not confidential
 5. feeling that they were not being taken seriously

- The main reasons why a young person would carry on using a drugs service were:
 1. If the treatment worked
 2. If they felt they could trust the people there
 3. If the staff were friendly and they developed relationships
 4. If you kept seeing the same person
 5. If the people didn't tell you what to do

- Young people felt that a drugs service should advertise itself to them by:
 1. word of mouth

2. non judgemental leaflets
 3. messages that don't call drugs a problem
 4. colourful posters
- Young people currently get their information about drugs from:
 1. Family and friends
 2. Drugs / Youth Worker
 3. Doctors
 4. Leaflets

6. Recommendations

1. Though young people's experiences of drugs and alcohol services in Kent were generally good, it is very clear from this research that the large majority of young people with problematic daily alcohol and cannabis use are not accessing services. It is the central recommendation of this consultation that a detailed needs assessment be carried out looking at the size and drug related needs of each vulnerable group of young people; at gaps in current provision as mapped against young people's needs; at low or poor levels of professionals' ability to work with vulnerable groups; at poor quality information or information with significant gaps; and at the ability of agencies to share information and work jointly to offer integrated care pathways for vulnerable groups.
2. This consultation also recommends that more in-depth research be carried out looking at the extent to which services in Kent comply with HAS guidelines, leading on to the delivery of workshops in support of the development of care pathways, common assessment frameworks, information management systems and confidentiality protocols.
3. Front line workers in the youth and drugs field have been clearly identified by this consultation as the professionals most likely to engage young people, particularly the most vulnerable, in constructive conversation about the problems the young people face around their drug and alcohol use. It is imperative that all front line youth workers and drugs workers receive comprehensive drugs awareness training that includes modules on effective working styles with at risk and marginalised groups.
4. In accordance with NTA treatment effectiveness agenda and intentions to make diversity a key theme in 2006, it is a recommendation of this consultation that training in Diversity be rolled out to all professionals interacting with vulnerable groups of young people to ensure that the needs of the most all groups can be appropriately identified and met.

5. In its briefing for the new treatment effectiveness strategy, launched on June 30th 2005, the NTA stated that: “*Good quality drug treatment should actively improve individuals’ health and social functioning (...) Emerging evidence from initial Healthcare Commission/NTA thematic reviews shows that this practice is, at best, patchy.*” The new treatment effectiveness strategy will inform treatment over the next three years and will strengthen the case for programmes that address the broader personal development issues that vulnerable young people face. This cognitive approach to treatment is increasingly being taken on board by programmes working with young people affected by social exclusion because of its proven success in empowering young people in their ability to make informed, independent and positive life choices. The X-it programme in Lambeth for example, piloted by a partnership of statutory and voluntary youth agencies, will have its full evaluation completed by South Bank University later this year, and is likely to form the blueprint going forward for work with young people involved in gang related activity. In-volve’s own RAW programme, which is an integral part of X-it, is based on the Identity & Difference (I.D.) model, which focuses on the development of a positive sense of personal identity and on cognitive and emotional self-awareness as the route to social rehabilitation. It is a recommendation of this consultation that an appropriate programme be scoped for work with problematic drug users in Kent, with an option to train professionals already working with young people in Kent in the Identity & Difference approach.

Consultation with Young People for Kent and Medway DAAT

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1. Introduction

The Young People's Substance Misuse Plan 2005-6, which supports the young people's strand of the strategy, focuses on creating a coordinated and cohesive approach to working with young people in Kent and Medway. The aim is to develop a system of prevention, early intervention and treatment for children and young people, with clear referral routes and care pathways that can be disseminated widely to agencies from Tiers 1-4 across the county.

Due to a longstanding vacancy in the post responsible for involving young people in the development of this strategy, the element of the needs assessment that consults with young people was not carried out and it is the purpose of this consultation to supply the DAAT with information that is current and relevant in order to fill current gaps in knowledge around youth perception in the field, in order to accurately inform the development of the 2005/6 young people's substance misuse plan.

This study was undertaken by In-volve and funded by Kent and Medway DAAT. The project officially started in February 2005 and ended in May 2005. The research comprised semi structured interviews and focus groups with discrete groups of young people from East and West Kent, with particular emphasis on young people from vulnerable groups affected by social exclusion such as offenders, those excluded from school, looked after children, care leavers and young people on PAYP schemes.

This report is based on the results of interviews and group discussions with those young people.

2. SUMMARY OF REPORT AND DISCUSSION

There are many groups in our society that can be considered as at risk of exclusion. It could be considered that young people as a whole have historically been largely excluded from access to drugs services purely on the grounds of their age in the sense that services meeting their needs have only in the last few years been funded specifically by central government and commissioned locally. Within the age group there are a number of narrower groups who could be identified as at particular risk of social exclusion and exclusion from services. These include: BME groups; females; those with disabilities; those not in education, employment or training; young offenders; those at risk of exclusion from school; looked after children; young asylum seekers; and children of substance-using parents.

This report examines the thoughts and feelings of young people from a broad selection of backgrounds with regard to the delivery of drugs and alcohol services that best meet their needs, with a particular emphasis on vulnerable groups.

2.1 Assessment – HAS defines the role of Tier 2 staff/services regarding assessment as identifying and proactively engaging vulnerable young people. So what does this mean in practice?

The young people consulted during this process were all very clear about the nature of the current drug culture among young people in Kent, unanimously stating that alcohol and cannabis are the main problems for young people, with poly-drug use following as the next most serious area:

“Cannabis and alcohol are around us every day, then at the weekend you might do pills and cocaine when you go out.” 19 year old, Ramsgate

The typical profile of a vulnerable young person based on the young people we spoke to is of someone who feels misunderstood in their home, who has little or no formal education, who feels that their chances of meaningful employment are non-existent, who is emotionally underdeveloped, who lacks positive role models in their life, and who is unable to formulate a positive view of themselves or of their future. This typical young person will identify heavily with their peer group, enjoy spending time with their friends away from judgemental adults, and invariably use cannabis and alcohol to fill their time. Boredom is their greatest challenge.

The most vulnerable young people are those who, in addition to all of the above, suffer pressures such as racism, violence in the home, substance misuse in the home, exclusion from school or refugee status. Many end up coming to the

attention of social services or the criminal justice system but many others maintain a profile just below that which would draw them into contact with services.

"I can't keep off the drugs until my problems are gone, I'll just have to make sure the Police can't catch me." 15 year-old user of alternative curriculum group, Tunbridge Wells

When it comes to proactive engagement with vulnerable groups it is highly important that we take their lead on how, where and when this can happen. In section 5.4 of the findings we see that almost all the young people said they would be most likely to talk to friends, siblings, drugs workers or youth workers about their drugs problems, and least likely to talk to the Church, the Police, teachers or parents. This directly reflects their perception of where an equal and respectful relationship would be possible, and where it would not.

In sections 5.6 and 5.7 of the findings young people's reasons for either continuing or stopping their use of a drugs service clearly reveal their focus on the quality of the professional relationship and how that relationship makes them feel. Most common reasons for attending a service were:

- not feeling judged
- not feeling bullied
- conversations being confidential
- being taken seriously
- being able to trust professionals
- staff being friendly
- the development of relationships

Many young people, particularly the most vulnerable, will have had interactions with a string of professionals in their lives, from teachers to Social Services to Connexions PA's to YOT workers, all of whom will have asked the same questions and delivered the same advice, which will broadly have echoed the kinds of messages they will have heard in the home. The barrier to engagement lies in the fact that many of the young people we talked to perceive these adults/professionals to be working from their own agenda (you must not be disruptive, you must not offend, you must not take drugs), which young people feel bypasses any real understanding of who they are, how they live and the kind of help they require.

Relationships are absolutely central to true engagement with young people and are the key indicator of success in the social care field. Models of Care showed that the relationship between a drugs worker and their client was far more important in influencing outcome than the type of therapy or intervention offered. Wherever young people feel that trusting relationships can be established they become willing and able to expand their self-awareness and to develop within

services. Where trusting relationships are not established the young people shut down, and any attempt by professionals to soldier on regardless are at best counterproductive and at worst harmful.

“A man would come and he had this questionnaire and I hated it. All he does is ask what you do, how often you do it, how much you spend, ra ra ra.” 16 year-old user of Tonbridge YOT

2.2 Interventions Tier 1 – In substance specific terms, HAS describes these as being the provision of accurate information and advice available universally, with referral if necessary.

In section 5.9 of the findings young people were asked where they currently go for drugs information and the three most common answers were family & friends, drugs/youth worker and their Doctor. In section 5.8 of the findings young people were asked how an ideal drugs service should sell itself to them and two of the three most commonly stated means were non-judgemental leaflets and messages that don't call drugs a problem.

In essence young people want their information about drugs to be non-judgemental and they want to get that information from people and places that do not judge them. Not being judged or misunderstood is the overriding preoccupation of the disaffected teenager, which comes as no surprise when we look at the representation of young drug users and young offenders in our national press. The most important factor to consider in the universal provision of accurate drugs information for young people, is who is providing the information, and where are they providing it from.

“A child would not trust the Police, and children don't trust social workers.” 16 year-old user of NHS Drug and Alcohol Service, Ramsgate

In section 5.6 of the findings young people were asked to list the attributes of their ideal drugs service, and the top six attributes, accounting for over 57% of all responses, very accurately demonstrate young people's desire for their physical and emotional needs to be placed at the heart of service provision:

- The place should be comfy, with sofas, carpets and posters
- Like a youth centre
- People should be non judgemental and real
- You should always see the same person
- The place should be friendly
- The place should make me feel calm and safe

“I had to sit in a room that had cameras, especially if you are on drugs that's one hell of a paranoia, it was in a social services building in St Leonard's. You could

hear everything that was going on in the next room, it was wrong.” 15 year-old user of Maidstone YOS

As youth workers and drug workers are the social care professionals identified by this consultation as the ones that vulnerable young people are most likely to trust and to talk to about their drug problems, it is these designated front line workers who most urgently require comprehensive drugs awareness training in order to deal with the full range of issues that young people are likely to face. Comprehensive drugs awareness training encompasses not only information about individual drugs, but also, and some may say more importantly, focuses on the specific skills required for work with hard to reach and vulnerable groups. Youth workers with comprehensive drugs awareness training fall into the Tier 1 and 2 categories of intervention because of the prevention and harm minimisation advice they provide as part of their relationship with young people, and also because of their improved ability to refer young people more appropriately on to other services, and to feed into the common assessment framework.

2.3 Interventions Tier 2 - The Social Exclusion Unit points out the benefits of services that present, *“...young people with a reasonable ‘deal’ where a good time is given in return for some application and commitment to more serious issues,”* and recommends that services use *“...marketing skills. This can affect both the design of programmes, for example, drawing on interests such as IT, music or sport to engage young people; and focusing on positives rather than negatives in how projects are described.”*

In section 5.3 of the findings young people were asked what they would consider to be a drugs problem, and the most common definitions that they gave, in order of frequency, were:

- addiction
- when being on drugs is the only time you are happy
- getting into debt
- paranoia & depression

The most successful services focus on positive pastimes and activities (like music and sport) that provide positive experiences to counterbalance the isolation and depression that young people often feel. Only when this has been achieved can a vulnerable young person, who will invariably have grown up in a very limited sphere of influence and experience, be expected to gain a healthy sense of perspective on their own drug use.

HAS recommends that Tier 2 interventions should include *“proactive outreach, particularly to vulnerable high risk children and young people”*. And HAS says that the *“use of non-professional staff, communities and young people*

themselves should be harnessed, to help engage and develop trusting relationships between communities and services, and to assist in creating more appropriate, more appealing and more accessible services.”

This comes back to the relationship point and the need to work with different parts of the community in order to meet the many and diverse needs of vulnerable young people. Peer educators are very powerful as young people are most likely to listen to the advice of older members of their own peer group when it comes to drugs and lifestyles. Without approaches that carefully and proactively target the complex needs of the most vulnerable groups, they are unlikely to access services and so remain unsupported.

2.4 Prevention – HAS recommends the delivery of universal prevention programmes. In broad terms this can be seen as having two components: one delivered in the formal education system and one covered by education in informal settings such as youth centres etc.

Prevention programmes play a very important role in engaging young people who might be at risk of moving towards more serious drug use if they are not stimulated and challenged to look at their future in a more positive and constructive way. Prevention programmes that focus on physical or creative diversionary activities are very well placed to provide the kind of drugs information that enables young people to make informed choices about their own livelihoods.

Though prevention programmes in schools play a key role, it is important to remember that the most vulnerable young people are typically either in informal education settings or not in education at all, and that prevention programmes that run in youth club types of settings or as part of detached outreach services provide some of the most needed work as they engage with those individuals who are not in touch with static services.

Even in the most at risk groups, we know that young people are predominantly smoking cannabis and drinking alcohol rather than taking Heroin. But if these young people are left under-stimulated and unsupported, it is clear that some sort of escalation will take place either in their drug use or in their offending behaviour as they grow older, more angry, more frustrated and more socially excluded. There is seldom such a thing as a drug problem in isolation, and this is why prevention programmes are so important.

Prevention programmes that focus on personal development processes extend a young person's self-awareness and provide access to other opportunities, such as accredited qualifications or reintegration into full time education or employment.

2.5 Confidentiality. This is a key factor in engaging young people in services and is high on young people's agendas as the national research into information sharing for Every Child Matters clearly indicates. There is a natural tendency within statutory services towards conservatism and risk aversion that, while entirely understandable given the consequences of 'getting it wrong', have to be balanced against the consequences of "not getting it right". This reflects young people's concerns in the consultation. Young people may be deterred from accessing services, and therefore placed at greater risk, if they believe they will lose all rights to confidentiality.

"Near enough everyone would report you to the police." 15 year-old user of Connexions PAYP group, Ramsgate

The young people consulted as part of this process raised the confidentiality issue a number of times. 5.9% described a drugs service as place that is confidential. 4.7% described their ideal service as a place where everything that was said would be confidential. 10% quoted a breach of confidentiality as a reason why they would stop using a drugs service, and 9% quoted confidentiality as a reason why they would carry on using a drugs service.

The important thing to remember is that many young people, particularly the most vulnerable, find it very difficult to trust anyone and need to feel safe in their relationship with any professional before they fully believe the confidentiality clause.

"I don't trust anyone who says it's confidential." 14 year-old, Youth Club, Canterbury

2.6 – Broader Definitions of Treatment

'Every Child Matters: Change for Children Young People and Drugs' states that *"Specialist drug services play a vital role where children and young people have developed drug misuse problems. Many specialist services offer a multi-agency approach which ensures that the young person has all their needs considered and addressed in the round e.g. housing, learning, family problems, sexual and other health needs."* This mirrors the definition of treatment provided by HAS which tells us that the aim of treatment is to deal with *' the complex and often multiple needs of the child or young person, and not just with the particular substance problems. It is to reintegrate and include the child or young person into his family, community and school, training or work.'*

HAS is clear with regard to aftercare and follow up and states that some young people with more complex needs are *'likely to benefit from a continuing*

relationship' and should not 'be readily discharged'. It states that 'this follow up might be regarded as a Tier 2 function, although the original intervention may also have involved Tier 3' and that 'the purpose of follow up would be to provide a source of stability, advocacy and a route into booster interventions...'

Treatment services therefore need access to programmes that: develop communication and social skills; develop basic literacy, numeracy and IT skills; target training for a real job; provide role models who young people trust/respect who operate with positive attitudes, values and behaviour; provide them with a sense of belonging and of value; draw them into credible communities; and that recognise the potential that young people themselves have to contribute, in the present and the future.

The young people who attend services are often experiencing a range of difficulties that make such access impossible or difficult. According to the Social Exclusion Unit, common features include: absenteeism; behaviour problems and school exclusions; poor or problematic parenting; offending; lack of qualifications; unemployment or poor employment prospects; lack of skills; unrealistic expectations and unfocused aspirations; anti-authority attitudes; poor self-esteem. Expecting a young person who has repeatedly failed in the education process and whose attitude towards education is therefore negative, painful and resentful to leave treatment services and access college courses to gain those missing skills is unlikely to succeed. Annette Dale-Perrera of the NTA said in her speech to In-volve's AGM in 2005 that the challenge for treatment services was how to address "the issue of the person who has stopped using crack but has nothing to do but look at the four walls of their flat every day". 'Key Components of Drug Treatment Provision for Young People: a Delphi Approach,' by Patricia Carrick in the Journal of substance Use (Feb 2004) recommends that "*Services should offer a range of activities, including providing opportunities for training and volunteering*". This approach is firmly in accord with the thinking of 'Every Child Matters'.

Ultimately all young vulnerable people, and vulnerable adults for that matter, face a number of issues, all of which are linked to the central issue of identity. As the National Children's Bureau said in 1992:

"A positive sense of self is crucial to a child's development. All children need to develop a sense of identity and self-worth, which comes through relating positively to family tradition, culture, ethnic and social group, religion, language and gender. Unless children feel thoroughly secure and reasonably free from anxiety, growth in other areas, even their general health, can be affected"

We know that many of our young people grow up in environments where they feel far from thoroughly secure and where they are a long way from being reasonably free from anxiety. For these young people the development of a positive sense of identity can only come from programmes that take the time to understand these young people's backgrounds, that do not take a moral position

on their social and/or criminal activities, that focus on logical processing and cognitive behavioural work, that provide one to one support where needed and that do all this in a welcoming environment. Where all of this is in place young people are able to develop a positive sense of who they are, which in turn liberates them from their negative thinking.

“For too many people in today’s Britain, being ‘other’ than what is socially accepted as best or normal is the only reality on offer (not a man, not white, not educated, not employed, not rich, not married, not able bodied, not a home owner, not English, not British, not European, not Christian, not an adult, not important). Having an identity that is defined by what you are not, whether that be implied or overtly stated, contributes to the negative thought processes, the negative personality and subsequent negative actions of the dispossessed.”

Viv Ahmun, CEO In-volve (2000)

3. BACKGROUND

Kent is a large county that encompasses the districts of Ashford, Canterbury, Dartford, Gravesham, Maidstone, Sevenoaks, Shepway, Swale, Thanet, Tonbridge & Malling and Tunbridge Wells, with an overall population of 1,579,206 at the time of the Census 2001.

Each district has its own PCT and all but Sevenoaks and Tunbridge Wells have their own drugs agency base, either KCA, WK Trust or KWT.

The total population for Kent of under 19's is 302,777, spread relatively equally among the districts. Of this number, during 2003, there were a total of 10,283 fixed term exclusions from school (3.3% drug related) and 405 permanent exclusions from school (3.2% drug related).

Ashford (8), Dover (10), Shepway (9) and Thanet (13) all contain much higher numbers of wards listed in the top 20% of the national scale of deprivation.

3.1 Drug Arrests

A Needs Assessment carried out in Kent showed that between April and December 2003 a total of 1890 arrests were made in conjunction with drugs, accounting for 5% of all arrests made in Kent during that time.

Young people under 19 were the subject of 404 (21%) of those arrests, with 73% of those charged with possession of Class B, and 26% charged with possession of Class A drugs. A total of 65% of the 404 young people arrested were under 17.

Canterbury, Maidstone and Thanet show significantly higher numbers of arrests of young people under 19 for drug offences and referrals to drugs and alcohol services than other districts.

The same needs assessment states that levels of substance misuse amongst Kent young offenders shows a prevalence of alcohol, cannabis and tobacco, with small but significant numbers using hard drugs such as heroine, crack, cocaine and ecstasy.

3.2 Alcohol Arrests

According to figures provided by the Kent & Medway DAAT, arrests for alcohol abuse have risen by just under 85% between the periods of August to December 2000, and the same period in 2004.

3.3 Drug and Alcohol Treatment

KCA Year on Year Report for 2003/2004 show a total number of referrals for One-to-One services in East Kent as 364, and for services in Kent & Medway as 462.

For East Kent the 364 referrals were made up of 145 referrals from the YOS, 45 self referrals, and 25 referrals from family and friends.

For Kent & Medway the 462 referrals were made up of 195 from the YOT, 57 self referrals, and 54 from family and friends.

The age range in both cases centred very heavily on the 14-18 bracket, and in both cases approximately 60% of appointments were attended.

3.4 Drug Use

Figures from the KCA Year on Year Report for 2003/4 on the primary drug of referral show very clearly that the overriding majority (approx 70%) of presenting problems are to do with alcohol and cannabis, with half of the remaining referrals presenting with Polydrug use. The figures for use of individual hard drugs such as heroine, crack, ecstasy or cocaine as sole addictions are negligible by comparison.

The Activity Report from the WK Trust Maidstone for 2003 consist of a schedule of workshops and outreach carried out in the area, taking place in PCTs, schools, police stations, churches and YOTs. The subjects covered include promoting safety, different attitudes to drugs and peer education.

3.5 Young People from BME Communities

Kent County has a total population of 1,579,206 of which 54,957 (3.5%) identify themselves as belonging to a Black Minority Ethnic group. This compares to 9.08% of the population of England as a whole, and 34.33% of Inner London.

The Kent DAAT commissioned a report on 'The Needs of Black and Ethnic Minority Youth in Kent in Relation to Substances', which concludes that:

"It is apparent that many young people from BME communities in Kent have increased vulnerability to substance misuse, especially young asylum seekers and unaccompanied minors living in Kent who often present with poor support networks, unmet health and psychological needs, language barriers and poverty.

Additionally it has been identified that young people of ethnic minority background who have been placed in Kent often become culturally and socially isolated, hence increasing vulnerability to such things as substance misuse.”

4. METHODOLOGY

4.1 Aims

The aims of the research were:

- To consult with young people from a significant and representative sample of identified disadvantaged youth communities within the county, and to ascertain from the consultation process the youth perception of drugs and alcohol services currently provided, as well as the perceived understanding of young people's needs in relation to drugs and alcohol.
- To take into account consultation and research projects already taking place in Kent and Medway, being carried out by the University of Kent (into 1 to 1 work), East Kent Cyrenians (accommodation needs assessment) and KCA (into BME engagement of services).

4.2 With the intended outcome of:

- supplying the DAAT with information that is current and relevant in order to fill current gaps in knowledge around youth perception in the field, in order to accurately inform the development of the 2005/6 young people's substance misuse plan.

4.3 The consultation techniques took the form of:

- Focus groups with young people from a variety of groupings, exploring their knowledge and views of drugs use, as well as their thoughts on how their specific needs should be addressed by the services that target them.
- One to one interviews with more vulnerable young people either engaged with drugs and alcohol services or on ISSP orders.

4.4 Sample

The study consulted with a total of 46 young people from a cross section of settings and locations. The breakdown of groups of young people consulted was as follows:

Focus Groups:

Thanet Youth Council

2 x Alternative Curriculum Groups, Tunbridge Wells

Youth Club, Canterbury

Entry to Employment Scheme, Tonbridge
Tonbridge YOT
Maidstone YOS (ISSP)
Connexions PAYP group, Ramsgate
Up Front (Looked after Children) Gravesend

One to One Interviews:
NHS Drug and Alcohol Service Client, Ramsgate
YOT client with past cocaine addition, Tonbridge
KCA Client – no show

4.5 Sampling Method

Organisations were contacted from a list of contacts provided by the DAAT and asked to provide young people to take part in the study. Selecting a random sample of young people is impossible due to the subject matter and the nature of drug use and young people. Therefore respondents' were selected on the basis of recommendation as well as convenience, where the researcher selects individuals and groups that are available and willing to co-operate in the research.

The rationale for the study was explained to each young person being interviewed by the researcher. In addition, it had to be made clear to the young person that In-volve is an independent body and that all information they provided would be treated in the strictest confidence and not passed on to any one else. It is very important to offer the respondents confidentiality and anonymity; this puts them at ease and informs them that the information they provide is for the use of In-volve. Anonymity is especially important in surveys that involve sensitive topics such as drugs.

Young people were given a voucher valued at £15 for being interviewed and taking part in the focus groups.

4.6 Settings

Respondents were to be encountered through the following:

- Community organisations
- Drug services
- YOTs
- Youth clubs

4.7 Design

Data collection took the form of a semi-structured interview schedule designed by In-volve and agreed with Kent and Medway DAAT prior to the research being carried out.

The interview schedule focused on the following areas:

- Most & least used drugs
- What is a drug problem?
- Who would you talk to if you had a drug problem?
- What is a Drugs Service?
- What should a drugs service be like?
- What would stop you using a drugs service if you had a drugs problem?
- What would make you keep going back to a drugs service?
- How should a drug service sell itself to you?
- Where do you get your information about drugs, and who do you believe?

4.8 Analysis of data

Interviews and discussions were analysed using the constant comparative method: 'continually comparing segments of data allowing for the emergence of categories and of the relationship between them' (Druglink, July/August 1994, Burgess 1984).

5. FINDINGS – Interviews and Focus Groups with Young People.

Semi structured interviews and focus groups were conducted with 47 young people. These young people were contacted through: Thanet Youth Council, Alternative Curriculum Groups, Youth Clubs, Entry to Employment Schemes, YOT, YOS (ISSP) Connexions, PAYP, Up Front (Looked after Children charity), NHS Drug and Alcohol Service and KCA.

The respondents were informed that the research was being conducted with young people to find out their views and opinions on issues to do with drugs and alcohol and drugs and alcohol related services for young people.

Most importantly the study wanted to know what young people think a drugs and alcohol service should be like.

Interviews lasted approximately an hour and focus groups approximately two hours. Participants were presented with a £15 HMV voucher for their time and as a good will gesture.

5.1 Profile of Young People

Of the 47 young people interviewed or partaking of focus groups, 17 were young women, and 30 were young men.

In terms of ethnic breakdown, 43 were White British, 3 were Black British, and one was Albanian.

The young people were targeted in a number of different settings and had a variety of relationships with different agencies. The following gives an overview of the types of young person consulted:

In school	8
Excluded from school	16
On ISSP	4
Active with the Youth Council	6
Offenders	17
Users of a Drug Agency	5
With Connexions PAs	10
Left school with no qualifications	6
In care	3
Care Leavers	2
NEET	3
Asylum Seeker	1

5.2 Most and Least used Drugs

Young people were given a set of cards with the following drug names on them and asked to put them in order of most and least used drugs: Alcohol, Crack, Cocaine, Amphetamines, Tobacco, Solvents, Cannabis, Tranquilizers, Heroin, Ecstasy, LSD, GHB, Methadone, Poppers, Magic Mushrooms and Ketamine.

All the young people apart from two listed alcohol, cannabis and tobacco in their top 3 or 4 most used drugs.

The two that did not, listed tobacco, solvents and cocaine. These two young people were under 14 and were in care, and both were very innocent about drugs, having not heard of the majority of the drugs on the list.

In every other respect the lists varied almost in each case.

5.3 What is a Drugs Problem?

Young people were asked to explain what they would consider to be a drugs problem for which they would need help.

All the groups of young people mentioned the following three perceived problems:

1. addiction
2. when you only feel happy after taking drugs
3. when you get into debt over drugs

The following is a breakdown of how often each statement was made, based on a percentage of the total number of different statements made across all groups and interviews:

Addiction	19.3%
The only time you are happy	14.5%
When you get into debt	13%
Paranoia/Depression	13%
When it affects your health	8%
When it affects your relationships	8%
When you use regularly	6.5%
When your parents find out	6.5%
When you get violent/offend	4.8%
When you take drugs to hide issues	3.2%
When you can't sleep	1.6%
When it affects how you look	1.6%

5.4 Who would you speak to if you had a problem with drugs?

Young people were given a set of cards with the following on, and asked to put them in order of who they were most and least likely to talk to if they had a problem with drugs: social worker, parents, church, police, YOT worker, connexions PA, teacher, Doctor, drugs worker, youth worker and friends, siblings.

All of the young people listed the following in their top 3 or 4 people who they would be most likely to talk to if they had a drugs problem:

1. Friends
2. Siblings
3. Drugs worker
4. Youth worker

Almost all also listed the following in their bottom 3 or 4 people they were least likely to talk to:

1. Church
2. Police
3. Teacher
4. Parents

Connexions Workers were listed in the bottom three by 4 young people with connexions PAs, and in the top three by 2 young people who had them. This highlights the importance of the quality of the relationship to a young person.

5.5 What is a Drugs Service?

The young people were asked what a drugs service was. A total of 4 young people said that they did not know. The rest were very clear in their minds about what a drugs service was, and the following descriptions were given as an explanation, listed as a percentage of the overall number of different responses:

A place where you get help to come off drugs	21.6%
A place where ex-users and young people work	19.6%
A place to get information about drugs	11.8%
A place to get therapy	9.8%
"Don't know"	9.8%
A place to pick up prescriptions	7.8%
A place that is confidential	5.9%
A helpline	5.9%
A place where parents could access information	5.9%
A place to get professional help	1.9%

5.6 What should a Drugs Service be like?

The young people were asked to imagine the ideal young person's drugs service and to describe it. The following is a list of the attributes that they came up with, listed in order of frequency mentioned, and shown as a percentage of the total number of responses given across all groups:

It should be comfy, with sofas, carpets and posters	12.7%
It should be like a youth centre, with other services/activities	10.5%
People should be non-judgemental and real	10.5%
You should always see the same person	9.3%
The place should be friendly	7.3%
The place should make me feel calm and safe	6.9%
There should be vending machines and a café	4.7%
Ex-users and young people would work there	4.7%
It would be like a private house, discrete from the outside	4.7%
Everything that was said there would be confidential	4.7%
You would not be bombarded with information	3.5%
There would be a garden	2.3%
There would be a fish tank	2.3%
There would be multimedia/music	2.3%
There would be NO recordings of interviews/sessions	2.3%
There would be different kinds of therapies	2.3%
There would be private rooms	1.5%
There would be a buzzer to enter the building	1.5%
You could smoke fags there	1.5%
There would be a graffiti wall	1.5%
You would always be seen quickly	1.5%
People would not shout	1.5%

5.6 What would make you stop using a Drugs Service?

The reasons that young people listed as the things that would make them stop using a drugs service were as follows, in order of frequency mentioned, listed as percentages of the total number of answers given:

1. feeling judged	24%
2. feeling bullied into doing things you don't want to do	15%
3. the place being too far away	12%
4. finding out that the service was not confidential	12%
5. feeling that they were not being taken seriously	9%
6. being forced to go (by their order for example)	9%
7. seeing Police at the service	5%
8. If the people were weird	5%

9. If their drugs worker kept changing	5%
10. If it was in a church	2%
11. If the location was not discrete	2%

5.7 What would make you carry on using a Drugs Service?

The reasons given for carrying on using a drugs service, in order of frequency mentioned, listed as percentages of the total number of answers given, were as follows:

1. If the treatment worked	14%
2. If they felt they could trust the people there	14%
3. If the staff were friendly and they developed relationships	14%
4. If you kept seeing the same person	12%
5. If the people didn't tell you what to do	9%
6. If everything was kept confidential	9%
7. If it was their own choice to attend	9%
8. If they had to keep going (because of an order)	7%
9. If they had free food	3%
10. If it was local	3%
11. If it was like a youth centre	3%
12. If the people there knew what they were talking about	3%

5.8 How should the ideal Drugs Service sell itself to you?

The young people were asked how the ideal drugs service should sell itself to them, and what would most make them think about going. The most commonly given methods of advertising and promotion, listed in order of the most likely to the least likely to affect young people, as percentages of the total number of answers given, were as follows:

1	word of mouth	18.6%
2	non judgemental leaflets	16.6%
3	messages that don't call drugs a problem	12.4%
4	colourful posters	8.3%
5	TV (Trisha)	8.3%
6	Local Celebrity endorsement	8.3%
7	Local Radio	8.3%
8	Internet	4.4%
9	Outreach	4.4%
10	Through other services	4.4%
11	Graffiti	2%
12	With a slogan written by young people	2%
13	If it was branded	2%

5.9 Where do you currently get your drugs information from?

Young people listed the following places, in order of frequency mentioned, given as a percentage of total responses:

1.	Family and friends	31%
2.	Drugs / Youth Worker	23%
3.	Doctors	11%
4.	Leaflets	10.8%
5.	Internet Websites	6.5%
6.	Helplines	6.5%
7.	Connexions	3.7%
8.	TV / Films	3.7%
9.	School Nurse	1.9%
10.	Teacher	1.9%

6. RECOMMENDATIONS

6. Though young people's experiences of drugs and alcohol services in Kent were generally good, it is very clear from this research that the large majority of young people with problematic daily alcohol and cannabis use are not accessing services. It is the central recommendation of this consultation that a detailed needs assessment be carried out looking at the size and drug related needs of each vulnerable group of young people; at gaps in current provision as mapped against young people's needs; at low or poor levels of professionals' ability to work with vulnerable groups; at poor quality information or information with significant gaps; and at the ability of agencies to share information and work jointly to offer integrated care pathways for vulnerable groups.
7. This consultation also recommends that more in-depth research be carried out looking at the extent to which services in Kent comply with HAS guidelines, leading on to the delivery of workshops in support of the development of care pathways, common assessment frameworks, information management systems and confidentiality protocols.
8. Front line workers in the youth and drugs field have been clearly identified by this consultation as the professionals most likely to engage young people, particularly the most vulnerable, in constructive conversation about the problems the young people face around their drug and alcohol use. It is imperative that all front line youth workers and drugs workers receive comprehensive drugs awareness training that includes modules on effective working styles with at risk and marginalised groups.
9. In accordance with NTA treatment effectiveness agenda and intentions to make diversity a key theme in 2006, it is a recommendation of this consultation that training in Diversity be rolled out to all professionals interacting with vulnerable groups of young people to ensure that the needs of the most all groups can be appropriately identified and met.
10. In its briefing for the new treatment effectiveness strategy, launched on June 30th 2005, the NTA stated that: "*Good quality drug treatment should actively improve individuals' health and social functioning (...) Emerging evidence from initial Healthcare Commission/NTA thematic reviews shows that this practice is, at best, patchy.*" The new treatment effectiveness strategy will inform treatment over the next three years and will strengthen the case for programmes that address the broader personal development issues that vulnerable young people face. This cognitive approach to treatment is increasingly being taken on board by programmes working with young people affected by social exclusion because of its proven success in empowering young people in their ability to make informed,

independent and positive life choices. The X-it programme in Lambeth for example, piloted by a partnership of statutory and voluntary youth agencies, will have its full evaluation completed by South Bank University later this year, and is likely to form the blueprint going forward for work with young people involved in gang related activity. In-volve's own RAW programme, which is an integral part of X-it, is based on the Identity & Difference (I.D.) model, which focuses on the development of a positive sense of personal identity and on cognitive and emotional self-awareness as the route to social rehabilitation. It is a recommendation of this consultation that an appropriate programme be scoped for work with problematic drug users in Kent, with an option to train professionals already working with young people in Kent in the Identity & Difference approach.

REFERENCE MATERIAL

1 Local Material

Drug Testing in Schools – A Young Person's View	Kent DAAT
Treatment Plan	Kent DAAT
The Needs of Black and Ethnic Minority Youth in Relation to Substances	Kent DAAT
The Substance Misuse Treatment Needs of Children under 11 years old	Kent DAAT
A Young Voice in Drug and Alcohol Issues	Kent DAAT
KCA Year on Year Comparisons 2003/04	KCA
Grey Zebra Statistics 2004	Grey Zebra
WK Trust 2003	WK Trust
Reports on Juvenile Drunkenness	Kent DAAT
Offences and Offenders under 19	Kent DAAT
Extracts from Kent Needs Assessment	Kent DAAT
Statistics on Vulnerable Young People	Kent DAAT
Report on Exclusions	Kent DAAT
Census Data for Kent 2001	Kent DAAT
Assessment carried out on the South Asian Communities in Gravesham and Dartford	KCA

2. National Material

The Substance of Young Needs review 2001 (HAS 2001)	
Good Practice in Drug Education in Schools and the Youth Service Protecting Young People (DfEE 1998)	

Drugs: Guidance for Schools (DfES 2004)

Drug Education Prevention Information Service - A Briefing Paper Review of Drug Education Materials for Children/Young People with Special Needs – Travellers (Drugscope & DoH)

Children and Young People at Risk of Social Exclusion – Local Preventative Strategies. Local Government Information Unit (2003)

Key Components of Drug Treatment Provision for Young People: a Delphi approach (Carrick, Journal of Substance use 2004)

Every Child Matters: Common Core of Skills and Knowledge for the Children's Workforce

Every Child Matters: Building a Children's Workforce – A Common Core of Skills, Knowledge and Competence – monthly bulletins.

Every Child Matters: Common Assessment Framework For Children And Young People Implementation Guidance For Directors Of Children's Services In Local Areas Implementing During April 2005 (March 2006)

Vulnerable young people and drugs: Opportunities to tackle inequalities. (DrugScope and DoH (2001))

Every Child Matters: Change for Children, Young People and Drugs. HMG (2004)