

**An Evaluation of
The Home Office Funded
CHOICES Programme
Delivered by**

COMPASS

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Introduction

CHOICES – Programme Overview

“Choices was a £4 million grant programme for 2011-12 funded by the Home Office. Launched in Summer 2011, it was aimed at the voluntary and community sector to help them prevent and reduce substance misuse and related offending by vulnerable groups of young people aged 10-19 years.

The funding was made available to national voluntary and community organisations to support the delivery of targeted prevention and early intervention programmes as well as the transfer of skills, expertise and knowledge to other providers through dissemination activities. There was tremendous interest in the programme and the Home Office received over 125 applications for funding from voluntary and community organisations.

All the applications were assessed and a cross sector decision making panel, comprising representatives from various Government departments and agencies met to agree which applications should be funded. Home Office Ministers agreed funding for a number of organisations.

Compass’ application focused on the use of personal budgets, peer mentoring and diversionary/enrichment activities within a programme of tailored one-to-one support for those most at risk of substance misuse and related offending. Between the end of 2011 and mid 2012, the project engaged with more than 170 young people of whom 90% had some contact with the criminal justice system.

Compass delivered the CHOICES project across five geographical sites: Coventry; Hull; Harrow; Enfield and Lambeth. Each of the five programmes were separately evaluated. The Home Office is collating this information so that the learning generated adds to the evidence base on prevention and early intervention. “ (COMPASS Website)

In line with COMPASS’ commitment to focus on young people’s journeys, this evaluation was designed to concentrate on young people’s experiences, their perceptions of substance misuse, why and how it became part of their lives, and those factors which prevent or help them in taking control of their own futures.

Young people involved in the evaluation have been very open and honest, and although experiencing serious problems and challenges in their lives, they have demonstrated a great deal of resilience and willingness to share their experience in the hope that it will serve to help others. The multiple vulnerabilities of lives detailed here is often out of the control of the young people affected, substance use often the by-product of early exposure, or as a perceived antidote to other issues.

These are complex lives, with a range of challenges, and the authors hope that the detail included here will support services and policy makers in formulating successful strategies for future interventions.

Methodology

The biographical methodology was presented to the 2012 conference of the International Association of Schools of Social Work.

Phase 1

Phase 1 comprised of:

- 1) an analysis of current trends in youth culture and substance misuse, and an overview of the current evidence base.
- 2) a snapshot analysis of multiple vulnerabilities experienced by young people in each area.

Phase 1 Findings

1) Current Trends and Evidence Base

Overall, recent research reports suggest a downward trend, if small, in young people's drug and alcohol use.

"The proportion of pupils who had never drunk alcohol rose from 39% in 2003 to 55% in 2010. Less than half (45%) of pupils aged between 11 and 15 said that they had drunk alcohol at least once in their lifetimes. This increased with age from 10% of 11 year olds to 77% of 15 year olds.

The proportion of pupils who drank alcohol in the last week fell from a peak of 26% in 2001 to 18% in 2009. In 2010, this trend was maintained, although the fall in prevalence was greater than expected, down 5 percentage points to 13%. As in past years, similar proportions of boys and girls drank alcohol in the last seven days, and older pupils were more likely to have done so than younger pupils (from 1% of 11 year olds to 30% of 15 year olds)." (Fuller p.10)

"In 2010, 18% of pupils said they had ever used drugs, 12% had taken any drugs in the last year and 7% had taken drugs in the last month. In 2001, the corresponding proportions were 29%, 20% and 12%. Pupils were most likely to have taken cannabis (8.2% in the last year, down from 13.4% in 2001). 3.8% of pupils had sniffed glue, gas or other volatile substances in the last year. For all the other types of drug, the proportion of pupils who reported any use in the last year was below 2%.

The proportion of pupils who have taken drugs increases with age. Boys are more likely than girls to have taken drugs.

2% of pupils said that they usually took drugs at least once a month, the survey definition of frequent drug use. This is a smaller proportion than that reported in previous survey years.

In 2010, 28% of pupils reported that they had ever been offered drugs, a decrease from 42% in 2001." (Fuller p. 11)

However, there does remain a focus on vulnerable groups, and truants, persistent absentees are included in this group, so the question remains as to the extent of the participation of this group in school based research. Similarly, Fuller clearly acknowledges a trend for increased use amongst older young people, and again the availability of accurate figures is limited. The National Treatment Agency (established in 2001) started to maintain data for young people accessing treatment in 2007/08. In that year a total of 23,905 young people under 18 received treatment, in 2009/10 this was 23,528. There remains little data on substance misuse amongst those young people no longer in school who are neither seeking treatment, nor referred to specialist or related services.

Whilst young people are more likely to be involved in substance misuse, if they are Not in Employment, Education or Training (NEET), or in the criminal justice system, this is around 20-25% of the overall figure, and is an indicator, leading to increased screening, not necessarily a causal link.

At the same time, drug use amongst the under 18 age group is mainly related to cannabis and not class A drugs. In 2007/8 National Treatment Agency Figures showed "651 (3%) of young people in treatment primarily used heroin or other opiates, 806 (5%) used cocaine, 438 (2%) used ecstasy, and 155 (1%) used crack." (NTA, p.9)

Despite an apparent downward trend, Eastwood's focus on health and lifestyles, suggests some significant issues in terms of volume and frequency. For example in 2009, 25% 16-24s drank more than 8 units per day, the definition of binge drinking.

Similarly, in 2010/11, 20.4% of 16-24 year olds used one or more illicit drugs in the last year, 10.9% in last month, once a month being the definition for frequent drug use), the figure was 2% for 11-15 year olds.

Young people's substance misuse tends to be focused on alcohol and cannabis, and 49% of interventions received psychosocial only interventions in 2007/8.

Also published in 2008, the National Treatment Agency report "*Exploring the Evidence*" clearly highlighted the lack of an evidence base in what is effective, with data focused mainly on adult perceptions of interventions in a range of other settings. The report utilized a range of peer reviewed reports focused on work with young people under 18 to identify core principles of effective practice.

This report highlighted further links between vulnerabilities. In particular the links between substance misuse and mental health issues, potentially leading to earlier onset of substance misuse, and requiring clearly joined up services. It is clear that the COMPASS approach is innovative in its use of a multiple vulnerability tool to gauge the full extent of the challenges facing young people, and develop a series of interventions focused on life story.

In particular, setting negotiated and realistic treatment goals related to reduction in the first instance, rather than abstinence and supporting young people in achieving positive outcomes in all areas of their lives.

2) Snapshots

There were slightly different approaches to collating the multiple vulnerability data, which made comparative analysis quite challenging. It is recommended that this is rationalized, to allow for both easier analysis and maintenance of local flavour. Structures allowing for easier identification of 'cluster trends' would be useful in identifying early intervention packages.

Coventry

In November '11, 45 of the 69 young people starting the programme aged 15-18 were already registered, and multiple vulnerability data was available for 8 young people assessed as requiring a tier 3 (specialist) intervention. In addition, 7 young people aged 11- 16 were registered with the hidden harm service (children affected by parental substance misuse). Referrals for this latter group were from Youth offending Teams or Education.

Of the tier 3 young people, levels of vulnerability were significant: One young person experiencing 7 vulnerabilities; Two 5 vulnerabilities; One each at 4, and 3, three experiencing 2 and only one of this group experiencing a single vulnerability as a care leaver.

5/8 of this group overall, including those with the greatest number of vulnerabilities were affected by another's substance abuse, 3 of these experienced domestic violence, another peer violence, and 2 bullying or discrimination. 2 were in the looked after system, 2 were in unstable housing, and one homeless, 3 were involved with youth justice, suggesting significant links between others' substance misuse, violence, criminal behavior and housing. 3 of the 5 young people with mental health concerns, and all those NEET (2), or persistent absentees (2) were also from this vulnerable group.

The one young person reported as injecting was also involved with the youth justice system.

Enfield

In September 2011, COMPASS Enfield had 34 young people initially registered, with multiple vulnerability data available for 13 young people in total.

Once again the impact of others substance misuse, (5) and or mental health (6) was a significant issue. 4 of the 6 affected by others' mental health issues were also affected by others' substance misuse.

5 young people were NEET, 3 excluded, including 1 persistent truant, meaning that 8/13 were not involved in education, training or employment. Of these, 5 were involved with the Criminal Justice system, 2 of whom were involved with gangs, and one with drug dealing. Another young person was involved in dealing.

3 young people had mental health concerns, 2 relating to self harm or suicide. and 2 relating to eating disorders. The pattern of violence reported, differs from other areas

in only two young people reporting peer violence, and 3 bullying or discrimination, with one of these young people reporting both.

2/13 young people were in unstable housing, but again the housing issues do not appear as severe as in other areas.

Harrow

COMPASS Harrow had 60 young people aged 13 to 19 initially registered in November '11, and multiple vulnerability data was available for all. 36% of these young people were experiencing 4 or more vulnerabilities, with one young person each experiencing 7, 8, 9, 10 and 11. This represents a complex picture, although the major trend was involvement with the criminal justice system affecting 40% of young people registered, and a higher proportion than elsewhere involved in gangs (22%, all male), and or drug dealing (16% also all male).

Trends of non – involvement in education and training were mirrored in Harrow, with 22% NEET, 15% excluded, and 1 persistent absentee – in actual terms, 19/60 (32%) of young people were not involved in education, training or employment, again almost 1/3 of the group.

There were also issues relating to housing with over 1/3 of the group: 10 young people were in the care of the local authority; 9 young people experienced unstable housing, and 3 young people were runaways. Proportions of young people affected by others' substance abuse were lower than elsewhere at 15%, but nevertheless significant, and the correlation with domestic violence seems to continue, with 9 of this group also experiencing domestic (5) or peer (4) violence.

Bereavement and mental health issues seem high in the area, with 20% (12) experiencing a significant bereavement, and 20% (12) of young people with mental health concerns, a further 3% (2) with mental health statements, and 6% (4) affected by another's mental health issues. Eating disorders affected 6% (4) young people, and 22% (13) were at risk of self harm or suicide.

2 young people have disabilities. 4 young women have children.

Hull

At the time of the planned commencement of CHOICES in Hull, there were a total of 27 of the 56 young people aged 13 – 17 registered. Only one was 13 years, and one was 14 years, the majority falling in the age range 15 – 17, with a relatively even gender split of 14 young men, and 13 young women. By March '12, and the actual commencement of the project, a significant number of 10-11 year olds were registered, and joined the CHOICES Programme.

Significant trends affecting a third of the young people registered, mirrored the national picture in terms of persistent absenteeism (3), and exclusions (5). Add in the NEET status (3), and removing multiple counts of more than one of the categories, and 9 of the 27 (33%) young people were not attending education or training. A

significant local trend appeared to relate to unstable housing (6), with a further 2 young people in the looked after system or homeless.

Similarly a significant number were at risk of self harm/suicide (5), and 6 were affected by the substance abuse of others.

Against the national trend, only 4 young people were involved with Criminal Justice, and none reported involvement in drug dealing.

Peer violence (1), and domestic abuse (2) were also experienced by young people affected by others' substance abuse.

Two young people were registered with 3 or more vulnerabilities, housing issues were a common factor in these instances, and where young people experienced 2 vulnerabilities.

One young person had experienced a significant bereavement, there were mental health concerns for two, and one young person has a disability.

Lambeth

It is worth noting that COMPASS Lambeth was undergoing a restructure in March '12, which coincided with the new start date for the programme, and posed some challenges in terms of continuity of service. Prior to the start of the project, COMPASS Lambeth had 42 registered clients. These fell into two groups, aged 15 and over with multiple vulnerabilities, and aged 15 and under, primarily at risk of substance related offending as a result of from hidden harm. Whilst this latter group does not fall explicitly into the CHOICES criteria, they do offer an interesting insight into challenges within the Borough and working with a cohort who may be considered to being at greater risk of developing substance misuse.

A number of vulnerabilities affected over 1/3 of the group indicating some significant trends.

Of the 28 young people over 15s, 18 were involved with the criminal justice system, 6 of these were involved in gangs, and of those 2 had progressed to involvement in drug dealing – reflecting the national trend for the link between substance misuse and offending behaviour. Violence was another recurring theme, with 3 of those involved in criminal justice at risk of peer violence, together with 4/5 of those at risk of domestic violence.

A total of 9 were excluded, persistent absentees, or NEET (not in Employment, Education or Training), again in line with national trends. 9 were also in unstable housing situations, although none were homeless.

9 had mental health concerns, and one a mental health statement. In 6 cases, this was also linked to self – harm or suicide attempts, and in 2 cases, there was also evidence of bullying or discrimination, again this reflects studies in *Exploring the Evidence* (p24), clearly highlighting links between mental health and substance use.

There were no apparent commonalities between the two pregnant young females or young parents listed. Similarly, there was only one young person at risk of sexual

exploitation or with a statement of special educational needs, so at this stage it was not possible to draw any correlations.

Interestingly, only one young person had undertaken the Common Assessment Framework.

The 14 at risk from hidden harm, aged 7-15 were particularly vulnerable. 9 had experienced bereavement, and all 14 were affected by another's substance misuse and for 5 young people, this was the only vulnerability recorded at this stage. 5 had mental health statements, and a further 2 had mental health concerns. The one case of bullying or discrimination in this group, was also at risk of self harm. 4 young people were at risk of peer or domestic violence. 1, aged 15 was at risk of involvement with gangs.

Significant Trends

Overall, there are two clear trends to be considered further in Phase 2:

- 1) The impact of both substance abuse and mental health issues of others. In some cases related to experience of violence, and housing or care issues.
- 2) The impact of non – involvement in education, training or employment, and potential links to criminal behaviours.

In some areas these and other trends appear more significant, for example housing issues in Hull, or mental health issues in Harrow, worthy of further exploration.

Phase 2

Methodology

In designing the field methodology for the CHOICES programme, it was of primary importance to maintain COMPASS' commitment to young people's ownership of their treatment/care plan. Similarly, whilst the available data suggests that the accepted definition of vulnerability is characterised by truancy, exclusion from school, time in care/homelessness, or offending behaviour, and that this increases the likelihood of substance misuse, it was important to assess the impact of a broader definition and 'multiple vulnerabilities', and concept of 'hidden harm' at the heart of COMPASS approach.

As a result, a biographical approach, with very open questions, was chosen as the main research structure. This would ensure that young people remain in control of information shared. A number of prompts were agreed, with the aim of encouraging young people to cover a range of factors in their lives.

At the same time specific questions relating to key indicators, such as type, frequency, volume and last use of substances were included to enable some measurements relating to research undertaken by the National Treatment Agency, and the National Health Service Information Centre.

From beginnings in sociological theory, biographical research methods have become widely used in adult and lifelong learning contexts (Merrill & West). Given the central importance of experience in adult and experiential learning, this is perhaps not

surprising. The historical development of informal and non-formal learning in developmental work with young people has its roots in adult learning theory, and it is logical, therefore, that research into young people's lives should also acknowledge the importance of experience and life history and identify 21st century challenges in the transition to adulthood. In this case, the approach also builds on COMPASS' commitment to supporting young people on a learning journey.

Interviews

The interview outlines are included at Appendix 2 and 3.

First Interviews

First interviews included young people's assessment of their substance use to provide data to compare with baselines in national reports.

Young people were then asked to outline their life story so far, and identify the main things which have happened. The main aim of this section was to identify trends which might give a broader understanding of why young people choose to use drugs and alcohol. Prompts were used to include young people's perceptions of the area they live in, the future, and to ensure discussions had or would take place with mentors and counsellors where particularly stressful or distressing factors were considered.

If young people did not mention why they had started to use alcohol and/or drugs, this was asked as a supplementary question. The theme of substance use was further explored to identify what was happening in their lives, and what impact substance use was having on their lives when young people chose /were referred to COMPASS. Prompts included motivating factors, and choice, with the aim of assessing links between motivation, choice and future success.

Finally, young people were asked to focus on the CHOICES Programme, outlining their CHOICES Plan, and their personal goals. They identified what was working, what might be better. A question about future ambitions aimed to ensure the interview ended on a positive note, and give a sense of how far ahead young people were thinking, and give a baseline to measure any change in aspirations and sense of self esteem over the course of the programme.

Second Interviews

The biographical element of the second interview format was developed based on analysis of the first interviews. Data in terms of type and frequency of substance use was obtained using in the same format.

Sample

In two of the five areas, with a target of 50, 2 samples of 7, and 10 young people were interviewed at the start, and towards the end of their involvement in the programme, in the third area, with a target of 75 participants, 17 young people were interviewed, in the fourth area, with a target 15 participants, two samples of 3 were interviewed.

Young people received incentives for agreeing to participate, and the sample was drawn randomly, based on the timing of researchers' visits and availability of relevant mentors and substance misuse workers from COMPASS to support their participation. Lambeth in London proved challenging, the delays in the programme start (5 months), meant that young people lined up to take part had moved on, and the commencement of the programme coincided with the restructuring and relocation of the offices. The target numbers were reduced, and despite a total of four visits, only 2 stage 1 interviews were completed.

The aim was to work with a random, but relatively large sample of around 20% (40) of participants. This would allay some of the challenges of demonstrating transferability of findings from a biographical approach. A higher number was targeted to account for the likelihood of young people not attending. In general, the London boroughs were working at a Tier 3 level (specialist) with young people, a significant challenge. Coventry and Hull were working at a Tier 2 level (prevention/targeted) with generally a younger age group.

A midway check on representativeness of the sample in each area was carried out, and no adjustments were necessary to ensure the participation of underrepresented groups at the start of the second round of interviews. Both Coventry and Hull had a younger overall participant age than the London Boroughs. The overall target of 20% was met, with 42 young people participating in the overall evaluation, 12 did not attend second interviews which reflects the numbers not completing, 223 starts, and 173 completions, although it should be noted that at least half of those not undertaking second interviews had completed, or were progressing with the programme.

Ethics

“There is a potentially difficult boundary issue between biographical research and therapy”¹

Researchers were given a clear brief and form (Appendix 1) to obtain informed consent at all stages. The aim was to clearly acknowledge young people's agency, and validate their experiences, ideally making participation in the evaluation a positive experience. To this end, a series of points were covered:

- 1) Interviews were confidential, and although researchers would use a young person's first name, this would be changed in the transcript
- 2) that young people were in control of what information would be shared,
- 3) that they would have an opportunity to view the transcript and make any changes before analysis took place
- 4) that the report would be available for their agreement before publication.

It was also made clear that researchers would hopefully interview young people on two separate occasions, and that although they would be supportive, and encouraging, this was very much a short – term relationship focussed on the challenges faced by

¹ Merrill and West, p175

young people, and what works in helping them to overcome those challenges – ultimately to help other young people.

The research team were all experienced in working with vulnerable young people, and understood the need for ‘intersubjectivity’² to recognise and use opportunities for positive feedback, whilst maintaining clear boundaries, between the evaluation relationship, and more therapeutic relationship with their mentors and counsellors. Mentors and Counsellors were available, and interviews undertaken at a venue in which young people felt comfortable and safe.

Analysis

Researchers made notes at the end of each interview identifying:

- 1) potential trends and issues suitable for coding
- 2) elements of a potential case study , for example – critical incident, critical relationships, young person’s sense of vulnerability and challenge, key elements in success or inhibiting factors.
- 3) localised issues

Interviews were transcribed and analysed thematically both by researchers, and using NVIVO software, based on coding recommendations from the research team.

NVIVO trends were used to draw on the recurrent themes from the interviews, to give the balance of the geographical reports. Researchers own notes were also used to highlight successes, structural or systemic issues. Case studies were chosen to highlight the range of findings, and to present in depth the complexity facing some young people in their lives.

² Perry et al, p 124 ff – “the impact that a person’s subjective experience has on the subjective experience of another and vice – versa”

Section 2 – Findings

3a) Overall data from COMPASS

Overall, the project achieved successful outcomes for young people with often very challenging complex issues.

Area	Starts	Complete
Coventry	69	67
Hull	56	44
Enfield	15	9
Harrow	51	39
Lambeth	22	14
Total	223	173

Trends

Participants in Hull and Coventry were selected using a multi-agency approach to identify young people at risk of offending and who had some previous experience of the criminal justice systems. Coventry's cohort were primarily young carers or at risk from Hidden Harm. Enfield, Harrow and Lambeth used a single agency referral service via contact with Youth Justice. Enfield specifically targeted black young men at risk of involvement in gang culture. In all instances the use of the multiple vulnerability tool developed by COMPASS was particularly helpful both in identifying the cohort, and developing effective individual responses.

Over the five areas, the most common substances used are cannabis and alcohol, and there is an overall correlation between levels of multiple vulnerability and combination of substances used. There was a localised issue of MCAT use in Hull, and a distinct preference for Cannabis reported in Lambeth. For 'younger' young people, requiring a more 'Tier 2' (targeted) approach the programme has had a preventative effect, and for 'older' young people, requiring a more 'Tier 3' (specialist) approach, significant behaviour changes have been reported, including one young man who has deleted a total of 580 drug dealing contacts from his mobile telephone:

“And for once I wanna see my Mum smile,
Ain't gonna lie, I ain't seen her teeth for a while,
Just wanna see the nation rise,
No more beef, I don't wanna see my Mum cry”.

Of the young people referred into the programme overall, the most common reported vulnerabilities were difficult living arrangements and/or being in the Looked After System, effects of family members substance misuse, mental health issues, either their own, and/or family members. Domestic violence and/or abuse and bereavement and loss were also significant factors. 30 young people had either been involved with the

Youth Justice System, Gangs or Drug dealing, a further 30 young people were excluded or not in Education, Employment or Training and potentially at risk of offending. These multiple vulnerabilities were reflected in the experiences of the young people involved in the biographical evaluation.

Outcomes

Compass Multiple Vulnerability Tool Kit

Compass has developed a toolkit to screen the number and type of presenting vulnerabilities that each young person presents with as part of their engagement with their services. There are 25 different types of vulnerabilities, some of which are static (for example Looked After/Care leaver or young person affected by parental substance misuse) or dynamic (for example persistent truant or self harmer). Vulnerabilities are reviewed during assessment, care plan review and upon exit from the service/project. The greater the number of vulnerabilities, the greater the distance a young person may need to travel to overcome their problems and therefore the greater likelihood that they will require our service for longer.

The toolkit provides a more detailed snapshot of the overarching vulnerabilities in a holistic way and allows COMPASS to understand the profile of the young people in their services over a given period and thereby to focus actions, for example where there are clear gaps in referral and care pathways or to respond to an increase in presenting vulnerabilities i.e. NEET.

- | | |
|---|---|
| <input type="checkbox"/> Asylum Seeker/Refugee | <input type="checkbox"/> Looked After/Care Leaver |
| <input type="checkbox"/> Mental Health Concerns | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Mental Health Statement | <input type="checkbox"/> Unstable Housing |
| <input type="checkbox"/> Self Harm/Suicide | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Young Pregnancy/Parent | <input type="checkbox"/> Affected by another's
substance misuse |
| <input type="checkbox"/> Temporary/Permanent Exclusion | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Persistent Absentee | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Statement of SEN | <input type="checkbox"/> Affected by Domestic
Violence/Abuse |
| <input type="checkbox"/> Not in Education Employment Training | <input type="checkbox"/> Involvement with the Youth
Offending Team |
| <input type="checkbox"/> Sexually Exploited | <input type="checkbox"/> Involvement with drug dealing |
| <input type="checkbox"/> Significant Bereavement/Loss | <input type="checkbox"/> Peer Violence |
| <input type="checkbox"/> Involvement with a Gang | |
| <input type="checkbox"/> Experience of Bullying or Discrimination | |
| <input type="checkbox"/> Poor Sexual Health | |

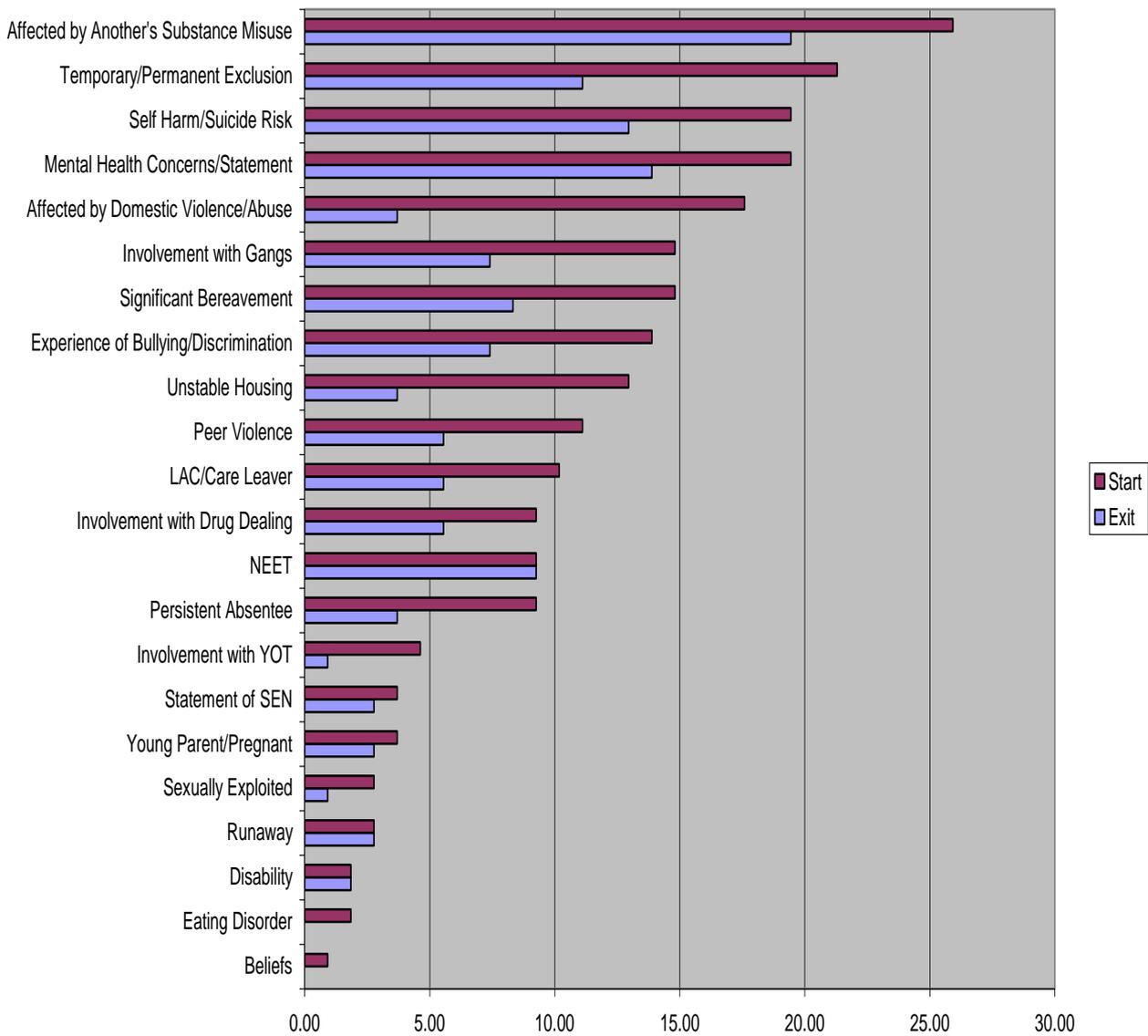
As part of the Compass CHOICES project all young people were screened at the project start and end. The results are as follows:

Vulnerability Type	Start	Exit	Reduction	Average %
Mental Health Concerns/Statement	19.44	13.89	5.56	28.57
Self Harm/Suicide Risk	19.44	12.96	6.48	33.33
Young Parent/Pregnant	3.70	2.78	0.93	25.00
Temporary/Permanent Exclusion	21.30	11.11	10.19	47.83
Persistent Absentee	9.26	3.70	5.56	60.00
Statement of SEN	3.70	2.78	0.93	25.00
NEET	9.26	9.26	0.00	0.00
Significant Bereavement	14.81	8.33	6.48	43.75
Involvement with Gangs	14.81	7.41	7.41	50.00
Experience of Bullying/Discrimination	13.89	7.41	6.48	46.67
LAC/Care Leaver	10.19	5.56	4.63	45.45
Beliefs	0.93	0.00	0.93	100.00
Unstable Housing	12.96	3.70	9.26	71.43
Runaway	2.78	2.78	0.00	0.00
Affected by Another's Substance Misuse	25.93	19.44	6.48	25.00
Sexually Exploited	2.78	0.93	1.85	66.67
Eating Disorder	1.85	0.00	1.85	100.00
Disability	1.85	1.85	0.00	0.00
Affected by Domestic Violence/Abuse	17.59	3.70	13.89	78.95
Involvement with YOT	4.63	0.93	3.70	80.00
Involvement with Drug Dealing	9.26	5.56	3.70	40.00
Peer Violence	11.11	5.56	5.56	50.00

NB. This list does not include those multiple vulnerabilities where there was no recorded instances at either start or exit e.g. asylum seeker.

Key findings

- Compass engaged with 223 young people, of whom 173 successfully completed the CHOICES project
- Each young person was screened for presenting vulnerabilities at the start and end of the project as a means of identifying their presenting needs and to measure distance travelled. In total, of the 173 young people successfully discharged from the project, 533 vulnerabilities (3.1 on average) were identified at project start compared to 285 vulnerabilities at project end (1.85 average)
- This represents a reduction by approximately one half (-53%) of all presenting vulnerabilities over the course of their engagement with the project
- In terms of the types of vulnerabilities, the reduction was most marked in the following areas where a reduction of more than 50% was recorded:
 - Persistent absenteeism
 - Unstable housing
 - Sexual exploitation
 - Eating disorders
 - Involvement with gangs
 - Experience of domestic violence/abuse
 - Involvement with youth offending teams.



Reasons for non - completion

Reasons for non- completion were not necessarily negative; Employment, or moving away representing positive life events. The biggest issue, as ever, with this group is the challenge of encouraging young people to attend in the first place:

Moved out of the area	Employment	Care	Life events	Did not want to continue	Expelled	Did not attend	Suspicious Of Project	Relationship with mentor Mentor Breakdown	Prison	Mental Health Issues
3	2	2	3	8	1	23	2	1	1	3

Referrals

Referrals into the programme were via a wide range of agencies, Youth Services, Youth Justice, Schools, Social Care, Looked After Services, or as the result of a multi – agency Common Assessment.

The research team all recognised very effective relationships at a local level with professional relationships based on mutual understanding and focus on the needs of young people.

Overall Success Factors

All areas report the significance of an effective mentoring programme as important criteria for success. This is reflected by the young people's experiences who were involved in evaluation interviews.

There are localised challenges in this approach, however. Variation in the delivery of youth services, and organisational changes related to reductions in spending mean that what is available is variable. One area reported limitations in activities resulting from a focus on what is readily available, one had to change partner organisation at the last minute, and another reported ongoing contractual issues.

Similarly, the range of activities on offer enabling young people to feel genuinely in control is also a significant success factor. Young people involved in the interviews reported feeling more in control of their lives as a result of the programme. The ability to offer experiences such as skydiving as an alternative 'high', or equip young people with horse – riding gear so that they can undertake a college course, or practical support such as driving lessons, or exam tuition are key factors in enabling this sense of control, purpose and ongoing motivation.

Again, localised issues in terms of availability, flexibility of adult education services to work with under 18s can prove a challenge in terms of achieving the full potential of the programme.

Activities and Achievements

A broad range of activities were undertaken. Particularly popular were sport, including adventurous activities, music and dance, driving lessons, social activities (paintballing, spa,), art and photography, mechanics.

Equipment purchased enabled young people not only to take part and hopefully continue with a leisure activity, but also to take up college places in subjects such as Equestrian Care. Others secured Apprenticeships following mechanics taster days. Fitness classes and gym membership proved a common factor in progression with substance free outcomes.

Of the 42 young people interviewed, 35 (83%) were either continuing to attend school, or had progressed to Further and Higher Education, or obtained employment.

A significant proportion of outcomes to the project are in young people's attitudes, aspirations and associated self belief, which will be reported separately by COMPASS, some of the most readily reported here are young people's expressed views through a song – writing programme:

“Mum has sleepless nights over dumb crime,
Cause he's gonna end up dead inside”

Or

“She's worth it,
And this song she deserves it,
Every time we meet, goose bumps, I'm nervous
Looks good every day cause she's perfect”

3b) London - Harrow

1) Overview

A total of 10 first phase interviews were completed in Harrow, with young people aged between 13 and 18: 9 requiring Tier 3 interventions, and one sibling requiring Tier 2 interventions. 4 of those interviewed were young women, and 6 young men. Young people came from the full range of socio-economic backgrounds.

All except the siblings (13&15 years) smoke/smoked cannabis as their main substance, and all used alcohol to some degree. The most common cannabis use was 3 joints a day. Two of the young women had used cocaine, but not recently, one had not used cocaine for over 6 months. One of the young women had also tried speed. Of those who smoked cannabis, all reported it having an impact on their day to day lives and relationships, and described incidents of paranoia without any prompting by the interviewer:

“I had, I stopped in January but like three weeks, no, no, it was about two weeks ago I had like a, I smoked and I had like a massive like kind of break down thing, like I kind of went really funny and stuff and like, I noticed my memory’s been really bad and stuff, and I’ve got really paranoid. I’ve noticed it and my mum’s noticed it and stuff, so I was like yeah it’s time to stop smoking.” Young Woman 14

Okay, so what, the feeling paranoid, what’s been happening there?

Like especially when I was having like a panic attack. The thing was, there was a girl, there was a really little, it was like 10ish and there was a girl and I thought she was staring at me, but she wasn’t, apparently she wasn’t staring at me I said what, like she glanced at me like twice and I was shouting at her and saying why are you staring at me, and she wasn’t, like little things like they’re talking about me and stuff, like if I’m walking past a group....

I can’t really remember what happened but I just went a bit, like people were asking me if I was okay, like people I don’t know were asking me if I was okay. What set it off, I was walking past a park and I was with my other friend and her boyfriend or whatever, I was walking past the park and I saw my two friends in the park and I got really confused, because it was like 10, it was pitch black and I was

like why are you in the park, and they started laughing. So then I started getting a bit panicky, so I walked away and then they walked in front, they were like way in front, and a guy stopped and said are you okay, I was like yeah I'm fine, and I was like, then I noticed I was like scratching and biting my hands and stuff. And I didn't know really what I was, I can't really remember but then when I got, like I was walking then I was walking with my friend, she didn't notice anything and then I started crying, I started screaming and crying, and then she, she's quite good though, she calmed me down, but I was like that for about half an hour or an hour" Young Woman 14

For all young people interviewed, drinking spirits was seen to be the norm, often in high volumes. 2 reported having passed out and sleeping it off in public and not drinking spirits since then. The youngest interviewee reported only drinking things like WKD at family parties, Mum is an 'alcoholic' and is present on these occasions.

"Well when I did get drunk I would be a bit like that but I wasn't addicted and it was just when it was there really. I wasn't fazed by it. I used to enjoy Coronas, whiskey, vodka, yeah beer, whisky and vodka." Young Man 18

Being accustomed to significant volumes of substances is also reported in 8/10 interviews.

I smoke weed. That's it.

Okay, and that's it. Do you drink?

Whiskey. Just whiskey really, brandy, stuff like that.

So spirits. Okay. And how often do you smoke weed?

I smoke weed every day. I drink three days maybe.

How often do you smoke weed during the course of a day?

Every day all day.

All day every day, okay. How much alcohol do you drink when you drink alcohol?

A bottle mainly.

And does that bottle have an effect?

I get drunk obviously.

Yeah, okay. How drunk? Can you still stand?

Yeah. I can still stand, still walk, talk but I actually get drunk and I go places. I just get on the train and go somewhere. Wherever." Young Man 17.

Referrals were via Care homes/youth justice (2), schools/colleges (4), Child and Adolescent Mental Health Services (1), Social Services (2)

All young people had a pre-existing relationship with COMPASS, which had supported them to a point where they were motivated to change the trajectory of their lives.

The overwhelming pattern of lives of the young people interviewed is one of chaos or tension. All have experience of older people in the family drinking or smoking cannabis, and eight of the ten are not living at home, the remainder have experienced significant upheaval such as family break up, being taken into care due to a carers substance abuse, or cross – cultural tensions in their home lives.

A significant issue reported by COMPASS staff, but more insinuated by young people in terms of being unable to remember what happened, was a high incidence of risky sexual behaviour, with one abortion under 16, and all girls reporting relationships with 'older' young men 4-6 years, 2 of whom were the main source of drugs or alcohol.

All young people reported having friends and acquaintances who use alcohol and or drugs to the same extent as them, but who are not in a similar programme. As they began to use less, young people generally saw less of their former friends who still drink or use drugs; this shift in friendship groups is clearly a factor in sustained success.

2) Reasons for Joining COMPASS

For all young people, an incident or series of incidents had brought them to COMPASS.

For those young people in school or college (8), 4 had been referred via counselling services having been caught with substances on them or overheard, and 2 via behaviour support teams. One young man decided to give up of his own accord:

“No towards the end, just before I decided to stop, I don’t know, I was just getting bored of it and didn’t like the taste anymore and all that. I was just getting a bit fed up with it and I wasn’t really going anywhere. All my money was going on weed and I had no money to go out, like cinema, buy clothes and stuff like that.”

Yeah okay, so what was it that actually made you decide to stop?

I don’t actually know. I don’t know I was just bored of it. I just wanted to change and feel, I don’t know, I didn’t feel very healthy. I wanted to start going to the gym and stuff like that and be healthier.

Okay great, so do you go to the gym now?

Yeah, now and again. I’m going to gymnastics, in Harrow they have a gymnastic thing there and a lot of my mates do free running and stuff so I’m planning to go there and learn some flips.” Young Man 17

Given only one self referral, COMPASS staff clearly had very effective relationships with the young people, and all bar one young woman who started drinking aged 5 expressed a desire to change. The birth of his daughter was the driving motivator for the other very long term user. Other motivating factors were having a place to live, one young woman referred was already trying to give up to be allowed to stay with her father, away from a chaotic and almost nomadic lifestyle, and with a second chance in college; and another to stay with her private foster carer away from an abusive father:

“Everything, I mean before Christmas I went through a lot of stuff, that’s why, like I was smoking a lot back then and everything, and then there was an incident, yeah, I tried killing myself with tablets and then this whole thing with social services came about and the lady who looks after me now, she said that she would take care of me and everything, but she said if she was going to take care of me then I’d have to start going to school and like doing everything right, just be on point, otherwise, I mean if she didn’t take care of

me I would have gone into care, so I knew that I had to fix up, otherwise like I'd have to go into care so...." Young Woman 15

3) Reasons Given for Substance Abuse and Impact

Going with the flow and doing what others are doing is the most common primary reason given for starting to use substances:

"they were smoking their weed and like I was like the only young one there, because I started smoking cigarettes when I was like 11, 10, 11, so I'd go around there to smoke a fag and then everyone was smoking weed and I was like the youngest one there and they were just like oh come on, have a bit, have a bit. So that's when I started smoking and I liked it, I liked the way it made me feel, especially with all the stuff going on and the way I was feeling as well, so I just kept smoking it and smoking it, just myself." Girl, 15

Often 'younger' young people were introduced to cannabis and alcohol by groups of older young people. For some, the introduction was via the home.

That said, the reasons for continuing are because the substance acts as a destressor helping to relax and forget other troubles. Some troubles associated with the teenage years

"I was very dissatisfied with things and I just wanted something to interest me really. I just wanted to go to a different place. It was just like I just wanted a bit of comfort. Weed is quite, it was quite comforting. Now it's just like a routine..... all my friends that I made in Year 7 and my primary school friends and stuff and I was just like, I was a bit of an outcast and I was like, well if they don't want to be friends with me then that's fine. And I'm not really a social person, I don't have a big family and my family doesn't have many friends and it's just like, yeah I'm just basically by myself in my own world with my own hobbies and I was really angry but I was happy because I had my own thing. It was just me being independent doing what I liked. It was good like that. And then I met this girl and she was like the best thing ever. This was in Year 8 and then I just made her my world and stuff and then that went really badly, really badly and yeah things" Young Man 18

However, in this case, adolescent development issues which also relate to challenging circumstances: a sister also with mental health issues; counselling since transition to secondary school; a father who drank; and a divorce two years ago which is reported as a relief, but led to a period living with his grandmother ; and there is a sense of upheaval. Add to that, a clearly able young man likely to go to university, reporting being able to achieve without effort and wanting somewhere to escape to.

Sometimes on the surface nothing more than a regularly occurring teenage transition or experience may appear to be the catalyst, without warning signs:

“I was like, my granddad died but I wouldn’t say that was, that’s when my friends started going, like my behaviour and stuff, after my granddad died, like I did started smoking but it wasn’t because of that, I think I just went a bit rebellious. So that happened, then my behaviour got really bad with my mum and I got worse in school, like it gradually got worse in school. I was really, really good in year 8, I was like, I think I must have been 12 when I started smoking. I was really good in school, like I always handed in my homework, I always did my homework, I was always like, I’m still polite but I was really, really polite then and I wouldn’t argue with teachers. Then my behaviour started getting really bad and then I started smoking and then I started smoking cigarettes and then I started drinking.” Young Woman, 14

Yet, behind the surface there is a cultural tension between traditional African values, and more permissive English values, characterised by the 200 miles or so the parents live apart.

Change is often a potential cause:

“I first started last, I started this year kind of, yeah, this year, when I came into foster care, I was going to parties and my friends and yeah, I just drank.” Young Man 13

For some young people, exposure to adults substance use is an inhibiting factor:

“I’ve got people around me that do but personally I don’t choose to because I know the effects of it because it’s happened to members of my family. So I don’t really like, I just drink sometimes at parties and that.” Young Man 15

For other young people, using substances is almost inevitable due to exposure, for one young man in care since the age of 10, and a mother who was addicted to crack and alcohol and drugs were just there:

“I don’t know to be honest. They both came at like sort of the same time. I was like six or seven. The weed was there like ‘cause obviously everyone in my house smoked weed and that and obviously my mom was drinking and smoking or whatever. So I just used to steal her alcohol but I got my weed from my brother, like he’d be smoking and he’d leave it in the ashtray and then I’d take it and I’d smoke it to myself and I’d come back high. That’s how it all started.” Young Man 17

For this young man, moving around the care system, being thrown out of school just before GCSEs, not finding college as expected, having a child with his girlfriend some distance away with restricted visiting because of his volatile temper, the inevitability of the substance use has had some far reaching repercussions.

Similarly:

“When I was four my brother was born and my dad left and then my mum had postnatal depression and I don’t know if she, I think she still has it, but my mum’s like mentally ill and so is my dad but my dad takes pills for it and stuff. He’s not as bad as my mum, he’s only slightly, but yeah my mum’s quite bad and I had to look after her. When I was younger, school was like my escape and I only worked that out like a year ago, but I liked being at school and I was really good at school, I didn’t do anything bad, I was like the perfect child, like angel, but to get to school that involved me having to get up, get my mum up, get my brother up, get everyone ready, make everyone breakfast, make everyone’s lunch and then actually make sure my mum was out the house and ready for work with all of her stuff and then she would take us to school. So I did a lot of stuff. I looked after my brother and I looked after my mum.” Young Woman 14

This young woman started to drink around 4 or 5 years, at the time everything changed. All family photos show parents with wine or beer, ‘my Dad used to be quite violent. Like other young people who started to use substances at an early age, she admits: “I drink mostly spirits and I’ve done ecstasy, cocaine, and I smoke quite a lot of weed.” Home life sounds materially comfortable but chaotic with the family living in dispersed areas of a large house. She has a history of self harm and suicide attempts.

Yet at the same time, this is a young woman who after 6 weeks off school, still anticipates being able to pass 6-8 GCSEs, maintain her lifestyle as the COMPASS programme is compulsory, and can present as an articulate willing student, but:

“I lose control all the time. I have control for a few months and then I just f*** everything up like the other day but that’s just another story, don’t worry.” Young Woman 15

4) Aspirations, Challenges, and Support

All of the young people interviewed in phase 1 were able to clearly articulate what they wanted from their future, from high – paying security job, to visiting his child, to achieving academic qualifications and aiming for a particular job, or university. Only one young woman at this stage was particularly uncertain, but still sure that she was bright enough to pass enough GCSEs to progress to college. They were also very clear about the impact of their lifestyle and its potential to hold them back.

In talking about their lives, all the young people interviewed had previously been involved in a range of activities, with the exception of those in the care system. At the current stage of their programme all were keen to get involved in new interests, and with varying degrees of trepidation, to meet new friends.

The most popular activity choices were the gym and dance classes, all related to a sense of improved image and health. Picking up former activities, horse – riding, dance, athletics, for example were motivating for around half of the young people. Music also featured high on the wish list.

For those old enough, driving lesson were a motivating factor, and related to future plans. At this stage, young people were unsure of the role of a peer mentor, but did associate them with the opportunity to meet new friends.

All young people talked in one form or another of the impact of having nothing to do:

“I think it; I need motivation right now, like I really need to be motivated. Like everyone, teachers and my mum are telling me I need to be motivated. I think it will motivate me. I don’t know what it will motivate me in, but it will make me feel more involved with something, if that makes sense, like it will make me feel more like I’m worth, like it’s worth trying and stuff. I can’t explain it, like you know what I mean, like involved and interactive kind of, like not lazy and not doing anything.” Young Woman 15

5) CHOICES Programme

Harrow CHOICES Programme, Interviewee Overview

Age	Gender	Future Goals	Interview 2	Plans On Track	Positive Outcome	CHOICES Completion	CHOICES Ongoing	Potentially Vulnerable
13	M	Not expelled from School	Y	Y	Y		Y	Y
15	F	GCSEs/ College	Y				Y	Y
15	F	GCSEs/College/University - Midwifery	Y	Y	Y		Y	
15	F	Care sector	Y	Y	Y		Y	
15	M	Mechanic	Y	Y	Y		Y	
17	M	College/Apprenticeship	Y	Y	Y		Y	
17	M	Security					Y	
17	M	Job/Father		Y	? ³		Y	Y
17	F	Youth Work	Y		Y		Y	Y
18	M	University	Y	Y	Y		Y	

For the young people involved in the programme the most common feedback was the opportunity to make new friends and develop wider support networks. Even in cases where they were not completely on track, and external factors had come into play, they all had new support networks. This ranged from the young woman supporting a friend who had been regularly attempting suicide, speaking to her mentor almost daily, to another,

³ At the time of the second interview, this young man had disappeared, and was suspected to be living with his girlfriend and child.

suspended from school having met a new, more academically focussed older friend who was clearly a more positive influence than the broader friendship group:

“Anxious and I didn’t really, I don’t really speak to, I spoke to like my circle of friends and that’s it, I didn’t really speak to anyone else. So now I’m speaking to, like I’ve met a few people at the party that I’m speaking to now, I met some girl, she’s really sweet, she was in the year above and I’m speaking to her, and then, yeah.” Young Woman
15

Of the 8 young people interviewed for the second time, a positive physical change was apparent in 6 cases. Clear complexion, more alert, more positive body language, confident discussions about the future were a trend. One young man, now choosing between a college place and Apprenticeship with a national company explained:

“Because I feel so much better without it; you don’t realise what it does to you and if like you quit for like a month or something like that, and then after that you start to actually feel quite a lot better and the need to have it goes away, don’t need it anymore.” Young Man 15

This is a young man who has coped with adoption, a parental suicide, failing at 16. He has been attending the gym with the programme, and independently developed a network of friends involved in parours for which he travels, and describes in some detail how energised he is feeling. The key element here is that he had stopped smoking cannabis for four months before starting the programme, and was already very motivated to change, and develop a positive future for himself.

Some requests for activities have not been so successful. One very bright, very creative young man has converted to Islam and wanted to learn Arabic. He is very clear about the benefits of having a structure and spiritual focus to his life, but the programmes ability to access Adult Education Courses for under – 18s has been limited and there are a number of examples across the Borough where this has caused delays, or courses may not, in fact be possible. This includes activities such as Photography, Singing and Languages. Activities provided by the main partner youth organisation ‘Ignite’ such as music, sport, mechanics, and residentials and day trips have been easier to

access, and popular with the under 16s in particular. Tutoring support to catch up in school is also more readily available.

Young people report being more involved in activities making them feel more in control and responsible, or more confident:

“I’ve been starting going to the gym, and that makes me feel more like, I don’t know, like more responsible with myself. Like it makes, because without smoking and stuff I can afford gym, and without drinking I can afford gym, like it just makes me feel like I’m spending money on something that’s beneficial for me and it’s fun and it’s, yeah, beneficial.” Young Woman 15

“I think it’s boosted my confidence personally, and it’s like, and especially to talk to other people as well, because you know most people are like nervous to like speak to the people they’ve never met before, and now it’s like, when we’re doing them activities I was like, I was just, I’ve made so much new friends and everything like that. And I’m, yeah, I’d just say I’m more confident with certain things as well. “Young Man 15

Relationships with Mentors have also generally been positive. One young woman has had a work placement with the Youth Organisation providing Mentors and 4 of the 5 13-15 year olds regularly attend. The two brothers have been on residential experiences, and report being more confident with new people. Roles have included support in planning the activity budget, and introductions to new groups and activities. A pampering day was a popular means to bring the young women and mentors together. Peer Mentors seem to be focussed on building relationships and allowing project participants to discuss what they want to, when they need to. In some cases a Youth Worker has acted as Mentor, and this has been a more proactive relationship.

For the four young people whose trajectory has become more uncertain, this is to a large extent due to circumstances beyond their control, and, perhaps significantly, involves both young men in the care system, and one young woman likely to become homeless, and the three young people who had started their substance use earliest in life. Neither of the young men in care were available for the second interview, both were approaching 18th birthdays at the first interview, and the concern is that they have made

early and unsupported moves. One appeared to have moved in with his girlfriend and child, although this may be one of a series of regular visits. He is, however, in breach of his agreement with the care home, and Youth Offending team, and there may be serious consequences. This is the same young man who started smoking cannabis and drinking aged 6. The other seems to have returned to his mother's home for financial reasons, some 200 miles away, and 200 miles away from his support network, leading to concerns that he may fall into previous behaviour patterns.

The third uncertain trajectory was that of a young woman aged 17, was one of the most positive first interviews having overcome a serious cocaine addiction, transitory and disturbed family life, to attend college, have clear plans for the future, and a healthier lifestyle. At the time of the second interview, she was very down and was dealing with a friend's mental health issues which had prevented attendance at college, and had been told that her father would no longer allow her to stay once she reached 18 in 10 months time. Anxieties around college, her friend were exacerbated by the realisation that she would possibly not receive Housing Benefit and a sense that all her efforts would amount to nothing.

Finally, one 15 year old young woman, who remains very confident in her abilities had been expelled from school, for what seems to be an escalating argument related to communication issues. There was an agreement in place to reduce piercings, and attend certain classes. The Head teacher, clearly unaware of this confronted her in the corridor, and following a heated dispute, suspended the young woman. Feeling angry that the agreement was breached but not by her, the young woman has dug her heels in, and reverted to former behaviour, admitting to taking speed in the interim. COMPASS are to advocate on her behalf, but the long term alcohol and drug use, chaotic home life will all contribute to ongoing volatile behaviour making this a long term difficult situation.

Case Study – How Many Times can young people pick themselves up?

Sonia⁴ is a bright, articulate young woman who has overcome a great deal, and should be looking forward to the future.

At 16, she has already kicked a cocaine habit of 2 lines up to 3 grams, depending on her state of mind. Occasionally she would also smoke cannabis to 'help her go to sleep'. The reality was on a 'good week' she would attend perhaps 5 classes at school and would spend the rest of the time in her 23 year old boyfriend's flat. They would 'hang out' in the flat because if they sat in the park they were reported to the police, whether they were doing anything or not.

When we first met, she had been completely clean for almost 6 months, and was very clear about her reasons for taking drugs, and just as clear about her reasons for stopping.

That said, her younger brother is still involved in the drinking and cannabis smoking youth culture of the rural village from which she has moved. A drinking culture which clearly involves younger teenagers and a mix of cider, beer and spirits.

Sonia's biography is one of 12 addresses in 16 years, moving at 11 to a small village with only 260 people or so, and not a lot to do. Subsequent moves were all within a five mile radius or so, meaning that young people all know each other very well, and attend the same school, in spite of being dependent on lifts or mopeds to get around.

Despite the moving around, and at this point in the discussion it becomes apparent that the 5 brothers have different fathers, Sonia cites boredom, and doing what everyone else is doing as reasons for starting to smoke

With some reservations about the

cannabis, to drink, and then to take cocaine. Only at the end of the interview does Sonia open up about the true extent of challenges within the family. She has two younger brothers, 4 and 15. Two twins would have been 18, but one died in a fire aged 4, and the other went missing aged 10 – his body was recently recovered. Another older brother is in the army, on regular tours of duty. Another older brother died in a car accident following a family argument about Sonia, and she blames herself. The second oldest is serving a life sentence for killing the man who set the fire in which her brother died, and the oldest brother is a police officer "Do you know how horrible that is to say, one of my brothers is a lifer and the other a cop" That Sonia should ultimately have turned to drugs is perhaps no surprise, that she should have found the resilience to kick them is perhaps also not surprising. She smoked her first joint aged 9 – the rural setting meaning that young people were hanging around together in groups from 8 to 21. At 12 she started to drink, mainly cheap cider with the aim of 'getting hammered'.

Finally, she was thrown out of school, ostensibly for not attending, her Mum kicked her out, and she had to move back to the city 225 miles away, to live with her father. At this point in the interview, Sonia is honest about the impact of the drugs on her life. She was unable to get out of bed in the morning without snorting a line of cocaine. Shortly after the move, she broke up with her boyfriend, and the easy supply stopped, also forcing the issue.

Having been overheard talking about it at college by one of the teaching staff, she is now regularly tested, and has to stay clean to stay in college.

As if this isn't enough, her older brother was in

⁴ Names have been changed to maintain anonymity in line with the informed consent agreement.

commitment of staff, she is back at College, retaking examinations, and thinking about future plans. It was the Fresher's Fair which encouraged her to attend COMPASS, and seek help, as she was still snorting 'as many lines as I could get hold of', usually sourced by her boyfriend who had travelled with her, in the evening. The realisation that any type of career she was interested in would mean a CRB check was another key factor in the decision to stop, and ultimately to 'tough it out' with support from COMPASS.

When we first met, Sonia was full of plans for the future and in control. She was looking forward to either horse - riding (again) or swimming. At our second meeting, life was again challenging her resilience. She was still clean, but had been drinking quite regularly, mainly as a cheap means to socialise with 2-3 friends 'at £10.99 for a bottle of vodka and the night's sorted'.

A number of issues were conspiring at this point to make life difficult for Sonia once more. Her best friend had tried to commit suicide 8 times in 2 months. Having been seen by psychologists, her friend would just lie and say she's a 'bit down', and there had been delays getting support from Children and Adolescent Mental Health Services. The calls to attend the Accident and Emergency Unit were interfering with Sonia's Coursework and she was falling very behind. Her father had thrown her out the previous weekend, and she had spent one night in an airport, another at friends, before going home. Her Father plans to throw her out when she reaches 18 next year, and Sonia believes she will be homeless due to planned changes in the Housing Benefit system from April 2013.⁵ Sonia's stated only option, even if working is to move in with the best friend who has been attempting suicide.

hospital and had been for some time with meningitis, but her Mother had not informed Sonia. Her commitment to college has been dampened because "There are no jobs at all in health and social care. My dad's just had an eight grand a year pay cut, there are that, my mum's lost her job, she's now working in the village shop. She lost, she had two jobs and she's lost both of them because the health and social care budget cuts. There are no jobs."

Within the space of 10 weeks a bright young woman, who had already overcome a great deal, is faced with apparently insurmountable problems, none really of her own making, some structural, and some familial. When she was first kicked out of school, she had considered a year out, and was now contemplating the same to 'get my head sorted out'

COMPASS and her mentor from the CHOICES programme still have an effective relationship, but Sonia's needs will extend far beyond the lifetime of CHOICES, and require concerted multi - agency support.

Sonia is very positive about her mentor, and some of the activities available. She needs more, however as she feels so uncomfortable in her father's house, "I just kind of go out with people, stay out until stupid o'clock, go home, go to sleep. Once dad's gone to work I'll get up then I'll go out, stay out and then go in, go out."

Unlike most of the young people interviewed, a positive outcome has every risk of turning into a negative, and control turning to vulnerability.

⁵ This refers to the plans to remove Housing Benefit to the under 25s from April 2013, which became public at the time of the second interview. Full details are not yet available.

6) Structural issues

A number of structural issues are apparent which either support or mediate against the effective operation of the project. Clearly COMPASS Harrow has very effective multi – agency arrangements both for referrals, and in offering ongoing support. Two very different schools were visited during the interview process, and COMPASS is easily able to adapt to different organisational cultures. COMPASS Harrow is also able to adapt to a changing landscape responding to service changes in the light of current service cuts.

There are some issues, which prove difficult to overcome. Transition to adulthood in general is difficult, but specific issues in terms of progress from Child and Adolescent Mental Health Services (CAMHS) to Adult Services are challenging, and could fail to meet the needs of vulnerable young people. Similarly, changes to Housing Benefit could, and it is recognised that full details are not yet available, cause a serious setback to young people who are working hard to develop a more positive future for their lives.

The volume and nature of alcohol consumption is clearly aided by easy access to under 18s, and a number of shops selling to under 18s, particularly in Whealdstone.

7) Local Conclusions and Recommendations

Understanding the life history of the young people involved in the programme clearly demonstrates the complexity and challenges which are contributory factors to choices in substance use. All of the young people interviewed in the sample, have experience of adults', often their parent's substance use, and often associated violent or dysfunctional behaviour. For two of the young people interviewed this meant that they started their substance use aged 5 and 6, one from an apparently high functioning professional family, and one from a single parent home where the mother was addicted to crack. The early start and ongoing vulnerability of these two young people, indicates that more intensive support services than are currently financed may be necessary.

Similarly, the ongoing vulnerability of the young men in the looked after system reflects the national statistics for destinations of young people leaving the system. Again, this indicates a wider issue than will generally be

solved by a programme such as CHOICES, but one which may be exacerbated by any ineligibility for housing benefit before the age of 25.

Young people's descriptions of friendship groups and acquaintances and their use of mainly alcohol and cannabis suggest the extent of young people's substance use is greater than suggested by current figures, and is firmly embedded in youth culture. A chaotic background is what characterises the young people involved in the programme, indicators are that young people from more stable backgrounds may be involved, but less visible. The universal description of meeting places in parks, shopping centres, and nothing to do also suggests an issue of lack of meeting places and support.

That said, young people are also able to articulate their needs very clearly, and have responded well to the opportunity to manage their personal budget and plan alternative social lives. They clearly recognise and are able to describe the benefits of participating. A significant factor in this success is the link to broader COMPASS work, and the longer – term pre – existing relationship with a substance misuse worker, meaning that the CHOICES Programme has come at the point where young people are motivated to change, and is integrated into a wider package of support.

3b) London - Enfield

1) Overview

In addition to delays starting the project, Enfield was further held up by the closure of the partner mentoring project, and a new organisation had to be found. As a result, the target numbers were reduced to 15, and first interviews took place in April '12. At this stage 3 interviews were completed, but only one was still with the project at the time of second interviews in July. One had successfully completed the project, and one with very complex issues had unfortunately become involved in gangs. Outcomes for the young man completing the project, and reasons for the progression to specialist support have been included in the evaluation due to the relevance of their stories. To make up the sample, a further 3 interviews were completed with young people who had been involved for some time. These interviews covered both stage 1 and stage 2 questions. In total 6 young people in receipt of Tier 3 (specialist) provision were interviewed, two at stage 1 only both young men aged 13 and 14. Stage 1 & 2 one young man aged 17, and 3 young women aged 17 were interviewed for both stages together. All have chaotic or transitory life histories to some degree. The main substances of choice were cannabis ranging from 1-3 grams a day, and alcohol usually spirits ranging from 3 plastic cups (with or without mixer), to over a bottle, alcohol mainly at weekends although the 13 year old stated 5 times plus a week, in addition to daily cannabis use. As in other areas of London, the younger people smoke in groups with older young people.

2) Reasons for joining COMPASS

Of the 6 young people interviewed, 1 young person had been referred by Youth Offending Team, 1 by Child and Adolescent Mental Health Services, one by a housing organisation, one by college, and one self referral due to parental pressure and 'upset', and 1 was completely self motivated and had attended COMPASS of his own accord.

One young man had completely stopped heavy drinking and smoking weed as he had followed friends in criminal acts, including burglary, for which they had gone to prison, he was given a 5 month tag, and referred to COMPASS by the Youth Offending Team. This, combined with a reminder of his Muslim Faith had acted as a deterrent for him:

"The drink thing because you know when I drink I used to do bad things, like I never thought I would do it when I'm not drunk and stuff so did some crazy stuff, and that's what made me come to the youth thing, went to court for doing attempted robberies and stuff. When I'm not drunk, when I think about it, I think why did I used to do that, I was drunk so I had to stop drinking because I'm not doing that scene. And I thought, and

once, maybe because I was a Muslim first, but I wasn't really practising and stuff, because Muslim says that you can't drink and stuff. Then once I thought, I don't know some guy talked to me, he was a Christian but he converted to Islam and he was doing it, buy the stuff, the whole area they knew, he was doing the music and, so like they convert to Islam and stopped everything. And he spoke to me and he told me what you're doing is not good, you're a Muslim and you shouldn't be doing this kind of stuff. And once I realised that like I shouldn't be doing it" (Young Man 17)

3) Reasons Given for Substance Abuse and Impact

For one young man, moving to the UK from Ethiopia was clearly the catalyst for drinking and smoking Cannabis, but with a very perceptible impact on his life:

"That's the thing now, when you stop smoking and drinking and stuff, think about something, but when you're smoking and drinking that things like you don't care about your food and stuff, you don't care about life, you just want to waste time, just want to get over this day and the next day comes and the same thing, just do the same thing, you don't care about tomorrow and stuff." (Young Man 17)

Similarly, one young woman with daily cannabis 'habit' started because friends were doing it, notes she is still functioning, but underachieving:

"I probably wouldn't even be kicked out of school. I don't know. It's just like my concentration is really bad. I don't concentrate. It's usually that I don't care about anything. It makes me not care about anything." (Young Woman 17)

Another young woman, in danger of losing her housing, talked of losing control:

"Memory, my memory going. I'd be like, what did I do yesterday, I can't even remember? Have I eaten? I don't know. That definitely. I felt more tired. But it depends what I smoke, because if I smoke skunk then I feel really tired. If I smoke Thai weed then I feel like I still can do something. But it depends what I smoked. What other changes? Like I was eating less, I was eating less and I went really skinny actually. I lost a lot of weight, but I think that's about it. Oh no, I'm more antisocial as

well with my other friends that I didn't smoke with. Like my friends would be like, where you've been, what have you been up to, you haven't been in contact with me. But then I thought like, you haven't been in contact with me so why should I? But maybe, I don't know, I actually found that a time, a period that I was smoking too much, and it was skunk, and it basically took control of me. From day to day, it's like wow my day has finished already, what did I even do? I can't function properly, I'm not me. But then I got another stage where I thought I'm in control of the weed. Like when I smoke I have some control. I don't feel like, oh I'm more paranoid, I can control it instead of it controlling me and I don't know what the hell I'm doing." (Young Woman 17)

One young man had self – referred to COMPASS:

"I just wanted to see if there was a better way really at the moment." (Young Man 14)

His reasons for starting were social:

"It's because I was just like with my friends and we noticed that people were smoking but we didn't really know at the time, we just started doing it and we liked it and we carried on, and then we found out properly what it was, just found out.....The bad things is losing my actual school and turning into, going to a unit, because it makes me lose out on my GCSEs and stuff like that. So it's not really a good thing. Starting smoking, well that was a good thing because it has gone down like lack of family response and stuff like that, but not all the time"

So what happens with the family?

"They lose support for you, they just don't want to know you afterwards really". (Young Man 14)

Another young man with some very complex mental health issues, and a family history of heavy alcohol use started drinking very early, shortly followed by experimentation with drugs, and escalation, clearly related to a need to feel 'out of it' which led to his referral:

"It was in Year 6 with the drink, skunk, like near the start of Year 7"

“The whole reason why I got referred here was because I came back to school pissed out of my head and then I started spewing up and then they could smell the vodka in my sick so they referred me.”

So does alcohol make you feel the same as skunk or is there a difference?

“I usually do both of them together, I just feel out of it, but that’s not the only thing that I do, but it’s like the most predominant thing.”

What else do you do?

“I’ve took GHB, before in the start of Year 7 there was this, he’s either Romanian or around the South American, I snorted a bit of coke but I didn’t like it at all so I’ve completely stopped, but I’ve taken GHB quite a bit”. (ALONE)

And how does that make you feel?

“I don’t really like the effect; it was because I was annoyed that I wanted to have some, which I did.”

Having to stop, so does drinking and smoking make you feel better?

“Yeah, because I just forget about the troubles and that.”

What kind of things does it make you forget about?

“The troubles at home, school, life in general.”

What kind of troubles do you think you have?

“I’m in touch with Social Services so...”

Okay, you don’t want to talk about it, that’s cool. So the troubles, did they, do you think they had an impact on why you wanted to start drinking or maybe why you’ve gone into the other things?

“Yeah, definitely.” (Young Man 13)

When this young man has arguments at home, he lives with Mum, sister and brother, and has no contact with father, he heads for the country. He

recounted an occasion of stealing alcohol and staying in a field for 'a long time' on one occasion stayed away for three weeks, without any consideration for himself.

"Anger takes over and then I just don't care, I'm completely reckless."
(Young Man 13)

Others report issues related to moods and anger:

"Like if someone, like if I hadn't smoked for a while, not even a while, maybe like if I don't smoke first thing in the morning I will get up and people will start annoying me, but they might not necessarily be doing anything wrong but it will be aggravating me. I would be easily aggravated and stuff like that" (Young Woman 17)

4) Aspirations, Challenges, and Support

Young people from Enfield interviewed, all had clear ideas of what they wanted to do with their future, and recognised the need for lifestyle change to enable this to happen, and even the young man who subsequently got drawn into a gang lifestyle had academic and professional ambitions. In addition to the challenge of changing their lifestyle and substance use, they all also recognised the size of the challenge in overcoming pressure, even tacit pressure from their peers, and the difficulties in finding alternative social activity. That notwithstanding, achievements in school and college with the exception of one were in evidence.

"I'm at college; I'm still doing the college. I finished the business and admin now, and I'm doing the English and maths level two, level one and level two.and ICT as well.....I want to start level two, business studies two in September". (Young Man 17)

"There's just, I haven't been through a lot yeah, but I have been through stuff. Like I don't want people to do like, I don't know, I just don't want young people, people younger than me, to do the same thing that I done. It's not like I've done something really bad but I do smoke a lot, and it would be better to tell other people not to smoke, ...[unclear], I don't know....I probably wouldn't even be kicked out of school. I don't know. It's just like my concentration is really bad. I don't concentrate. It's usually that I don't care about anything. It makes me not care about anything." (Young Woman 16)

One young woman reported having obtained an apprenticeship, but leaving due to the lack of learning and menial tasks she was being given. She is now at college studying Level 3 and hoping to progress to University, and

recognises a need to stop smoking completely to succeed, an stay in her housing.

5) CHOICES Programme

All young people recognised the support from the project and the mentoring arrangements. As elsewhere in the programme, where there had been delays, this was met with some frustration.

“I have been cutting down a lot on the programme, and the support that’s here is good, good support with them. They’re there; they’ll help you out with other stuff, not just your problem, with your drug use”. (Young Man 14)

Individual support in particular was highlighted:

“They (young people) need help, they need help, exactly. They need someone to talk to them. Most of the people, I see them, when you talk to them they seem nice, but what they're doing they just need help, someone to help them. They don’t know how to change, how to start and that kind of thing.” (Young Man 17)

Some young people highlighted the benefits of mentoring as an important factor of getting involved in other activity:

“I do want to go to the gym again. I do want to do swimming and stuff, but there's always no-one to go with. Like I don’t want to go on my own, yeah that’s the thing. I would go to the gym, but then my friends don’t want to come with me, and I don’t want to go on my own.” (Young Woman 16)

Others report having joined up support for housing, college and social activities as being beneficial. Control is a big motivating factor:

“I thought I was in control, but when I look back on it I think to myself, I wanted to quit for ages but I always went back to it. So I think to myself I couldn’t have been in control because I would have stopped when I wanted to. Because I used to say it for months, I probably said it 100 times before I actually did stop. So I would say I’m more in control now.” (Young Woman 17)

Enfield Programme Overview

Age	Gender	Future Goals	Interview 2	Plans On Track	Positive Outcome	CHOICES Completion	CHOICES Ongoing	Potentially Vulnerable
13	M	Lawyer	N	N	N		Y	Y
14	M	Mechanic /Business	Y	Y	Y	Y		
16	F	College	Y (1&2)	Y	Y		Y	
17	F	University	Y (1&2)				Y	Y
17	F	University	Y (1&2)	Y	Y		Y	
17	M	College	Y	Y	Y		Y	

Case Study – Hopes of a self - motivated Success Story

Paul referred himself to COMPASS, for the simple reason that he thought there might be a better way.

Whilst recognising the lack of things for young people to do, he is very interested in fixing things, and this prevented his cannabis use from being his sole leisure activity, unlike the majority of the young people interviewed.

He did, however like to feel relaxed and reports “I just thought of trying it and then I tried it with one of my friends and then I just liked it really, and I just kept trying it and kept trying it, and then I’m just getting used to it, and now I’ve just got used to it ever since.”

Recognising it makes him a ‘bit slower’, his other interest in mechanics and engineering took over, and he decided it what time to stop. He then admitted he’d also been getting into fights and had been thrown out of school – this probably representing the actual catalyst for the decision to find support.

Anger had clearly been becoming an issue: it’s just that when I’m angry, it’s just when people annoy me or if I don’t really like you I’ll get angry, but yeah..... I can stop, yeah I can stop, but if I want to I’ll let it rage out, and I’d rather let it rage out so I can just get it out of me, once it’s all out it’s out, no more, so I just let it all out”

Paul also reported arguments at home, and was considering the pros and cons of ‘feeling relaxed’ and the other issues throughout his interview. At this stage, he was still finding his ‘better way’ attending a Youth Club, and working hard to get out of the pupil referral unit and back to college.

Paul was not available for the second interview, but has completed the CHOICES programme and now started a Music Production Course. His attendance at school has improved significantly.

Hopefully the motivation of his very clearly articulated career aspirations will continue.

6) Structural issues

The Enfield programme was significantly delayed and subsequently reduced due to the loss of a local delivery partner. Once started, the new delivery partner was able to offer a range of options to young people in terms of training access to activities and mentoring, but was establishing itself in new premises which led to delays. This is a reflection more of the impact of the economic climate on services for young people, than a specific issue to Enfield.

Motivation in terms of education is challenged by course availability, related to early mornings and an hours travel, significant when trying to overcome the effects of cannabis:

“Regional, but that’s like kind of far. The college I applied for is like next to my house, but it’s the course that I don’t want to do. And the course that I applied for in different colleges are really far, and I just don’t want to go there because it’s just too far.”
(Young Woman 16)

7) Local Conclusions and Recommendations

In the Enfield sample, local youth culture seemed more of a factor than parental substance misuse in the case of all but one interviewed. Lack of available activities attractive to young people and joining in with others, were recurrent themes. Similarly, for young people struggling with motivation, distance to educational opportunities of choice was an issue potentially presenting a barrier to ongoing lifestyle change.

All of the young people interviewed demonstrated the ability to succeed with motivation and relevant support, for some this needed to be closer. The role of individual support other than parents was highlighted by all as a significant factor in their support.

Access to culturally appropriate gym facilities were a delaying factor for one participant, delays in general were largely structural, but do have an impact in terms of maintaining motivation.

3b) London - Lambeth

1) Overview

Two young people were interviewed for the Lambeth Programme, very early in its implementation. One subsequently did not continue, and the other completed, but did not attend the second interview. This was the pattern for a total of four visits, indicating some local challenges in acceptance of substance use. In line with other data for Lambeth, both used Cannabis as their preferred substance, although alcohol did play a part.

2) Reasons for involvement with CHOICES and COMPASS

One young man was referred by the Youth Offending Team, via Fairbridge. He had spent school in a Referral Unit, and reports “my confidence has always held me back”, but he was excluded for fighting. The young woman was referred by Connexions when she said she wanted to get back to college, having also not attended school, - “we just started bunking”, and then was excluded for arguing with the teachers.

3) Reasons given for Substance Use and Impact

In both cases, peer influences were the main cause. “Trouble”, the young man interviewed reports fighting on the estate, others coming for fights and trouble simply being around. Smoking makes him feel ‘chilled’.

Or, the young woman explained “when you’re younger you just try things....there’s a lot of young people doing it, there just trying it”

Both participants related experiences of paranoia due to smoking, symptoms being feeling on edge, thinking they were being followed, and needing to watch other people. Both clearly had anger issues, and the young woman interviewed had moved into a hostel when she was 16.

One participant related only social drinking:

“I’m not really a drinking person, really – only when something’s going on I’ll have a bottle”

“A bottle? Of?”

“Brandy”

4) Aspirations, Challenges and Impact

The young man interviewed was hoping for “less of the smoking and more confidence”, and identified music as the potential activity. The young woman was hoping to complete her college course and get a job, or start her

own business, but recognised the challenges “I want to give up, but sometimes it’s hard, but some days I get depressed a bit, and I just like think like of negative things, and when I’m smoking I don’t think as much” .

5) CHOICES Programme

The young woman had been attending COMPASS for some time and was keen to change her habits and stay in college.

“Since coming here, I’ve reduced quite a lot” she was ready to start using the gym, boxing and street dance was planned. The activities were helping to motivate, and find alternative free time activities.

6) Structural Issues

Due to delays in the programme contract, COMPASS Lambeth was restructuring due to contract funding at the start of the project and the changes, particularly personnel moving away seemed to have an impact on young people’s registration and commitment. Local services had also changed in the interim of planning and actual delivery start, and a newly set up mentoring service was being used. The mentoring service undertook outreach to increase numbers referred onto the project.

7) Local Conclusions and Recommendations

14 young people completed the programme overall in Lambeth, an achievement given the late start, and clear attendance issues. Outreach played a part in developing interest, and may be a longer – term option in an area which clearly has high levels of substance use and related issues. Changes to partner services both reflect the challenges of the area, and increased the challenge of delivering in a short period of time.

3c) Coventry

1) Overview

All participants in Coventry were selected using a multi-agency approach to identify young people at risk of offending and who had some previous experience of the criminal justice system. They were also significantly at risk from 'hidden harm'.

A total of 19 stage one and 14 stage two interviews were completed with young people aged between 12 and 16 years all of whom attended the same school. All except 1 fell into the tier 2 provision. 11 young women and 7 young men were interviewed from a range of socio economic backgrounds. The stage 1 interviews took place in the school Youth Office and the Stage 2 interviews in an interview room attached to the school 'attendance monitoring' office.

Only 4 of those interviewed had used cannabis. One every day, one talked about having cut down from 'an eighth' a day to using occasionally, the others spoke about being occasional users. The regular user openly acknowledged that that it was a major part of his life.

"I smoke about five spliffs a day say, and that's a big part of my life, because like it revolves around everything I do, so when I go out I have to get a spliff". (Young Man 15)

"Well it's like see when I'm angry, say if I've had a hard day at school or something and I come home and I think to myself oh I need to get a spliff just to chill out". (Young Man 15)

5 young people said that they didn't use alcohol, 6 talked about using it occasionally. They didn't appear to see alcohol as a significant issue in their lives.

For example:

"I had a little bit of alcohol at Christmas". (Young Woman 14)

"When me and my mates go out we have alcohol then". (Young Man)15

"I'll have a couple when I'm out with my Dad". (Young Man 14)

"When I'm going out to parties or something". (Young Woman 15)

One young man aged 15 said that he was against drinking:

"...my neck there's a scar and that scar is from getting stabbed and I got stabbed by a drunken man".

"So now I believe that I am against it. It's just one of those things isn't it, I'm against it"

Another young man (aged 15) said he drank everyday but moderated this by saying that he hadn't had much for a couple of weeks.

Some significant substance use within families was reported by the Youth Centre staff. One of the young people (young woman aged 14) had to move away from home because of her father's behaviour due to alcohol abuse. The mother of another (Young Woman 12) was in prison for dealing drugs. Another, (Young Woman 14) had experienced her father being drunk on a regular basis.

2) Reasons for involvement with COMPASS and CHOICES

Besides substance abuse the main reported issues in the young people's lives were:

Problems at home; family break-up, family structure, tension, parental mental health, bereavement and abuse. For example:

"Mum's got a number of illnesses like mental health issues, depressions, heart problems". "I've had to be a carer since a young age". (Young Woman 14)

"Mum's financial state, because she is on the dole and stuff and she's been diagnosed with depression." (Young Woman 16)

"I've never had any contact with my Dad except from when I was a little kid like, no contact what I can remember" (Young Man 14)

"My Dad passed away last year. "It was the worst year of my life". (Young Man 13)

"They got divorced like five years ago and just like it took me ages to like get through with all that. It just like scared me". (Young Man 16)

"My Dad's forever coming round, he like shouted abuse at my Mum and that and obviously it does get annoying and yeah that's a challenge really". (Young Man 15)

"My Mum dying when I was little" (Young Woman 14)

"Yeah it was quite hard, because I lost a lot of people. Like first it was my Nan, then my Auntie my other Auntie and then I lost my three brothers". (Young Man 15)

Two of the young women were reported as being involved with older boyfriends, one of them was in prison, and this had led to significant family arguments.

"I went out with a 22 year old and my Mum phoned the police. He almost got arrested and he's not allowed to see me anymore"

All the interviewees had been referred to COMPASS and the CHOICES project by the school's small Youth Office. The two workers (one youth worker and one social worker) are in significant on-going contact with a majority the young people interviewed and liaise with pastoral and teaching staff at the school to support the young people and act as advocates on their behalf. Students at the school either choose to come to the Youth Office or can be referred by school staff.

" 'A' (Youth Worker) said to me do you want to do this (Choices) and everything and I thought it would be really good , so I had a go at it and it was really good" Young Man 13

"The people who run the youth office here just said that...people were coming to see me from Choices, Compass and all that..." Young Man 13

"I have a lot of trouble at home with family and stress and they wanted me to get back on track" Young Woman 14

Case Study - On the Mend

David (aged 14) talks openly about the vicious random knife attack that nearly killed him and points to the long scar on his neck. The attacker was drunk and now David is firmly against drinking. He is a regular visitor to the school Youth Office as he still has problems with his anger and concentration. The school staff still see him as being very vulnerable and continue to support him. He says that Choices is "the best thing going"

He used to love football but stopped after the attack and is now doing boxing as his chosen activity. His ambition is to be a fire fighter or a police officer. Just prior to the second interview his attacker had been imprisoned. The local press had described the sentence as inadequate but David was relieved that the court case was over and felt reassured that his attacker would not be released early.

The Head Teacher at the school is regularly in contact with the Youth Centre staff and is fully aware of the project and its aims. During the visits for the Interviews it was noticeable that 5 of the interviewees were regular visitors to the Youth Office and that they trusted and valued the relationship with the two workers who also confirmed this. Along with the Compass manager who was present at a number of the stage 1 interviews they also gave additional information that some of the young people had chosen to withhold.

3) Reasons given for Substance Use and Impact

Cannabis was the substance of choice for the young people using most regularly, with alcohol seeming to be more of an occasional social use. Cannabis was reported to reduce anger, and help relax.

Most of the young people experienced some difficulty maintaining a consistent attendance and attentiveness in school. Transitions were difficult, and exclusion a regular occurrence.

"I wasn't really in lessons, I argued a lot with my teachers. I used to walk out, I didn't learn a lot either". (Young Woman 15)

"...I don't like been told what to do...and then I like fly off the handle and lose it a bit and like I end up getting excluded". (Young Man 15)

"Just not going to lessons, walking out". (Young Man 14)

"They're going to transfer me to CAMHS or something because they don't want to put me on the tablets because of I'm only 16." (Young Woman 16)

4) Aspirations, Challenges and Support.

Many of the young people had positive aspirations some of which were related the Choices activity, for example:

"I want to become a dance teacher" (Young Woman 14)

"...to be a fireman or a police officer" (Young Man 14)

"Now I can see me getting my GCSEs and stuff and going off and doing my dancing as a job whereas before I didn't really see that" (Young Woman13)

"I want to be a drama teacher" (Young Woman12)

"When I'm 15 and 7 months I've applied for Harrogate Army College and then I want to go in the army when I'm older, go in the paras or commandos or an engineering trade" (Young Man 14)

There were ongoing challenges for many of the young people that were apparent in the stage 2 interviews. Despite a very positive and full engagement with the Choices programme, one young man (aged 15) had recently been expelled for a week after losing his temper with a teacher. However he still had positive aspirations about his chosen career and was continuing to go to the gym.

Another very vulnerable young man (aged 13) who had been bullied would not be returning to school until September, again he had had early positive engagement with Choices.

The Celebration event was a positive focus for some of the young people:

"It was good, I performed three times, I danced twice and sang...I got scared but it was good and loads of people want my CD" (Young Woman 12)

55) Choices Programme

Case Study - Keeping Busy and Getting On

Hannah (aged 15) is mad about horses and talks with great passion about her interest. She has secured work experience at a stud in Ireland over the summer and will be going to college for 3 years to study horse care. She became involved in Choices having been in regular contact with the workers at the school Youth Office who continue to support her with her own and her Mum's mental health issues. Her boyfriend is in prison and this has affected relationships at home but at the second meeting she said that she was putting that behind her and focusing on the positive things in her life.

"...and I'll be like yeah I'll come out and I'll you know smoke weed or drink and stuff but like since I've been in Compass like I haven't really had any because I've been really busy with all the stuff that's going on like lessons and that". Her relationship with the Choices mentor, whom she describes as "brilliant" has been very positive, "....if like me and my Mum's had an argument or something I can go to her and we just go through it". The project has also enabled her to have riding lessons and buy equipment.

A number of the young people openly reported positive outcomes from the Choices project:

"I've had street dance and like jazz...because it's made me boost up my confidence a bit more. I never used to like never perform or anything unless I was in a massive group where I could hide". (Young Woman 14)

It's like my confidence with talking to people has like improved loads." (Boxing) (Young Man 15)

"It's the best thing going. It's like your helping people when everyone else turns their back on them because they don't think they need". (Young Man 14)

"I think I've gained a lot of confidence and I've learned how to keep something going like a dance group and how to move and stuff". (Young Woman 14)

"I've learned to be a lot more patient with things definitely. I've learned to have more confidence in myself".

"I'm taking singing lessons and band lessons, and I've started playing the trumpet". (Young Woman 12)

"I've learned to control my anger as well as having a good time at the gym". (Boxing) (Young Man 14)

There were some significant comments about the relationship with the CHOICES mentors. Their names were mentioned frequently. Specifically:

"...and me and S (CHOICES Mentor) is brilliant and we've gone to Townfields and looked at the things that I might need for college..."

"...like me and my mum's had an argument or something I can go to her and say look what's happened and I don't know what to do about it and we just go through it and like see how I feel in the end" (Young Woman 16)

"She's really good to talk to" (Young Woman 14)

"Me and K (Choices Mentor) are going to go to the gym a couple of weeks as well..." (Young man 15)

"Me and K (Choices Mentor) got a good relationship, he was going to ring up school and tell us how good I was and that" (Young man 15)

Case Study - A Creative Route

Julie (aged 12) is an articulate young woman who despite the break-up of her family, being abused and being bullied in junior and secondary school, appears to be bright, confident and very enthusiastic about the Choices programme.

"Yeah I went to loads of schools because I got bullied... then I came to this school and I got bullied in year 7...I was crying all the time and that's when I started to work with Amanda (school youth office) and she helped me".

She has always wanted to sing and met the Compass manager in the school Youth Office who saw a video of her singing and suggested the Choices Programme.

If a singing career doesn't take off she wants to be a drama teacher after having been to college and University.

"I want to be a drama teacher, I love drama, my Dad says I'm a drama queen and so does my Mum, and I want to go to University and college if my singing career doesn't work out".

She has formed a very positive relationship with her mentor and has assertively pursued all the activities on offer. She is proud of the CD that she recorded but disappointed that there was only time to record three tracks. She has sung in front of the whole school and performed at the Choices celebration.

Coventry Choices Programme, Interviewee Overview

Age	Gender	Future Goals	Interview 2	Plans On Track	Positive Outcome	CHOICES Completion	CHOICES Ongoing	Potentially Vulnerable
12	F	Badminton	Y	Y	Y		Y	Y
14	F	Dancing	Y		Y		Y	Y
14	F		Y	Y			Y	Y
13	M	Chef	Excluded from School	Y			Y	Y
14	F	Hair and Beauty	Y	Y	Y		Y	
16	F	Modelling Fashion Shop	On Holiday	Y	Y		Y	Y
14	F	Dancing	Y				Y	
15	M	Football	Y	Y		Y		Y
14	M	Fireman or Police Officer	Y		Going full-time at school		Y	Y
15	M	Acting	Still positively engaged	Y	Y	Y		
12	F	Singing or Drama Teacher	Y	Y	Y	Y		
14	M	Boxing The Army	Y	Y				Y
16	F	Horse Care	Y	Y	Y		Y	
15	M	Boxing	Y	Y	Y	Y		Y
13	M	Football	Didn't take part					
14	M	Football						
14	F		Y					
14	F	Dance	Y		Y		Y	
14	F	Social Work or Youth Work	Y	Y	Y	Y		Y

6) Structural Issues

As far as the CHOICES programme was concerned any problems noted were practical – equipment not being delivered as the money had not come through or young people missing some appointments due to being absent or excluded.

Many young people were clearly pleased about the equipment that they were able to buy but there had been delays getting the money through during the stage 2 interviews, 3 expressed frustration at not yet getting the equipment that had been promised.

7) Local Conclusions

Substance misuse by most the young people interviewed was not seen as the major issue in their lives. For a small number, use of cannabis and alcohol had some significance but for the majority the reasons for their contact with the Youth Office and therefore Compass and CHOICES were more complex, involving a range of challenges in their families and at school as well as other contributory factors including some substance misuse.

The positive relationship between Compass and the school are a major factor in both the successes of the Coventry CHOICES initiative and the ongoing support of the young people. The Youth Office staff have used the 'carrot' of the CHOICES programme as part of their overall intervention with the young people. The respectful and assertive attitudes of the school and Compass staff towards the young people are also clearly very important. These factors facilitated the task of interviewing the young people as many of them had formed strong, positive attachments to the staff and the high levels of trust were apparent in many of their responses.

The CHOICES project appeared to offer important structure in some of the participant's lives, especially the regular visits to the gym or dance classes. It was also something positive to focus on in the informal and formal contact that they had with workers at school and Compass.

3d) Hull

1) Overview

All participants in Hull were selected using a multi-agency approach to identify young people at risk of offending and who had some previous experience of the criminal justice systems.

A total of seven first interviews were conducted, with young people aged between 13 and 16 (six males and one female). All of them were pupils at the same school, and designated Tier 1 & 2. The participants were all white and represented a range of socio-economic backgrounds. 4 attended second stage interviews.

Most of the participants reported living in areas with some significant social problems

"It's as like where loads of druggies and stuff are, but it's quite peaceful." Alex 13

One participant cited the need to get away from a troubled area as a reason for moving from living with one parent to the other parent some miles away.

"My big brother went to jail, so I come and lived here, next to my father." (Charlie 16)

Issues around family upheaval, specifically parental separation were common to all the participants. Some of the participants added further information about dealing with their parents' new partners, and with new siblings in step-families.

"My mum and dad's divorce would be one. My granddad's just recently been diagnosed with cancer and then obviously my dad remarrying and now my step mum is now pregnant as well, so quite a few things really". (Carl 13)

" Like my mum didn't have enough time on her hands to like spend time with us and that, because like my mum's got four kids" (Charlie 16)

"I was younger my mum and dad split up and obviously it leads to more meeting new people, like his girlfriends and my mum's

boyfriends. And now I've got an extra two little sisters" (Michael 13)

"They split up when I was a few weeks old." (Craig 13)

" My mum has had a few, two new boyfriends. When I was six and my little sister was born, that was quite a big change. When I was going over to my dad's that was like a big thing, then I stayed with my mum". (Michael13)

And one person "Sean" (13) had experienced two significant bereavements, losing his dad and then his granddad.

Two of the participants explained that other family members were drug users, and in one instance this was given as the cause for the participant's own usage.

"My sister she smokes cannabis, she's like a regular, but my mum she's not really tolerant on it; she disagrees with like all the drugs." (Carl 13)

"I[was] just hanging around with my big brother and that's what got me started smoking cannabis" (Charlie 16)

VIEWS ABOUT SCHOOL

Across the sample a remarkable range of attitudes and experiences of school were reported in the interviews, going from those who hated it, or experienced bullying, and those who enjoyed it and were doing well with a few more ambivalent views in the middle of that range.

"I don't really go to school, it's horrible, I don't like it" (Charlie 16)

"Just normal really, a bit boring" (Sean 13)

"I get on with most of my teachers, and get on with my work. Some teachers I'm a bit, I'm flustered about, I don't really get on with them but I still try my best not to let that affect my work." (Michael 13)

"I'm in all the top sets and stuff so I get along with it all right." (Carl 13)

"I started getting bullied as well at this school (...) I have singing lessons as well at school in the music department. And it's really good, it has helped me a lot." (Gemma 16)

2) Reasons for Involvement with COMPASS

The most commonly reported substance misuse issue amongst the seven participants was experimental usage of MCAT. This statistic is a product of the routes of referral for five of them into the CHOICES project, which stemmed from a particular episode that the school became aware of, prompting a set of referrals for that particular friendship group. The triangle of support between Drugs Worker, Mentor and available activities was particularly helpful given this context.

"Because I tried MCAT at a party" (Sean 13)

"It was just like a one night party thing" (Michael 13)

"If school hadn't have found out then [we] wouldn't be on the programme." (Carl 13)

For some of these participants, trying MCAT had been a one-off experience. However Carl reported that he had used it on four or five occasions, always in the setting of being at a party with older friends.

The next most commonly report substance was cannabis, with three participants reporting usage that ranged from trying it on a single occasion to regular daily usage

"I've used cannabis before." (Carl 13)

"Its, cannabis.... a joint or two...every day" (Charlie 16)

The sole female participant had some previous problems with alcohol:

"I found the drink on the park and I just drank it." (Gemma 16)

But the main reason for the school supporting her referral into CHOICES was related to a suicide attempt and ongoing family issues.

Key themes in terms of life experiences in the all sample group focused around significant losses and changes, such as divorce and bereavement already mentioned above. Respondents also identified other kinds of traumatic episodes in their lives.

One participant reported that he lived in fear that his older brother might die from an overdose, after one incident where he had "flatlined"

"It's a bit horrible, you know, like my brother he could just die at any time again" (Charlie 16)

One recurrent theme was that of forms of abuse that had been experienced by family members

" My older sister she had a case with a paedophile and that led to us going to court and things but I wasn't supposed to know until after but I found out before. (.....) my dad, he looks after my two nephews and my little niece, and that's because my dad's daughter, their mother, her boyfriend, which was one of the, well two other kids' dads, Ben put her into like a boiling hot bath and snapped her legs, like punched her really hard that snapped, and made, like tortured all the kids. So when obviously it got through to Social Services my dad was the only one there to look after him, so he took on board them so now it's quite weird around him, but he's had him for a year now and to say I'm like their uncle, I don't feel like an uncle, I feel like more than a brother because we've got more of a close relationship." (Michael 13)

The sole female participant related her experience of her father being removed from the family home.

"Starting with about six years ago, I've had Social Services for six years now. It all started in 2006 I think, my dad got took out of my house for some allegation and ever since that it's building all in my life, my mum's life, my sister's life, my dad's." (Gemma 16)

Her subsequent account of gossip on the street about her dad, bullying at school and limited supervised contact with him had a cumulative traumatic effect upon her, leading to a suicide attempt.

" [I] took an overdose, it was last year it happened, and people found out at school, some was taking the Mick saying can I have some tablets and stuff like that, and some people understood why I did it." (Gemma 16)

She also recognised similar experiences amongst her peers:

"My best mate, she's gone through quite a lot of stuff that I've been through. She had social workers, she was sexually assaulted, she was on the child protection plan, and she's off that now. But she still has things back tracked in her head, and that's all really I know" (Gemma 16)

She also related further incidents she experienced with a boyfriend who was the brother of her friend:

"He sexually assaulted me, so I've gone through that as well." (Gemma16)

3) Reasons Given for Substance Abuse and Impact

Boredom (and the need for something different) and stress were the most commonly reported triggers amongst the participants.

"It's just like when I'm bored, when you get unoccupied and stuff, takes your mind off it." (Charlie 16)

"Its just something to like to be relaxed" (Carl 13)

Reasons for experimenting with MCAT, were "just to try something different." (Michael 13)

Social confidence was a theme picked up to varying degrees from all the participants and the effects of MCAT as a confidence booster were noted by a couple of the participants:

"I'm not like a really confident person but MCAT it makes you quite confident and experimenting as well. (Carl 13)

"It's like getting confidence up as well." (Sean 13)

"Really hyper, I wanted to be around people and I've seemed real confident when normally I'm like not shy but not exactly over confident" (Michael 13)

Peer influences were commonly reported as a dynamic factor leading to trying drugs:

"I think going out with like, met like new friends as I moved on, and getting involved in older friends as well, and then parties and late nights and stuff like that really." (Michael 13)

"It was past the XXX pub by about 10 minutes, my other mate says we did it there but we didn't because I remember where we got it, and there weren't just like five 14/13 year olds, there was like older people around as well." (Carl 13)

"Sometimes I'm one of them people that just gets dragged, well not dragged but easily led." (Michael 13)

4) Reasons for Stopping, Aspirations, Challenges, and Support

Most of the participants expressed some concerns about the possible negative effect of drug misuse.

"Just getting sick of smoking, when you start smoking does your brain cells in, it makes you dopey" (Charlie 16)

"Because I've tried it now, I know what it feels like and it's a drug and obviously drugs are bad so I thought well what's, because obviously I didn't know much about it when I took it, but after I researched for it and I thought I didn't want to carry on with things like that, I'd rather just be me, normal me." (Carl 13)

Carl and Sean also expressed the view that losing the trust of family had been a very big blow in terms of the consequences of having been discovered to have tried MCAT.

"I have lost a lot of trust in my friends, my family and stuff..... I want to get the trust back off my mum to trust me to do things again" (Michael 13)

Aspirations

Interest in IT as a future career was reported by some of the participants:

"I definitely want to do something with computing because it's like what I'm into, maybe making games..." (Michael 13)

“I want to become someone who’s good with technology because it’s something I’ve always been interested in and I’m quite good at.” (Carl 13)

One participant wanted to follow in his granddad's footsteps:

(“be a joiner”) and he had a realistic understanding that this would require him to go to FE college and first gain English and maths qualifications. (Charlie 16)

Sean envisaged that he would go to university and probably train as a PE teacher.

Most of the participants recognised that they would need to continue with education beyond school in order to reach their long term goals.

”I know I’m going to college and university” (Sean 13)

“Performing arts level one. I’d like to be on the stage singing and telling people that whatever happens in your life you can make your life change, and you can make it better if you put your mind to it.” (Gemma 13)

5 CHOICES Programme

A couple of interviewees shared some initial worries about what the CHOICES project might be like, expecting to be told off for their drug usage.

“I was quite nervous to be fair, because I was going to be talking about stuff like what my mum done” (Carl 13)

But any early fears appear to have been quickly dissipated, and this was attributed to the combination of the non-judgemental approach of the mentor, and the opportunities for a wide range of choices about activities. Young people reported a sense of new possibilities and choice:

“It’s been good actually, I’ve got stuff what I’ve wanted to do for a while (...) having my own choice, I think what I can pick” (Carl 13)

“Yeah it’s been good. I think we’ve been given more, at first I was thinking when we got the money, I thought we could only spend it on a very small amount of stuff we could do, but it’s been quite open.” (Sean 13)

Activities

The activities chosen appeared to fall into two main categories with sport and fitness predominating.

“I think mainly the gym does interest me, get some muscles. “ (Carl 13)

“Gym, I think we’re off paintballing sometime in the week off, that will be quite fun. We’re going rock climbing, hopefully, should be getting maybe a bus pass for a year or something like that, going to gym quite a lot.” (Craig 13)

“I’ve just been spending that money that we’ve been given, the £500, and I bought a gym membership out of it, a year’s worth and I’ve been going to the gym twice a week now. It’s going quite good.” (Sean 13)

The second area of activities that was a shared interest amongst some of the participants was about music.

“I want to do keyboard lessons as well, because I like music and it’s quite soothing.” (Alex 13)

“(Singing) and I’ve got a guitar, a new microphone to go to my Karaoke and the stand with it.” (Gemma 13)

At the heart of the CHOICES programme is the role of the mentor. This was an area where a wealth of views was shared by participants at both stages of the interviews. The key messages here were that the mentor was valued as a trusted person, who was non- judgemental, friendly and approachable.

“It’s quite fun to be fair, because it means like I’ve got someone to talk to, and when we do talk, because I’m one of these people that can just store things but not intentionally to change the subject quite easily. And we do that and we can just sit and talk for quite a bit and enjoy ourselves, and then get things sorted and it’s good.” (Carl 13)

“ She said I’m not there to judge, but she’s there and she’s not judging me, she’s learning me if you know what I mean, and it’s quite good to

know that someone's there that doesn't have to be relation, friend, but obviously gradually becoming a friend, to just talk to." (Michael 13)

"It's good because if we've got any problems I can talk to them about it, and she can help me through it and make my life better. If I try to and I can't do it, then my mentor can and it's good, personal assistant." (Gemma 13)

"Yeah, he's a nice man, yeah. He always asks how we are and that." (Charlie 16)

"I guess you can talk to her as well more than just a person that you've met, she's more than that" (Sean 13)

"I liked it actually because it's like somewhere where I can get out of and not be judged, not be, well she's not telling me what to do, she's just supporting me in a way and I like being able to talk, get it all out and then for her to tell me things, how to improve it and stuff like that." (Carl 13)

It also appeared to be the case that the young people considered their mentor to be a relationship that was qualitatively different to other adults in their lives, and they valued the confidentiality:

"Well obviously from what you said you've got a social worker, you've got teachers, you've got family, and I was just interested in seeing if your mentor feels like something a bit different than that.

"They're all there to like ... are all people that are like there to like see if I'm all right, but they don't really help, but my mentor is the one that is to see if I'm all right and she does help, so yeah it is different." (Gemma 16)

"Well I like having a mentor, saying what I'm doing without telling the school and parents and everyone, so it's a bit easier to talk to and get along with and then obviously she can tell me things about other substances that I might not know." (Craig 13)

Beneficial Outcomes of the CHOICES project

Given that boredom and stress were cited as triggers for drug usage, it was interesting to note that participants at the second interview reported that the activities were bringing positive benefits in these areas.

“I can get any excess energy or tension building up, I can just go to the gym or boxing or something like that and just go and get it all out there I guess.” (Carl 13)

“With the Choices Programme I’m opening out, I’m realising where I can go instead of just going to the same old places.” (Michael 13)

Gains in social confidence and raised self esteem were reported by all four of the participants who were seen for stage 2 interviews and by most of those who were only seen at stage 1.

“It helps me as well to understand that I can do it if I put my mind to it. Choice has actually, the Choices programme has actually built me up, not in just my confidence, it’s made me feel better about myself and I reckon if I do these singing lessons as well my voice will be a lot powerful and better, and then I can go on a higher stage and all that. (...) I’m determined a lot to do it, because I haven’t only made myself proud, I’ve made my family proud.” (Gemma 16)

“Confidence quite a lot, because since the football thing when I started joining my mate’s team, I wouldn’t really think of it, like talking to new people quite a lot. It’s like in his team I know about, out of the fifteen I know about three or four of them but now I talk to quite a lot of them.” (Sean 13)

“Oh yeah like with the gym and stuff and when I get my scooter I guess it is like confidence because you’ll be going to the skate-park and if you fall, you fall, you just get yourself back up and then with the gym and stuff I sometimes even go on my own if no-one wants to come and stuff like that. (...) before, say I was going to do something, I wanted everyone there with me. I didn’t want to be on my own or something like that, but now I’m not really bothered. (...) It feels good because you can do more stuff. If other people don’t want to do it you don’t have to just stay in because your

mate won't come or your brother or something like that." (Carl 13)

A further area of gain is explored when Carl reveals that he has regained the trust of his mother, which had been a significant issue in our first conversation.

"Well I think there has because before I never used to be able to sleep out and stuff but now she's still wary, she still wants to know where I am and stuff like that but there is that trust starting to build again" (Carl 13)

Michael (see case study) was able to articulate a sense that he had regained a sense of himself, and had rebuilt old friendships that he valued. He believed this meant he was much less likely to simply go along with things such as drug experimentation in the future.

"Well some of the things that you and I talked about that you were hoping to gain were about confidence, in fact I seem to remember you described yourself as being someone who was possibly a bit easily led.

"Yeah".

"I think you even used the expression, "I'm a bit of a sheep"!

"Yeah I did".

"So how are we going on the sheep scale; how's that going?"

"It's changed completely because (...) I'm a lot more confident when I'm round other people and when it comes to doing what other people do I don't anymore. I'm more like an individual than just herding with people." (Michael 13)

In terms of substance misuse patterns, of the four who were seen at the second interview, two reported complete abstinence, one person reported a single usage of cannabis and the fourth reported reduced usage of cannabis, using his own set of rules about controlled usage of cannabis, whilst definitely staying away from MCAT.

"Yeah, I've touched cannabis once since then but that's it really." (Carl 13)

Some of the determination to stay away from drugs appeared to be influenced by the gains in knowledge about the effects:

"Yeah it's made me more aware of what there really is and what it is; the harms and things like that, so it's helped a lot to do with things like that." (Michael 13)

For Michael and Carl there was a recognition that the temptation to try drugs was situated with a particular friendship group, and that activities or purchases and increased confidence were ways to stay away from that network and to associate with friends who did not use drugs:

“Right, so it sounds to me like you’re also recognising that there’s a particular group of people associated with that and staying away from them”.

“Yeah”.

“So do you think your new activities and your confidence is going to...”

“Keep me away from them lot yeah.” (Carl 13)

Craig continued to be an occasional user of cannabis:

“I don’t know where, if there’s anywhere particularly you’d like to start in terms of talking about things?”

“Well I’ve not done MCAT again. (...) I don’t really want to do it again. I think the only thing that I’ve been doing is cannabis so I’m not mixing or anything with other substances. (...) I’ve not done it in about two weeks, a week and a half, two weeks, but about two and a half weeks ago I probably did it maybe once every two days”.

“So going back two and a half weeks it had become a bit more regular?”

“Yeah”.

“Was that smoking it?”

“Yeah”.

“Were you usually with someone in particular?”

“My friends kept it. I’ve got my own rules if you know what I mean in my head and that was with friends, so it wasn’t just with random people down the street”.

“Right so you’ve got your own rules in your head?”

“Yeah if I’ve had enough I’ve had enough, I won’t take anymore. I’ll be in not late, I won’t be mixing it with anything, if my friends say oh try a

bit of this, which is something like MCAP or something I'll just say no, but I had my own, in my head I knew what I was doing." (Craig 13)

In exploring determination to stick to their new reduced levels of cannabis usage, or abstinence from drugs, all participants reported high levels of motivation, "very high, I'd say about 94%". Craig 13 On a scale of 0-100, Michael (13) reported 99, Carl (13) reported 9 Or 10 on a scale of 1-10, and Gemma (16) was 100% determined.

Hull CHOICES Programme Interviewee Overview

Age	Gender	Future Goals	Interview 2	Plans On Track	Positive Outcome	CHOICES Completion	CHOICES Ongoing	Potentially Vulnerable
13	M		N	n/k	n/k	Y	Y	
16	F	F E college	N	n/k	n/k	Y	N	Y
16	M	FE college	N	N/k	n/k	Y	Y	Y
14	M	University	Y	Y	Y	Y	N	
13	M	University	Y	Y	Y	Y	N	
14	M		Y	Y	Y	Y	Y	
14	M		Y	Y	Y	Y	Y	Y

6) Structural Issues

There were some practical problems in attending activities such as golf and paintballing, because the financial arrangements meant that the participants could not be given cash to pay single entry fees of £2, and the providers of facilities were not able to accept a system of invoicing or block payments to cover a number of visits.

"We went to, we were going to be going golf and Bumps but they didn't want the invoices sent as a big like, it's £2.50 a session there so they said we'll give you £50 and you'll let them go like 25 times but Bumps didn't want that to happen. They just wanted the £2 when they go." (Michael 13)

For Craig, there were some negatives about the lack of choice about where goods and equipment could be bought from, no doubt related to procurement processes, and the delays in it arriving.

“We were quite limited, we could order from Amazon and Argos which I was hoping maybe just some gift vouchers from a few other shops, so it was quite limiting and hard to think of things to get but the only thing that was bothering me was the amount of time it takes because the mentor was saying that she has to email it off to someone and they have to email it on and then it has to go to York and then it has to do all this other travelling. So that’s why the scooter probably won’t be here tonight at the KC and it’s like quite a lot, its hard work for it.”
(Craig 13)

Case Study – On a new path, no longer a “sheep”

Michael is a 14 year old white boy. When we first met, he was relaxed and talkative; a very engaging young man with a good sense of humour. He told me about a number of life experiences, including the divorce of his parents and the number of “new people, like his [dad’s] girlfriends and my mum’s new boyfriends”. He also identified some troubles in the family like his “older sister, she had a case with a paedophile”. More recently his father had taken on the fulltime care of Michael’s two young cousins, who had been seriously physically abused. These changes in his dad’s household felt “quite weird” but he was also quite positive about his relationship with these youngsters feeling “more like a brother because we’ve got more of a close relationship”. School is “quite good” for Michael, and he said he “gets on with most of his teachers and gets on with work”.

It was at a party with older friends that he was offered MCAT, from a friend who had been encouraged to obtain some. He tried it because it was “something different”, and he also wondered if he was rather “easily led”; he knew he was “a bit of a sheep”. He said MCAT was very much part of the local party culture now. Michael liked the effects of MCAT, whilst they lasted. That one-off episode, taking about half a gram of MCAT was the trigger for entering the CHOICES project. Because somehow, word got around the school about his friendship group trying MCAT, and the school made referrals to the CHOICES project.

Michael quickly saw this as a potentially helpful opportunity and at the initial interview he had already signed up for gym membership as a means of keeping himself occupied, and he also valued the non-judgemental approach taken by his CHOICES mentor. He estimated himself as being 94% confident that this approach of a personal budget and access to a mentor would help him stay away from further experiments with drugs.

At the time of our second conversation, Michael had not used any illicit substances. His gym attendance was a once-a-week activity and he was going with friends. He felt it had helped him to reconnect with sport as a social pastime so he was also doing other things like football more often too. He was very animated when telling me about his improved confidence, and that he was able to be “more like an individual rather than just herding with people” and as for his sheep-like tendencies? They appeared to be behind him and he felt “a lot better to know I am NOT an animal!”

His friends and family have noticed positive changes too. He especially valued his mentor for being independent of family and school, and for being trustworthy and unbiased. Whilst there had been some practical problems that prevented some of the hoped-for activities, CHOICES had exceeded his expectations because his mentor had encouraged him to get back into some creative interests. Most importantly for him he was rebuilding some valued friendships and his mum had also noticed that he “more like myself”. The CHOICES project had also enabled him to learn reliable information about drugs. When I asked him where he “stood” on MCAT now, he said “If that was at one side of the Humber Bridge, then I am at the other!”

He described himself a “99%” sure that he would be sticking to the “new path” he was now on. He wants to be a creative software engineer and feels this “new path” will enable him to work towards that goal.

7) Local Conclusions and Recommendations

In terms of the messages emerging from this research about this form of intervention for young people at risk of substance misuse, the standout feature is the importance they placed on having a mentor. In the majority of interviews the mentor role was described as being qualitatively different to other adult roles such as parents, teachers or social workers. The non-judgemental and confidential approach was highly valued by the young people. Two of the young people said that they would have liked to have more mentor hours, and one suggested that this might help in maintaining abstinence, if it was possible to go back to his mentor in the future. The size of the budget was not commented on by any participants. Other evidence suggests that in some instances there was an under-spend rather than an overspend; no young person said they wanted a bigger budget.

The range of activities was seen as a positive development in terms of choices, alleviation of boredom, and opening up opportunities. The young people commonly reported gains in social confidence. This appeared to grow out of some of the activities (such as gym, or music lessons) but some of the participants linked this as much to the qualities displayed by the mentor who had been instrumental in building up confidence and suggesting new possibilities.

This suggests that the combined approach of a personal budget and access to ten hours of mentoring was an effective intervention.

4) Overall Conclusions and Recommendations

Overall, CHOICES as delivered by COMPASS has been successful in maintaining relationships with young people who find themselves in very challenging circumstances. Significant changes in lifestyle, with reduction or abstinence a factor. Qualifications and more stable living arrangements have been achieved for young people involved in the project. Those young people involved in second interviews were visibly healthier, more focussed and motivated. The use of an approach based on identifying the range of factors or multiple vulnerabilities impacting on young people's lives and choices is clearly effective.

4a) Programme Effectiveness

Given the chaotic and challenging circumstances of the young people interviewed here, it is clear that individual support and sense of control are significant factors in their ability to establish a more positive life trajectory for themselves, and the programme design has been successful.

Those interviewed, and young people throughout the programme have clearly articulated the benefits of an effective mentoring relationship. The stability which this relationship offers seems to act as both a motivating factor and source of personal belief, overcoming the complexity of their lives. Key factors in success were the non-judgemental nature of the relationship. Some young people expressed a desire for more mentoring hours.

Linked to this, an individualised budget and associated sense of control is clearly important in developing appropriate packages of learning and leisure activities to develop a more positive trajectory and lifestyle. Unlike mentoring hours, the size of the budget was not questioned.

In order to facilitate this, inter-professional relationships are an important factor, and the programme has offered greatest diversity and range of activities where relationships are well established. Similarly, young people who have succeeded have all been at the stage where they are ready, with support, to embrace change. Where the current changing landscape of services for young people has led to the need to establish newer relationships, the offer has been more limited and referrals potentially less ready to participate.

Recommendation: That further use of individualised programmes is developed, alongside assessment of multiple vulnerabilities. This, together with maintenance of a minimum level of universally available open access services for young people.

4b) Youth Culture

Indications from the young people interviewed are that substance use is more widespread amongst young people than suggested by the data. Most report starting to use substances with friendship groups, often at an early age in the company of older young people. Their participation in COMPASS' programmes is largely due to referrals as a result of other behaviours or issues, or simply being caught, others are continuing in their use as before.

Recommendation: That national data on substance use is collected from young people through informal services outside of school as many who use alcohol and drugs may not be attending school.

4b) Offending

60 of the young people involved in the project had either offended, were involved in gangs or drug dealing. All 223 young people or were assessed at being at risk of offending, over and above their potentially illegal substance misuse. Of the 42 interviewed, only 1 very vulnerable young person subject to a range of issues is definitely reoffending, 1 is in prison, 1, still with the programme is potentially at risk due to changes in the Housing Benefit system leading to homelessness and crime as a survival mechanism, 6 others were off the radar. Whilst some of these 6 are potentially reoffending, the numbers of those not attending for a second interview mirrors the overall picture of participants not completing shown in the table on page 15. Overall the programme represents significant potential impact on reoffending rates.

Recommendation

The individualised nature of the programme has been effective in reducing reoffending or offending from those at risk of offending and warrants further examination and implementation.

4c) Volume of Use

Young people reported using high volumes of both alcohol and cannabis. Cannabis users reported side effects in loss of concentration and often experiences of paranoia. Perceptions of acceptable alcohol use related to spirits, often in terms of bottles in one evening. Questions in terms of risk were largely misunderstood, although it was clear that not only were they taking risks in terms of volume but also in terms of sexual behaviours, and finding themselves in potentially dangerous situations.

Recommendation: Qualitative data on young people's perceptions and assessment of risk taking behaviour is collected, focusing in particular on sexual health, social and peer norms and coercive relationships. COMPASS

Coventry has developed a tool and is piloting this as part of their new Early Intervention Service.

4d) Activities

Young people involved in CHOICES had few or no interests and hobbies at project start. Only those who self – referred reported having other social interests. Having ‘nothing to do’ was often cited as the cause of recreational use.

Ease of developing a comprehensive offer to young people was varied across the five areas, and reflected the availability of services at a local level. There were also challenges in enabling young people under 18 to participate in Adult Education classes.

Recommendations:

- i) As above, that the maintenance of a minimum level of universally available open access services for young people be investigated.
- ii) That restrictions on young people’s participation in Adult Education Classes be reviewed.

4e) Unstable Accommodation

Unsatisfactory living arrangements represented a recurrent theme for young people. Those moving into hostel – type accommodation found this a major motivating factor in reducing their substance use. However, some young people were aware of, and recognised the potential implications of the changes in Housing Benefits for young people under 25, and were concerned at becoming homeless or transient, staying with others and associated temptations.

Recommendation: That the needs of vulnerable young people overcoming challenges related to substance use and unstable backgrounds are taken into account in any policy change. That the implications of changes to Housing Benefit are reviewed and a safety net established for vulnerable young people.

4f) Partnerships

Some of the partnership arrangements viewed as part of the CHOICES Programme are exemplary. The co – location of Youth and Social Workers on a school site, for example, enables early intervention and prevention linked to social activities. Emerging and more established partnerships between Youth Agencies and COMPASS enable ongoing support beyond the treatment phase.

Overall, the breadth of referral patterns is a further indicator of significant and effective interagency working, and the benefits of a holistic approach.

Recommendation: The link between substance misuse worker, mentor and providers of diversionary/enrichment activities is clearly effective in designing multi – faceted approaches to multiple vulnerabilities and also warrants further examination and implementation.

4g) Young People

Young people interviewed were able to articulate very clearly their issues, the challenges of their background and what they hoped to do to overcome them – further testament to the value of working with a Life Journey approach, recognising and responding to multiple vulnerabilities, which has made the programme successful overall with Tier 2 & 3 young people.

The short term nature of the project meant that it was not possible to assess long – term behaviour and lifestyle change.

Recommendation: To initiate long – term Programmes which include a longitudinal assessment of young people’s lifestyle choices, and the longevity of any change.

4h) Young People

The young people involved in the CHOICES Programme without exception, are subject to a range of vulnerabilities most often not of their own making, and leading to behaviour and lifestyle which only puts them at greater risk. The assessment of multiple vulnerability and individualised response in partnership with young people represents a keystone of effective intervention.

Recommendation: The assessment of multiple vulnerability be further developed and incorporated into mainstream programmes and interventions.

Overall

The complex nature of challenges facing young people who find their way into drug and alcohol services demands a cohesive and considered response taking a full range of vulnerabilities into account. The development of staged programmes, and timely incorporation of the approach encapsulated in the CHOICES project is a key factor in successful intervention. This requires flexibility and consistent, continuous programme delivery for longer term success.

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- National Treatment Agency (2007) *Getting to Grips with substance misuse treatments*
- Perry, A Ed.: (2009) *Teenagers and Attachment*, Worth Publishing, London
- Youth Justice Board (2006) *Systematic Review of Literature*

Home, School, Friends & social life, interests, (how easy is it to do things you're interested in?) **challenges**

2) How do you think the drugs/alcohol affecting your life? Has this changed? Are there any other problems facing you?

D) Programme specific

4) What made you come to COMPASS? Prompts: referral, - How do you feel about that?

personal decision, how motivated are you?

5) Outline of Plan -

Prompts: Personal Goals, Positive elements, Challenges

6) What has worked well so far? What could be better?

7) What would you like to do in the future (phrase as appropriate to age?)

Post Interview Notes:

1) Trends for Coding:

2) Case Study: - critical incidents/relationships

3) Localised Issues

4) Other

Appendix 2: COMPASS CHOICES Evaluation

Stage 2 Interviews

Preparation: Listen to first interview, and make notes of tags to engage with young people and refer back to aspirations.

Consider who you might use for a Case Study in writing up, and obtain specific permission. Reiterate anonymity, and offer to let them see the draft.

Venue: Stage 2 is focussed entirely on the project delivery. Young people should be interviewed on their own wherever possible so that they do not feel inhibited.

Aim: To evaluate programme delivery, specifically:

- 1) Impact of Mentoring
- 2) Impact and value of activities undertaken. Views on range of activities on offer.
- 3) The extent to which their perceptions of themselves have changed.
- 4) The extent to which goals and objectives are clearer.
- 5) View of their own 'story' and its ending.

Supporting Detail: Should be available from celebration events, key workers, managers, but we will need to ensure appropriate permissions have been granted.

Introduction

Remind young people that we are really focussed on what it is like to be a young person in 2012, on their experience, why they take the decisions they do, and what has helped them from this programme, or what could be improved.

Interview Outline – again very open – ended, feel free to prompt, particularly in areas above.

- 1) General, well being? How feeling?

Possible prompts: Where possible, refer back to last interview:
What has happened since we last met?
How do you feel about yourself now?
Is the housing/college/school/medical/memory.....issue sorted out?
How does that feel?
How are things at home (be specific when you know about a situation)

- 2) How is your social life now? What has changed? Do you think about drink/weed/drugs differently? How would you describe risky behaviour? Are you doing any new activities? Have your friends changed?

- 3) What are you using now?
- 4) How did you feel about yourself (refer back to notes if relevant), and now? What are you hoping for in the future now? Has this changed?
- 5) How in control do you feel? Is this different? How?

Programme Specifics: prompts to be tailored to individual young people. Be supportive and respond to successes as appropriate.

- 1) Tell me about your mentor? What has worked for you? Could anything be better?
- 2) What activities have you taken part in? What have you got from the activity? **Push for a sense of developmental outcomes, and sense of achievement** – is there anything you can do now that you couldn't do before? Could you use this somewhere else? Has this changed the way you think about freetime/risk/friendships/your goals/your abilities?
- 3) Have you done any activities focussed on your life story? Have these helped?
- 4) What are your plans for the future – is this different to before/is this a stronger goal than before/do you feel closer or more able to achieve it?

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An evaluation of The Home Office funded CHOICES Programme delivered by COMPASS

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