DRUG & ALCOHOL ACTION TEAM
Cornwall and Isles of Scilly
Reducing Harm | Promoting Recovery

SAFER CORNWALL
Kernow Salwa

Young Peoples Substance Use Needs assessment 2024/25 Refresh

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CORNWALL COUNCIL

wise up to drugs & alcohol

Introduction

In December 2021, the government published their **10-year UK Plan**[1] to combat illegal drugs, backed by additional funding for 2022 to 2025, to start to **reverse the impact of disinvestment** in drug treatment over the previous decade.

The national strategy seeks to deliver the recommendations of Dame Carol Black's landmark **independent review of drugs**,[2] including a new long-term approach, with **changes to oversight and accountability**, delivered by the whole of Government.

The 10-year commitment sets out the expectations of how **Government and public services will work together** and share responsibility for delivery. This includes specific **guidance**[3] for **local partners**.

Every area is required to have a local **Combating Drugs Partnership** to drive effective delivery of the national Drugs Strategy. This partnership must **agree priorities** through a **strategic needs assessment** and develop and deliver a local **drug strategy and action plan**.

In Cornwall, that responsibility is discharged through the new **Drug Strategy Partnership**, with oversight and governance provided by the Safer Cornwall Strategic Board.

Local drug and alcohol strategies continue to be included under the umbrella of the **Safer Cornwall Partnership Plan**.

The strategic needs assessment aims to provide a **shared understanding of local needs and evidence** for drug and alcohol provision. This informs the design of local services and enables individuals, their families and the wider community to have their **needs met more effectively**. A comprehensive strategic needs assessment was published in 2023.

This Needs Assessment partners both the Drugs Needs Assessment and the Alcohol Needs Assessment documents. There are multiple cross-cutting themes and priorities shared throughout.

Local plans responding to these needs assessments consider both drug and alcohol-related harms, and how to meet the complex needs of people who use alcohol as well as other drugs. Alcohol is included alongside drugs in all relevant activity and performance monitoring and reporting.

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[1] From harm to hope: A 10-year drugs plan to cut crime and save lives, UK Government, December 2021
[2] Dame Carol Black's Independent Review of Drugs, Home Office and DHSC
[3] Drugs Strategy Guidance for Local Delivery Partners, Home Office, June 2022

What is a needs assessment?

Needs assessment is the **cornerstone of evidence-informed commissioning**.

NICE (National Institute of Clinical Effectiveness) defines health needs assessment as a "systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities"[4].

A robust needs assessment provides commissioners with the range of information required to feed into and inform planning and prioritisation.

It is based on:

- **Understanding the needs of the relevant population** from reliable data sources, local intelligence and stakeholder feedback.
- Systematic analysis of **legislation, national policy and guidance**.
- **Understanding what types of interventions work**, based on analysis of impact of local services, research and best practice.

It is a tool for **decision making**, that helps **focus effort and resources** where they are needed most.

Aims and objectives

The purpose of needs assessment is to examine, as systematically as possible, what the **relative needs and harms are within different groups and settings** and make evidence-based and ethical decisions on how needs might be most **effectively met within available resources**.

Through undertaking a rigorous needs assessment, we aim to continue to ensure that **systems and services are recovery focused**, provide **value for money** and **meet the needs** of local communities.

An effective needs assessment for drug interventions, treatment, support, recovery and reintegration involves a process of identification of:

- **What works well, and for whom** in the current system, and what the unmet needs are
- **Where there are gaps for clients** in the wider reintegration and treatment system
- **Where the system is failing** to engage and / or retain people
- Who the **hidden populations** are and their risk profiles
- The **enablers and barriers** to treatment, reintegration and recovery pathways
- The relationship between **treatment engagement and harm** profiles

This provides a **shared understanding of the local need for services**, which then informs treatment planning and resource allocation, enabling residents to

[4] NICE guidance on Health Needs Assessment – www.nice.org.uk

have their needs met more effectively, and ultimately benefiting the communities in which they live.

Such an assessment needs to take full account of the gender, ethnicity and other **diverse needs of the target population and any unmet needs** from this perspective.

We undertake a **full needs assessment every 4 years**, with an annual review and refresh to ensure that our evidence base keeps pace with emerging trends.

This document constitutes a Refresh for 2025 and should be read as an Addendum to the latest Full Needs Assessments for Young People, Adult Drugs and Alcohol, which can be found here.

Local context

Along with our **Drugs Needs Assessment** the information in this document is set against a backdrop of **escalating risk** across our communities, affecting our most **vulnerable people and places**.

From COVID to cost of living crisis

Cornwall – and the UK as a whole – has experienced the worst cost-of-living crisis for decades, with many **more people needing extra help** and support.

In the post-pandemic period, we saw rapid rises in the costs of **food, fuel and energy**, with Russia's invasion of Ukraine increasing uncertainty to global oil and gas prices and supply.

This was coupled with a **housing shortage and escalating rents**, demands on temporary housing increased and more people were **living in poor conditions or becoming homeless**.

Disruption and change in politics and the public sector

At the same time, we saw a period of **political instability** and lots of change in central government.

A **raft of new legislation and statutory guidance** was brought in, covering every area of community safety business including anti-social behaviour, serious violence, drugs and domestic abuse. We saw a shift to a **more punitive approach**, conflicting with our local ethos to seek sustainable long term solutions rather than temporary fixes.

There has been extensive restructuring in the **Integrated Care Board** and fundamental changes in how the **Probation Service** and the **Police** deliver services to residents.

This is taking place within a **broader context of changes across the system**. Services have been reduced, withdrawn, pathways and thresholds to access support have changed. This requires **all partners to work together** to understand and respond to the impacts.

Widening inequalities of health and wealth

The pandemic and cost-of-living crisis have impacted most on already disadvantaged households and this has left a legacy of **widening inequalities in wealth and health** for a generation.

There are areas of **significant and multiple deprivation** across Cornwall, where residents experience a combination of challenges with respect to **living standards**, **crime** and **health inequalities**.

During hard times when people are struggling, communities become **more vulnerable to crime and exploitation**.

There is a **complex relationship** between drugs, crime, health outcomes and deprivation. Drug and alcohol harms are strongly linked to **health inequalities**. These are unfair differences in health outcomes between different groups of the population.

People with drug and alcohol dependency often **experience extreme health inequalities** and as such are part of the NHS Inclusion Health Groups. These are groups who are **socially excluded** and likely to have **experienced multiple risk factors for poor health**, such as poverty, violence and complex trauma.

Other Inclusion Health Groups include people who experience homelessness, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in the criminal justice system and victims of modern slavery.

Drug and alcohol dependence should be treated as **chronic health conditions**, and like diabetes or rheumatoid arthritis, **long-term support** is needed. **Stigma** around problem drinking and drug use can leave people feeling **isolated and unable to seek support**.

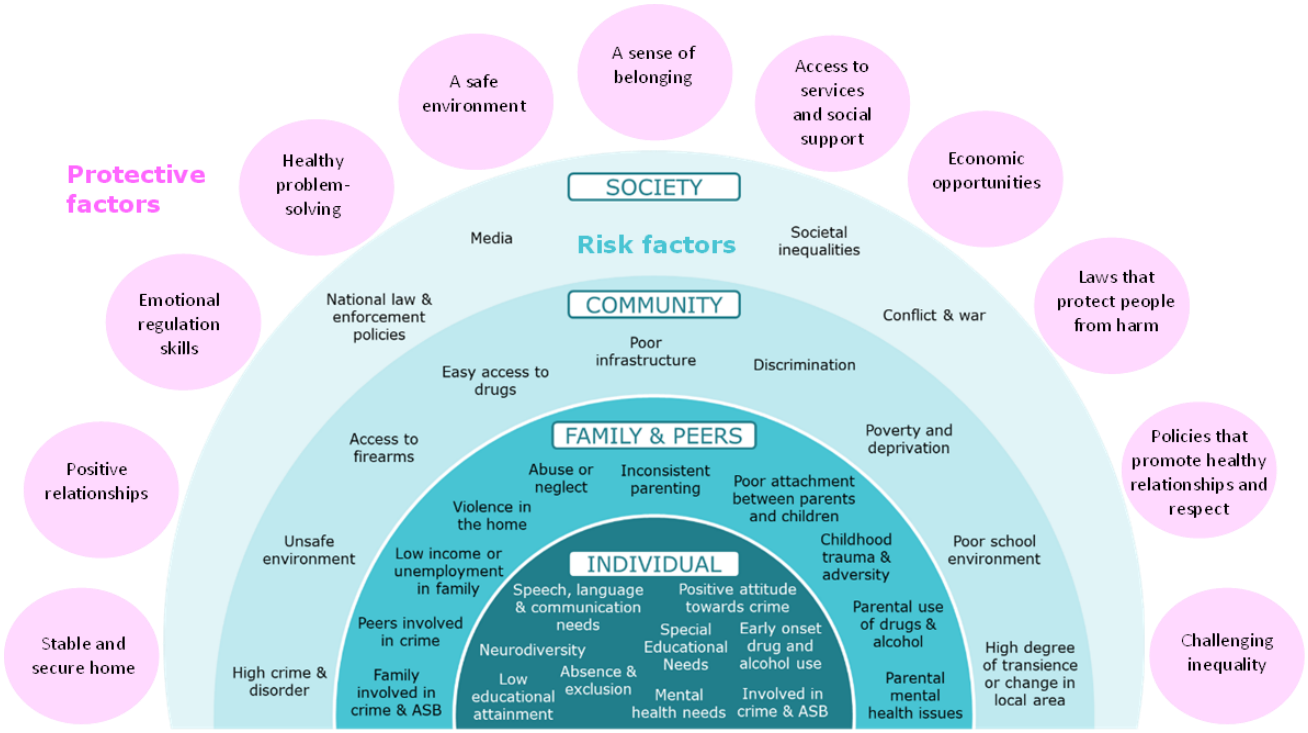
Risk and protective factors

The underlying **risk factors for problem drinking and drug use** and similar to those for violence and abuse, shown in the ecological model below. This shows the **complex interplay of factors** at an individual and family level, and at a wider community and society level.

Risk factors often occur in clusters (and interact with each other within the broader social, cultural and economic contexts. These **factors can change over time**, depending on other factors like age.

Addressing risk factors across the various levels of the ecological model may contribute to reduced risk in more than one area. For example, **healthy relationships education** addresses risk factors at an individual, family and community level, with the aim of **preventing domestic abuse** and addressing a key **risk factor for youth violence**, whilst also reducing the risk of both immediate and long-term **mental and physical health-related harms**.

Protective factors act against risk factors and can explain why children who face the same level of risk are affected differently. A combination of protective factors can **prevent the harmful influence of risk factors** that have accumulated over a child's development.



RISK FACTORS

BIOLOGICAL
- Inherited conditions
- Age, Race, Gender, Sexual orientation
- Low birth weight
- Poor physical health
- Disability
- Poor nutrition
- High blood pressure/cholesterol

PSYCHOLOGICAL
- Poor mental health
- Depression
- Stress
- Anxiety
- Experience of trauma
- Experience of loss/ bereavement

SOCIAL
- Low income and debt
- Poor educational attainment and/or exclusion
- Weak social connections, family networks/community cohesion
- Low paid work or unemployed
- Crime – involvement/exposure
- Witnessing family/peer drug use

ENVIRONMENTAL
- Living in a deprived area
- Lack of affordable/appropriate housing
- Poor access to local amenities and core services -primarily healthcare.
- Lack of sufficient public transport

LIFECOURSE

PATHWAYS

We are not **born** with a fixed set of risk factors, but rather a **background set of vulnerability factors**. Just by the chance of our birth there will be risks and the **higher the number** of these the **more probable** it is that a person will initiate **use**. Vulnerability factors cluster together, creating a snowball effect which generates **pathways into drug use.**
The **majority** of young people **age out of drug use** due the presence of **protective factors**. However, risk and protective factors are not equally weighted. Young people who experience **4+ ACEs** are **11-16 times** more likely to become **dependent on heroin** in later life.

10-12 years
Early onset externalised youth
Have poor impulse control disorders, at high risk of abuse, are underprivileged and more likely to be involved in crime.

12-14 years
Mid-onset internalised youth
High rate of mental and emotional difficulties evident in puberty and rooted in trauma experienced.

14-16 years
Late onset normative youth
Separation from parents to peers increases exposure to high-risk situations and exploitation.

19-21 years
Fling users
Largely a student population from a lower economic background who feel alienated and marginalised in a new social setting.

Entrenched drug use
emanating from early onset non-normative consumption can lead to escalating need, exacerbating health risks.
Increased risk of **premature death** linked to chronic **co-occurring health conditions**.
Higher frequency of **suicide** and **drug related deaths**

26-30 yrs
31-60 yrs

The earlier the entry point the harder it is to age out of drug use

OCUs

OCU **numbers are increasing** nationally with the highest proportion concentrated in the 35-64 age bracket, which may reflect an **ageing population** of OCU. Users often have multiple and **complex needs** such as mental health, unemployment, family estrangement, homelessness /rough sleeping and offending histories.

OCUs are at **higher risk** of thrombosis and **respiratory infections**, wound infections, **hepatitis C and HIV**. Use can damage heart, lungs, liver, kidneys and brain. Crack can **evoke psychotic reactions** akin to acute paranoid schizophrenia which can manifest as **aggression or potential violence**. High prevalence of **depression**.

Higher **prevalence of co-occurring health conditions** morbidity and premature mortality, including **suicide and drug overdose** – exacerbated exponentially by the emergence of heroin mixed with **high strength nitazenes**. Protracted use can make **recovery harder.** Multiple treatment attempts and relapses are more likely.

Young people in Treatment 2023/24

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis* found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services.
This indicates that investing in specialist interventions is a cost-effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services[5].

YZUP as part of With You, are the commissioned providers of drug and alcohol services to young people in the community across Cornwall. The agency utilises a trajectory approach that recognises that young people's risk factors for drug and alcohol involvement cluster, creating identifiable pathways into substance misuse.

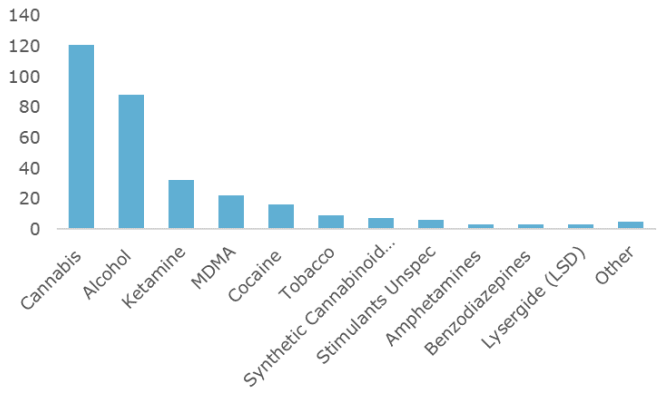
This includes Externalised factors characterised by poor-impulse control, internalised which is characterised by mood disorders and Normative youth, whose involvement in substance misuse is peer led. Young people can experience both conditions, where Externalised disorders precedes Internalised ones. These young people are determined as complex

Drug and alcohol use

- ▲ **163** young people in treatment in the last year, with a further 113 receiving harm reduction interventions
  - *Young people are presenting as more complex with increasing use of anti-anxiety and depression medicines* [6]
- ▲ **117** young people supported as **Affected Others** in a year, **where their parents have an identified drug and alcohol need**
- **80%** of young people are being supported for **cannabis** use.

We are seeing **increasing multiple vulnerabilities** in young people engaged with treatment services, particularly when there are other people using drugs at home and when they have been excluded from school. Young people are also **starting to use** their substances and cigarettes at a **younger age**.

- **Cannabis is still the most used** substance amongst our young people. We do however have increasing numbers of young people **using cocaine MDMA, ketamine and hallucinogens** in Cornwall. Although these numbers are small, we are seeing the



[5] Young people substance misuse commissioning support pack 2024-25: Key data
[6] Halo case management system

proportion increase compared with last year.

- We have had 32 young people using ketamine that have engaged in drug treatment over the last 12 months. Although this is not recorded as a primary drug it is often **cited as a secondary and tertiary drug.** This represents an upward trend from what we say in 2022 where ketamine was rarely cited.
- Tetrahydrocannabinol (THC) levels in cannabis are much higher and this is driving **higher levels of complexity** amongst young people seeking help because it is **more addictive**. There is a greater risk to young people who are using drugs but not in treatment.
- **Alcohol use is reducing** but it is still present as a secondary or tertiary substance in a young person's treatment journey. Alcohol is harder to obtain but it can be obtained through social media very much like drugs.

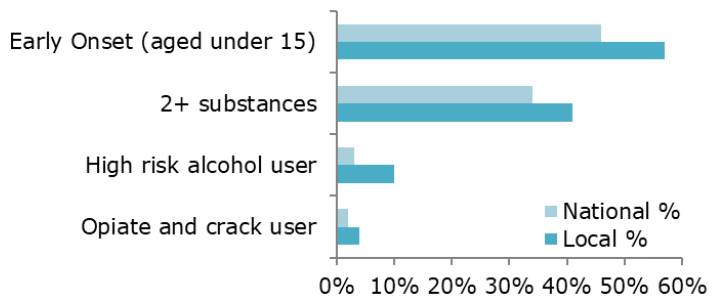
The use of ketamine is on the rise and amongst older young people the use of **ketamine and cocaine as a duo is being highlighted**. This is a concern in itself in the fact that ketamine can damage a person's urinary tract, bladder and bowel. There is work that needs to be done with GP's around their knowledge of this. Young people are reporting that they are continually having urinary infections and GP's are treating them **without asking the questions** that could elicit the information about their ketamine use.

Affected Others -A significant proportion of the young people who have sought specialist help are **affected by parental alcohol and other drug use** (as well as parental mental health problems and domestic abuse in the family).

Due to the **hidden nature** of young people who are **affected others** we believe that there are still many more young people in need. Our system data indicates that there are **over 1000 substance-using parents** in treatment who are living with a child under the age of 18 years.

Young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and family and friends. The Community Safety Training Programme continues to offer courses in **basic drug awareness and substance use screening** for front line workers. The YZUP school workers also deliver **bespoke training** in educational establishments as well.

National data[7] indicates that young people in Cornwall **start using drugs at a younger age** the national profile. We are seeing i**ncreasing multiple vulnerabilities** in young people seeking help from treatment services, particularly when there are **other people using drugs** at home and when they have been **excluded** from school.



[7] Provided for all local areas by the Office for Health Improvement and Disparities (OHID)

In the last year, we invested in 23 additional specialist structured treatment places, bringing the total to 100 places available. However, **this was exceeded in year and the number continues to grow.** Our priorities for young people are:

- Improving our approach to prevention, including through our schools' programmes
- Earlier identification and help for young people affected, through a new outreach team.

Vulnerabilities of young people starting in specialist substance misuse services

We see young people in Cornwall **more likely to have anti-social behaviour cited** as an issue than the national cohort. There are a couple of explanations for this including that often this is identified by the referring agency at the start of a young persons intervention. The other is linked to **YZUPs involvement with the Safer Streets projects** running in Truro and Camborne aimed at tackling Violence against women and girls, public violence and Anti-Social Behaviour.

Our young people in treatment are **more likely to experience and witness domestic abuse** in the home so it would be safe to suggest that those young people affected by parental substance misuse would experience the same.

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. Examples of the types of vulnerabilities and risks young people report having at the start of treatment include: not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation.

OHID (Office for Health Improvements and Disparities) recommendations suggest that universal and targeted services have a role to play in **building resilience** and providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable, and age-appropriate care should be available for all young people in specialist services[8].

Substance misuse services for young people may need to consider sex differences in the treatment population. There are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic abuse, and affected by sexual abuse including exploitation[9].

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[8] Jackson, C., Sweeting, H., & Haw, S. (2012) Clustering of substance use and sexual risk behaviour in adolescence: analysis of two cohort studies. BMJ Open, 2(1), pp.1-10

9 Public Health England (2017) Child Sexual Exploitation: how Public Health can support Prevention and Intervention. Available at:

Boys also experience domestic abuse, sexual exploitation and self-harm, and this should be explored by services. It should also be noted that self-harm in boys may present more indirectly, such as picking fights and destruction of their own property.

Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols[10].

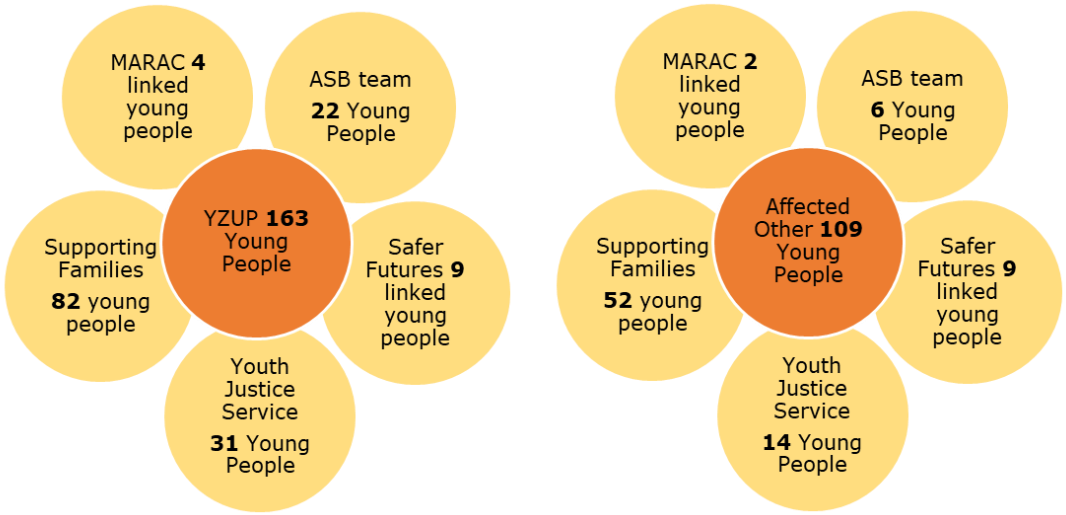
The table below shows that when we look at the data we can see that young people in Cornwall appear to have a range of wider vulnerabilities that make them more complex to work with.

Wider vulnerabilities	Greater need in Cornwall	Total young people	Proportion in treatment	England young people	England Proportion
Anti-social behaviour	Y	66	78%	2,655	30%
Involved in self-harm	N	29	34%	2,654	30%
Affected by others' substance misuse	Y	26	31%	2,085	23%
Unsafe sex*	Y	58	68%	1,719	19%
Affected by domestic abuse	Y	27	32%	1,542	17%
Child in need	N	14	16%	1,079	12%
Looked after child	N	6	7%	987	11%
Criminal exploitation*	Y	29	34%	846	9%
Subject to a child protection plan	N	1	1%	702	8%
Involved in gangs*	Y	29	34%	580	6%
Affected by sexual exploitation	N	7	8%	455	5%
Risk of homelessness*	N	2	2%	203	2%
NFA/unsettled housing	N	2	2%	57	1%

The following graphics illustrate the wider vulnerabilities of young people who are in treatment as a user or an affected other and the other services they are known to.

https://www.gov.uk/government/publications/child-sexual-exploitation-prevention-and-intervention

10 Jackson, C., Sweeting, H., & Haw, S. (2012) Clustering of substance use and sexual risk behaviour in adolescence: analysis of two cohort studies. BMJ Open, 2(1), pp.1-10



Approximately half of all young people engaged with YZUP for their drug use have been identified as eligible for the supporting families programme (previously called Troubled Families). This proportion is slightly lower for the affected other cohort.

1 in 5 young people engaged with YZUP have a record entry on the youth justice service case management system. Some of these young people have been charged with an offence and received an outcome. 14 young people are known as an affected other who are also recorded on the youth justice service case management system.

When we look at hospital admissions we can see that Cornwall also has a higher rate of young people aged between 15 and 24 who are admitted to hospital due to substance misuse. Data collated between 2018 and 2021 shows that we have a rate of 94 hospital admissions per 100,000 young people compared with 81 nationally[11].

The YZUP outcomes analysis highlights how the service faces new challenges when working with a client group increasingly moving towards more impulsive, antisocial behaviour with longer term needs. Whilst at the same time, demand for services is becoming greater than ever. Sustaining its record on positive outcomes will require YZUP to sustain high quality interventions within the context of thinning resources[12]

Referral Sources

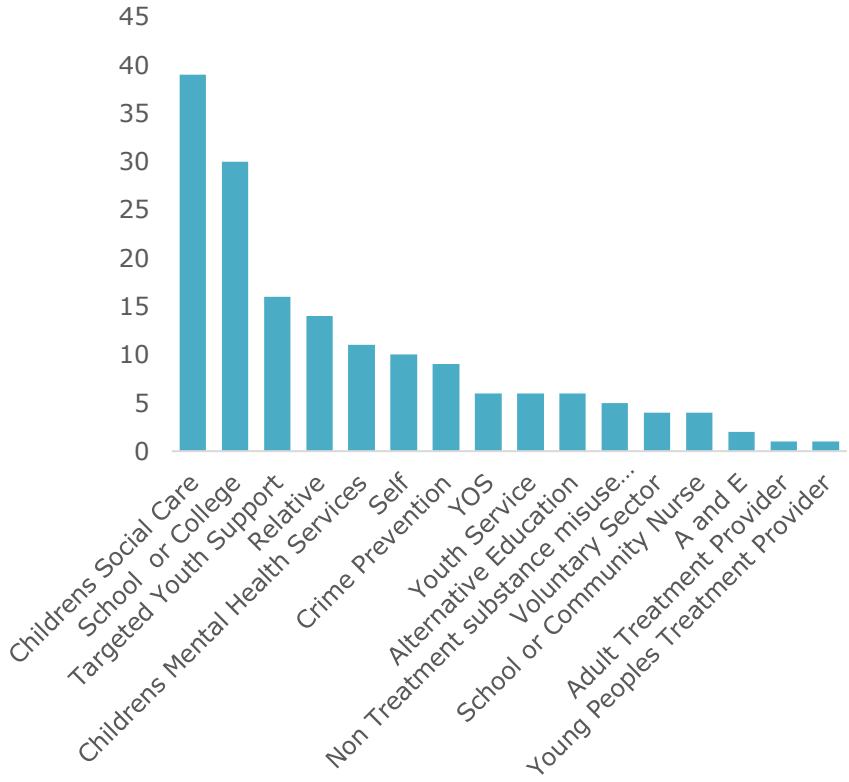
Young people come to specialist services from various routes but are typically referred by schools and colleges, youth justice, children and family services and self, family and friends.

Changes in universal and targeted young people's services may affect screening, referrals and demand for specialist interventions. There should be clear

11 https://fingertips.phe.org.uk/
12 Phil Harris- YZUP Outcomes Analysis 2023/24

pathways between targeted and specialist young people's services, **supported by joint working protocols and good communication.**

- We have **greater proportions of education referrals** which is likely to be the result of YZUPs presence in schools and the delivery of the schools programme;
- Compared with previous years the number of **referrals from youth justice is considerably** lower than previous years, although this maybe due to increases in the number of young people who go to out of court disposal panels, illustrating a shift towards prevention for the youth justice service.



- The greater proportions of self and family referrals that we previously saw has **reduced back down to normal levels.** It was seen that the previous high rates were likely linked to the fact that wider services were not meeting young people face to face during lockdown meaning that the referrals had to come from family members.

Schools

In England, there were 8,689 permanent exclusions and 676,718 suspensions from state-funded schools in the 2021-22 academic year, including 452 drug and alcohol related permanent exclusions and 22,714 drug and alcohol related suspensions. Schools are an **important part of any young people's drug strategy**, for building resilience, for early prevention, to identify substance misuse and refer into specialist substance misuse services. Being excluded or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse.

There has been a shift in ethos by some pastoral staff in some secondary schools where there is an understanding that a young person's **substance use may be in response to lived experience.**

The YZUP school programme has met over **9,481 children from 24 different schools.** YZUP are now able to offer each school in Cornwall small group sessions for students who are **identified by the school** as needing interventions around drug and alcohol use to reduce harm and help them stay

safe. There are however **some schools that fail to engage** and respond to YZUP's requests to deliver these sessions and this is currently being worked on by the service.

Young people are now obtaining their drugs through apps such as Snapchat and Telegram. Vapes are becoming more of an issue as well. This can be seen in a couple of ways with **both nicotine and cannabinoid vapes** being used by young people.

- Younger people have tried nicotine vapes as they have become more widely available and attractive. **Grazing (smoking) the equivalent of 30 cigarettes** a day and then when not using becoming agitated with **nicotine withdrawal an issue.**
- Some young people are using cannabis/ spice vapes- this is now turning into a gateway drug and a **possible tool for grooming**. We see more drug networks between Cornish towns rather than the traditional county lines model.

THC vapes allow young people to experience effects similar to smoking cannabis, however, cheaper vapes which contain synthetic cannabinoids will have a **much stronger effect**. This is a risk when young people are thinking they are buying the same product when they are not. There have been a small number of hospitalisations across Cornwall as a result.

Intelligence from our Safer Towns suggests that young people are obtaining vapes from young adults selling them outside schools and colleges as well as from their homes. **Vapes are an easy target for shoplifters** in some shops and there is some local intelligence that vapes are being used as a desirable commodity by those looking to exploit young people.

YZUP are seeing some long-term health impacts of vaping with some young people reporting respiratory problems and coughs that will not go away.

Youth justice

Youth justice, particularly Youth Offending Teams, are a major source of referrals into substance misuse treatment for young people. To improve co-ordination between Youth Offending Teams (YOTs) and substance misuse services a new substance misuse key performance indicator is being introduced for YOTs in England covering treatment engagement of YOT service users with substance misuse needs.

The following information is based on 12 months offending data reported between 01/04/2023 and 31/03/2024. In this period, 528 reported offences were recorded linked to 275 young people. There were 27% less offences than the previous 12-month period.

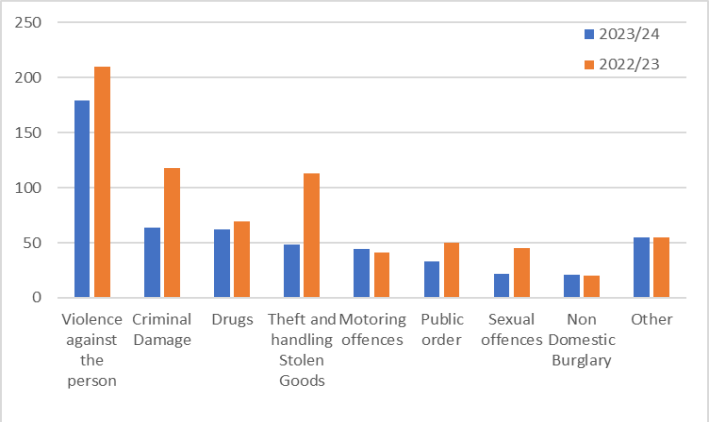
Key Statistics

- 275 children in the year -24% linked to 528 offences
- 34% (179) of offences are related to violence of which 15 (8%) can be categorised as serious *(includes possession of firearms, threats to kill, serious assaults and wounding)*
- 22 sexual offences (-23 or 51%), The majority of which are classified as serious *(includes rape, sexual assault and indecent photographs)*
- Theft offences reduced by 58% (65 crimes).

Children in Cornwall tend to be charged with less serious violence, usually offences of common assault or assault with injury (ABH) making up 89% of all violence offences in the past year. 8% related to serious violence, made up of Grievous Bodily Harm, possession of weapons as well threats to kill and kidnapping.

There are inherent risks in carrying weapons / drugs which could lead to criminalization / custody and will impact on future employment and other outcomes. The volume of incidents is consistent when compared with last year. Previously there has been little evidence of endemic issues with knife crime and serious violence in Cornwall, and recorded incidences were isolated.
In relation to offence types, a third of offences related to violence with 12% of offences relating to both criminal damage and drug offences also. Most offence types have reduced when compared with the previous year.

- The number of criminal damage offences has reduced when compared with the previous 12-month period (-54 offences or 46%). This trend is mirrored in police recorded crime figures where we have seen a 6% reduction when compared with the previous year.



- We have also seen a reduction of theft and handling stolen goods. This trend opposed what we have seen in police recorded crime data where we have seen increases in theft from the persons, shoplifting and other theft.
- We have seen a reduction in the number of young people with a sexual offence recorded against their record. Across Cornwall police recorded crime figures highlights that these crimes have increased with the biggest rises seen in victims aged between 12-19-year-olds. In terms of volume, this is also the age group where we see most crimes recorded.
- Nationally, over half of all child sexual abuse and exploitation is child-on-child with 32% recorded as online abuse. In our data a high proportion of victims are children and young people, with 58% aged under 20.

Turnaround Programme

Turnaround is a funding program available to Youth Offending Teams (YOTs) across England and Wales in order to intervene earlier and improve outcomes for children on the cusp of entering the youth justice system. This additional funding allows YOTs to consistently support a cohort of children not currently on their statutory caseload. Across England and Wales it was estimated that up to 17,000 would be eligible. The overall aims are to:

- Achieve positive outcomes for children with the ultimate aim of preventing them going on to offend;
- Build on work already done to ensure all children on the cusp of the youth justice system are consistently offered a needs assessment and the opportunity for support;
- Improve the socio-emotional, mental health and wellbeing of children; and
- Improve the integration and partnership working between YOTs and other statutory services to support children.

The Local Youth Justice partnership is committed to diverting children from the youth justice system. In its second year the Turnaround programme has seen 51 children engaged in targeted interventions. We have continued to support local community projects to work with our targeted group to promote inclusion and belonging and ensure that children continue to have opportunities to engage in support at the end of their Turnaround intervention.

To date the most common types of support offered are Social and Emotional and Mentoring and Supportive relationships. Our impressive work through Turnaround was recognised by the Ministry of Justice and we were invited to share this at a National Youth Justice conference.

Re-Frame

Re-Frame is a pre-arrest diversion scheme for young people aged 10-17 who are found in possession of a Class B or C drug. It is delivered through With You in conjunction with the Police. It involves brief interventions with sessions that broadly focus on harm reduction and restorative intervention, encouraging consequential thinking such as what happened at the time of the offence and what its impact was. They also cover the law and general drugs education.

In 23/24 we had 37 referrals to Re-Frame in Cornwall and all but one fully engaged. Alongside Sefton, Kent and Wigan, Cornwall have been part of the pilot with the publication due in the next year. Work is already underway to consider how the delivery of this successful intervention can be continued at the end of the pilot.

- 4 additional members of staff have been trained in order to deliver interventions to both the police and Youth Justice Service as a diversionary project.

Adults who offend

The latest data from Probation[13] for Cornwall indicates that there are **363 OCUs under Probation supervision**, of which 33% disclosed current use. When we look at those who have been in contact with the youth justice service in the 5 year period ending March 2022 we can see that we have 41 young people who are known to both services.

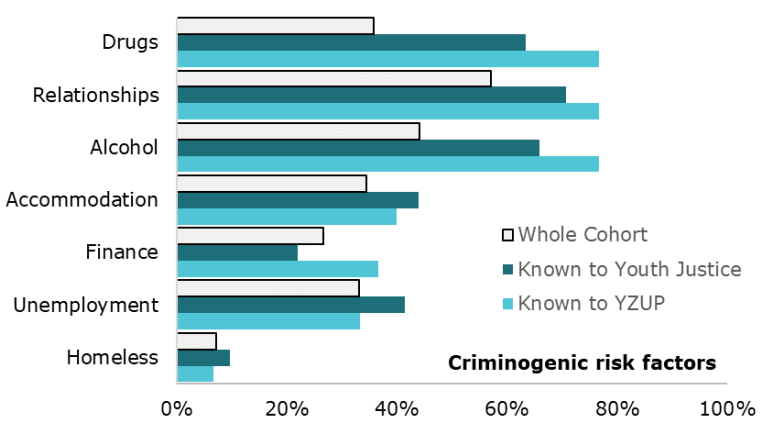
- 24 of these younger people are in the community currently serving community orders and sentences.
- This is a small sample but 22 (54%) are also known to adult drug treatment services. 7 of these adults do not have drugs flagged against their probation record.

When we look at recorded substances we can see that the majority have cannabis identified as being frequently used.

- 15 younger people used cocaine with approximately a quarter using opiates or crack.
- 4 have used Ketamine previously on a frequent basis.

Looking at the same time period we have also identified 30 young people who are also known to YZUP, of which just over half were known to the youth justice service also. The following information focuses on both cohorts and the identified criminogenic needs:

We can see that in general the cohorts that was known to YZUP and the youth justice service are more complex particularly in relation to drug and alcohol use.



- Relationships have also been identified as being complex for both cohorts with a quarter of younger people being flagged as an abusive person in a domestic abuse relationship.
- Over half of the youth justice cohort have been flagged as having a disability or learning difficulty registration in place.

Parental Drug and Alcohol Use

Parental substance use is a significant concern. It is estimated that there were between **200,000 and 300,000 children in England and Wales** where parents or carers are dependent on drugs. This can compromise children's health and development from conception onwards, though the risks of harm may be reduced through treatment. Support for the affected adult as well as the

[13] Probation Service caseload snapshot, September 2024

presence of at least one other consistent parent or carer, a stable home with adequate finances, maintenance of family routines and activities, and regular attendance at a supportive school.[14]

Parental substance use is the **third most common reason** (after domestic abuse and parental mental ill health) children are **referred to children's social care**. The experiences of children living with substance using parents are **complex and risk factors are multiple**. The challenges experienced are compounded by the decade-long impact of austerity measures, which have reduced early intervention services, resulting in practitioners prioritising the needs of younger children to the detriment of older children. The research has highlighted the impact of parental substance use on older children with their **increased risk of significant harm due to criminal exploitation and/or child sexual exploitation.**[15]

52% of the 2,387 people in drug treatment were **recorded as being a parent**. The NDTMS local outcomes framework reports that **only 5% of parents have received parental support**, compared with 17% nationally. We have identified a recording issue with this measure which we aim to resolve in the near future. We do see **some differences based on age and gender** with those most likely to receive parental support.

- The proportion of **younger parents** (aged 18-29) accessing parental programs are **more in line with the national average** at 15% compared with 17%. This reduces to 10% and 7% for the 30-49 and 50+ age groups respectively.

Children looked after

Children looked after are a vulnerable group who are at higher risk of substance misuse. Nationally, 40% of children looked after with an identified substance misuse problem received an intervention; this includes non-structured interventions that aren't included in Section 3 of this commissioning support pack. Nationally, 8% of young people in community structured substance misuse treatment are children looked after.

During the last year there were 272 young people in Cornwall who were recorded as being in care. Of these 42% were there due to parental abuse and neglect with a further 10% being recorded as absent parenting. 3% of children looked after in Cornwall were identified as having a substance use problem which is below the national average.

Children in care face a variety of challenges, including an increased risk of using alcohol or other substances. These challenges include:

14 Advisory Council on the Misuse of Drugs (ACMD) (2003) Hidden Harm - responding to the needs of children of problem drug users.
15 Todman H, McLaughlin H, (2024) Understanding the Needs of Children Living with Parental Substance Misuse: Perspectives from Children and Practitioners. The British Journal of Social Work, Volume 54, Issue 7. May 2024

- **Trauma and Neglect**- Many children in care have experienced significant trauma, including neglect, abuse, or household dysfunction. These experiences can lead to emotional distress, which may increase the likelihood of substance abuse as a coping mechanism. The NSPCC[16] have identified that households where domestic abuse and parental drug use is common is more likely to lead to young peoples drug use.
- **Instability**- Children in care often experience unstable living conditions, frequent moves between foster homes, or separation from siblings. This instability can create a sense of insecurity, leading some to turn to drugs or alcohol to manage stress and anxiety.
- **Lack of Emotional Support**- Without a consistent and supportive family environment, children in care may lack emotional guidance or feel isolated. This can make it harder to deal with feelings of abandonment, loneliness, or low self-esteem, increasing the risk of drug use.
- **Peer Influence and Environment**- Children in care are sometimes placed in environments or foster homes where they are exposed to drug use either directly or through peers. Peer pressure can further exacerbate the risk of substance use.
- **Barriers to Mental Health Services**: Though many children in care need mental health support, they may face difficulties accessing these services. Without proper intervention, they become more likely to self-medicate with drugs.

[16] What professionals know, think, and do to prevent child abuse – and how we can support them

Lived Experiences

Thematic analysis[17] into affected others has shown that there are **5 overarching themes** present in regard to the 700 young people's voices heard across the 35 studies reviewed for this research. These themes include:

- Living with the unpredictable: insecurity within the family;
- Social and emotional impact of parental substance use;
- Controlling the uncontrollable: creating safety within the family;
- Coping with and resisting the emotional and social impacts;
- Lack of formal and informal support.

The findings emphasize that children and young people who experience parental substance use are **trying to manage and mitigate vulnerabilities** and be **resilient to unpredictable, adverse, and often stigmatising experiences, usually without formal support in place.**

In the United Kingdom, recent estimates suggested that around 4% or 478,000 children lived with a parent who uses alcohol or drugs in 2019 to 2020 (Children's Commissioner's Office, 2020). This would equate to approximately 4000 young people in Cornwall and IOS if using the same proportions.

Characteristics of young people and young adults who are affected others can include:

- Poor school attendance and being unable to concentrate;
- Low academic attainment;
- Antisocial behaviour and offending issues;
- Low mood, anxiety and depression;
- Their own substance using behaviours;

These children can go on to experience multiple disadvantages into adulthood, driven and exacerbated by **structural risk factors such as poverty**. Risk factors can exacerbate the effect of parental substance use on young people, while protective factors can help reduce such negative impacts. These influences can be individual (e.g. having high or low esteem), parental, familial, as well as social.

Evidence shows that many people using drugs and alcohol have experienced particularly **high levels of trauma and adversity** in their lives. One report highlights that 75% of people attending alcohol/drug services report having experienced trauma and adversity (World Health Organisation World Report on Violence and Health 2002). Those who experience four or more adverse childhood experiences, ACEs, are **16 times more likely** to have used crack cocaine or heroin and four times more likely to be a high risk drinker[18].

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[17] Muir, Adams and Evans et al, Nov 2022, A Systematic Review of Qualitative Studies Exploring Lived Experiences, Perceived Impact, and Coping Strategies of Children and Young People Whose Parents Use Substances

[18] (ACE Infograph FINAL (E).pdf (wales.nhs.uk).

Identifying the symptoms of trauma and responding to it at an appropriate time, with the appropriate resources, in a psychologically safe environment is **key to improving an individual's quality of life**. Adults who have been abused as children are higher users of adult mental health services and more likely to self-harm, take their own lives, and use drug and alcohol problematically (Hepworth & McGowan 2013). Those in alcohol treatment in 20/21 made up the majority of adults living with children (73%) highlighting the need to adopt a whole family approach to ensure the wider needs of the family are met.

Symptoms of unresolved trauma, which may not be obviously linked, include bullying, exploitation, neglect, domestic violence, problematic drug and alcohol use, and mental ill health. This can be **amplified by re-traumatisation** and loss of children. In 20/21 almost 70% of local child cases identified that a parent/career or other adult had a drug and alcohol need and an additional vulnerability. Furthermore, people who have experienced multiple trauma **often become re-traumatised if**/when they come into contact with mental health services seeking support.

This is because they are often **treated for their symptoms rather than the possible cause** which may have led to treatment being sought (Reed & Harper 2020). The importance of trauma informed care and routine enquiry made achievable by systematic and sustainable change is **key to address and mitigate inter-generational trauma**.

In Cornwall and the Isles of Scilly, recent research commissioned by the Children's Commissioner for England has estimated both the number and proportion of 0-17 year olds in Cornwall living in a household where an adult has a one of a number of vulnerabilities. 47,630 children in Cornwall, **45%, live in a household with any form of substance misuse**, where domestic abuse has ever occurred or a parent has displayed some symptoms of a mental or psychiatric disorder.

Of those 11.8% have a parent with a clinically diagnosable mental or psychiatric disorder with severe symptoms, 6.2% have had **domestic abuse occurring** in the last year and 3.7% had a parent or caregiver with a drug or alcohol dependency. Out of this number with a drug or alcohol dependency 75% are not recorded in data sets.

The JSNA data shows that our local treatment system has a higher representation of parents than the average for England, both living with their children (16% vs 13%) and not (28% vs 22%) and a lesser proportion with no parental responsibilities (52% vs 60%). **259 children were recorded as living with a drug user entering treatment.**

Prevention and Prevalence

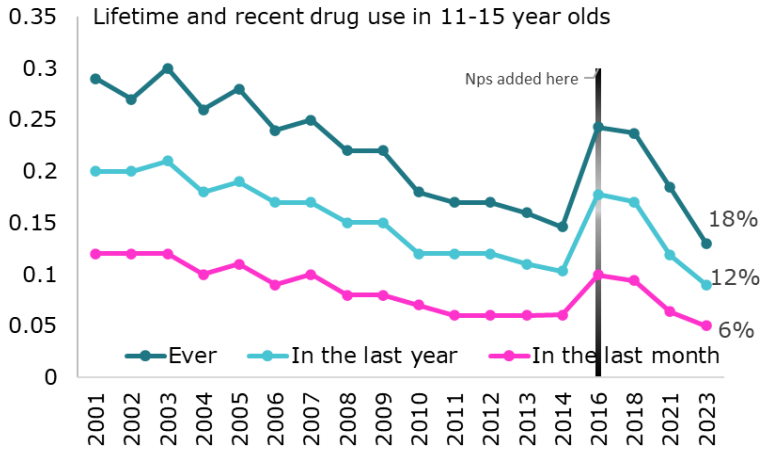
The government's current approach to prevention mirrors the international standards on drug use prevention[19] – "to avoid or delay the initiation of psychoactive substances, or, if they have already initiated use, to avert the development of substance use disorders (harmful substance use or dependence).[20]. This approach to prevention covers drug use amongst adults but also provides the tools for children and young families to help avoid initial drug use.

Drug use amongst young people

"Preventing drug misuse is more cost effective and socially desirable than dealing with the consequences of misuse… Local authorities should identify, and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply." Dame Carol Black Review Part 2

The **NHS Smoking, Drinking and Drug Use (SDD) among Young People** report provides the results of the biennial survey of secondary school pupils in England, mostly aged 11 to 15, focusing on smoking, drinking, drug use and vaping. It covers a range of topics including prevalence, habits, attitudes, and wellbeing.

The 2023 SDD[21] found that there had been a continued **decrease in the prevalence of lifetime and recent illicit drug** use amongst young people.



The 2023 survey introduced additional questions relating to pupils wellbeing. These included how often the pupil felt lonely, felt left out and that they had no-one to talk to.

The chart shows the timeseries for lifetime and recent drug use in 11-15 year olds. Psychoactive substances (NPS) were included from 2016 and so data before then is not comparable. In 2016, even when accounting for the addition of NPS, there was a **large and unexpected rise in overall drug use** prevalence, with increased use of stimulants, volatile substances and psychedelics – a reversal of the previous long-term reducing trend.

[19] Joint Combatting Drugs Unit
[20] UNDOC – International Standards on Drug Use Prevention
[21] NHS Smoking, Drinking and Drug Use among Young People 2023, NHS Digital (2024)

- In 2023, **13% of pupils reported they had ever taken drugs** (18% in 2021 and 24% in 2018), 9% had taken drugs in the last year (12% in 2021 and 17% in 2018), and 5% in the last month (6% in and 9% in 2018). These results are below the averages seen over the five years pre-2016.

There has been a decrease in the prevalence of smoking cigarettes but **an increase in vaping**.

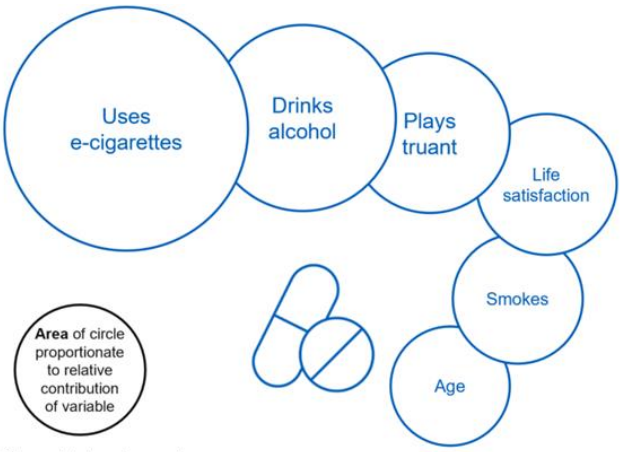
- Current e-cigarette use (vaping) has increased to 9%, up from 6% in 2018. Around 1 in 5 (21%) 15-year old girls were classified as current e-cigarette user.
- Of pupils who have ever tried vaping, 89% have never regularly smoked tobacco cigarettes.
- A further 6% reported starting vaping before smoking cigarettes, only 5% of pupils reported smoking cigarettes before using vapes.

Low wellbeing was more likely amongst pupils who recently smoked, drank and/or have taken drugs. 39% of pupils who had taken drugs in the last month, and 38% of pupils who smoked in the last week reported low life satisfaction nowadays, compared to 19% for all pupils.

28% of pupils who smoked in the last week, 23% of pupils who had taken drugs in the last month, and 15% of pupils who had drunk alcohol in the last week reported often or always feeling lonely, compared to 10% for all pupils.

The 6 factors (explanatory variables) shown below had a significant association with having taken any drugs in the last month. The size of the circles represents an estimate of the relative contribution to the model.

It was estimated that using e-cigarettes had the strongest association, followed by drinking alcohol, and then playing truant.



The model strength was strong (c-statistic = 0.8998)

Right On Survey 2023

In Spring 2023 more than 8,200 children and young people in Year 4 and above from 73 schools and colleges across Cornwall took part in the Right on Survey. The survey invited children and young people to let us know their thoughts on a wide range of issues that impact their lives.

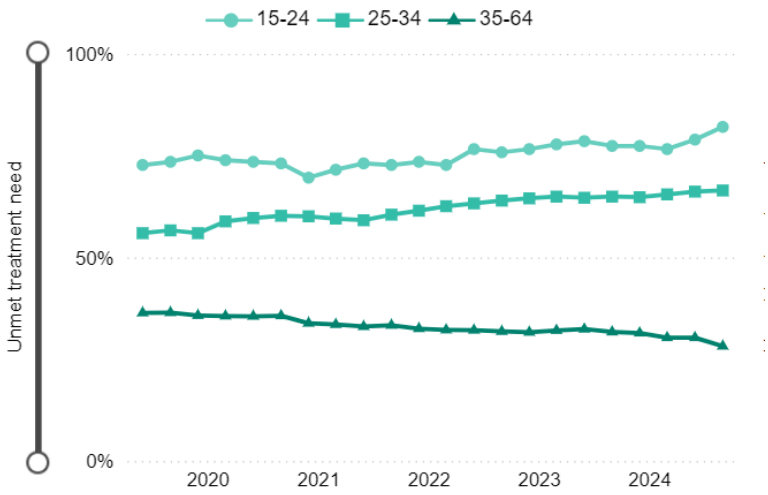
Experiences associated with substance use are more likely with increasing age; there is no 'bounce-back' or 'levelling off' among the further education student population. There are some gender differences, however, with older females being more likely to smoke and vape compared with males. Conversely, older males are more likely to drink alcohol than females.
Some key findings include:

- 34% of secondary pupils have 'at least tried' vaping, with 20% of Year 10 pupils said they vape at least once a week.
- 33% of Year 10 pupils said they have been offered cannabis and 9% of Year 10 pupils said they have been offered medicines not given to them by their parents or a doctor (e.g. Valium, sleeping tablets, painkillers).
- 55% of college students have tried vaping, with 26% of female students smoking at least once a week.
- In regard to drugs 46% of college students said they have been offered cannabis, 22% said they have been offered cocaine/crack cocaine and 19% said they have been offered ketamine.
- 27% of FE students said they have taken cannabis. 7% of FE students said they have taken cocaine/crack cocaine, 6% said they have taken ketamine and 6% said ecstasy/MDMA.

Unmet treatment need amongst younger people

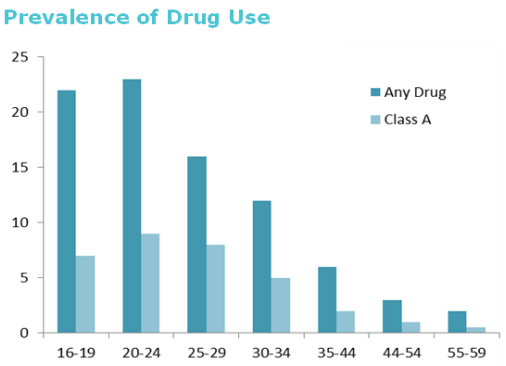
As noted previously, 77% of OCUs aged 15-24 are not in treatment services compared with 30% of 35-64 year olds.

The chart (right) tracks the level of unmet treatment need broken down by age group as a proportion of resident population each quarter. As you can see the level of **unmet need reduces as people get older**.



One of the main reasons for this is that the prevalence of drug use reduces as we get older, meaning that the proportion of unmet need reduces. Remsisson rates for different types of drugs shows this with approximated 24% of people who have ever used heroin and 17% who use cociane develop a life time dependence.

Research demonstrates that the majority of young people who experiment with drugs and alcohol **age out of involvement**, often without professional help. However, it also identifies a sub-population that cannot do this. This suggests that it is not merely exposure to a substance that matters, but that there are **certain vulnerabilities in some young people that elevates their risk** of experiencing long term difficulties.



Proportion of 16-59 years olds reporting use of any or class A drug use in the last year by age group (BCS 2008/9)

Drugs prevention – what works for Young People

Public Health Commissioning Guidance

Invest in provision from schools to treating young people's substance use

There should be effective pathways between specialist services and children's social care

Clear pathways needed between targeted and specialist young people's services, supported by joint working protocols and good communication

Universal and targeted services: help build resilience and provide substance misuse advice and support at earliest opportunity

Specialist services: for those whose use has escalated and/or is causing harm

Specialist services must deliver age-appropriate interventions and promote safeguarding and welfare

Every effort should be made to assess the risk of children and young people interacting with older service users

Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance use-related harm get extra support with clear referral pathways and joint working protocols.

Services for Children and Young People

Build resilience and confidence amongst young people to prevent a range of risks including substance use

Outcomes of effective specialist substance misuse interventions include:

- Improved health and wellbeing
- Better educational attainment
- Reduction in NEET numbers
- Reduction in risk taking behaviour

Young people have better outcomes when they receive a range of interventions as part of their package

Young people generally spend less time in specialist interventions than adults. However, those with care needs often require support for longer

If young people re-present to treatment, this is not necessarily a failure and should be rapidly re-assessed

Sources:
Community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people, National Collaborating Centre Drug Prevention (2006)
'What Works' in Drug Education and Prevention, Scottish Government (2016)
School-based alcohol and drug education and prevention

Peer educators should be involved, although not necessarily lead drug education but trained teachers and health professionals can be effective

The rationale for this approach is that young people learn from each other and have greater credibility, sensitivity and understanding than adults when discussing health behaviour, and can act as positive role models to reinforce these messages.

Integrated information – children and young people cannot make the healthy, pro-social decisions, without accurate information. But information on its own is insufficient to enable (young) people to make informed decisions

Drug education programmes which are **multi-component** in nature and/or which target young people's environment (e.g. school, community) are possibly more effective than those which are single-component in nature and which primarily target the individual (moderate evidence). Multi-sectoral programmes with multiple components (**including school and community**) are effective in reducing illegal drug use.

Correcting the 'myth-understandings' which need to be **based on local data** including the results of **anonymous in-school questionnaires** and then to be followed up with teaching **practical refusal skills.**

There is evidence from local services to suggest that there are better outcomes when young people can **access mental health/ pastoral support in schools**, both for their own or a family member's use

Interactive drug education programmes are nearly always **more effective than non-interactive programmes** and those which incorporate active learning and pupil-to-pupil interaction, are more likely to reduce drug use. Some **social influence programmes** can produce short-term reductions in cannabis use, particularly in low-risk populations.

Social competence approaches offering information but also allow pupils to model and practice giving feedback and positive reinforcement. These approaches teach personal and social skills such as generic self-management, target-setting, problem-solving and decision-making, as well as cognitive skills to be able to resist media and interpersonal influences. They also increase assertiveness skills and competence and to interact with others.

"There should also be a focus on preventing the risk factors and enhancing the **protective factors**, increasing young people's **resilience capability**, helping with strategies for refusal and hence supporting young people's resilience."

Drug education programmes adopting **life skills, social influences, resistance skills** or normative approaches are more effective.

Drug and alcohol screening and early intervention

To prevent or reduce the harm of drug use in children, young people and adults who are most likely to start using drugs or who are already experimenting or using drugs occasionally, NICE guidance recommends:

- **Skills training for children and young people** who are vulnerable to drug use
- **Information to adults** who are vulnerable to drug use
- Information about drug use **in targeted settings** that people who use drugs or are at risk of using drugs may attend

Quality statements from NICE[22] identify the following standards for screening people for drug misuse:

- **Looked-after children and young people** having their annual health plan review are assessed for vulnerability to drug misuse
- **Care leavers having a health assessment** as part of planning to leave care are assessed for vulnerability to drug misuse
- Children and young people having a **young offender assessment** are assessed for vulnerability to drug misuse
- **Adults assessed as vulnerable to drug misuse** are given information about local services and where to find further advice and support.

Other: High risk, vulnerable individuals

NICE guidance highlights **vulnerable and disadvantaged children and young people aged under 25**[23] as at particular risk of using substances including:

> "those who are - or who have been - looked after by local authorities, fostered or homeless, or who move frequently, those whose parents or other family members misuse substances, those from marginalised and disadvantaged communities, including some black and minority ethnic groups, those with behavioural conduct disorders and/or mental health problems, those excluded from school and truants, young offenders (including those who are incarcerated), those involved in commercial sex work, those with other health, education or social problems at home, school and elsewhere and those who are already misusing substances".

There is a case for **maintaining drug-specific prevention interventions for those young people most at risk of harm**, or already misusing drugs.

NICE, as highlighted above, provide guidance on substance misuse interventions for under 25s and has recently consulted on draft guidelines for this group for 2017. However, the evidence also suggests that young people considered at

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[22] Quality statements | Drug misuse prevention | Quality standards | NICE

[23] Community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people, National Collaborating Centre Drug Prevention (2006)

greater risk will also benefit from universal approaches, and so tailored approaches may not always be required (Spoth et al., 2006, in ACMD, 2015).[24]

Other: The following factors are identified as being "likely to be beneficial" or "mixed evidence" of success:

- **Pre-school, family-based programmes** in producing long-term reductions in the prevalence of lifetime or current tobacco use, and lifetime cannabis use.[24]
- **Motivational interviewing** in producing short-term reductions in multiple substance use.[24]
- **Whole school approaches** that aim to change the school environment on use of multiple substances.[24]
- **Parental programmes** for parents designed to reduce use of multiple substances by young people. Where effective, programmes included **active parental involvement**, or aimed to develop skills in social competence, self-regulation, and parenting skills.[24]
- Drug education needs to be **deployed early enough to be preventative** (before young people begin to experiment) but also to be **relevant and age-appropriate**.[25]

[24] 'What Works' in Drug Education and Prevention, Scottish Government (2016)
[25] School-based alcohol and drug education and prevention – what works?, Mentor Adepis (2017)

The use of **'sniffer dogs' in schools**. Policy should not create a climate of fear and mistrust

Programmes relying on **scare tactics** to prevent children and adolescents from engaging in risky behaviours are not only ineffective, but may have damaging effects

Alcohol and drug testing in schools can give high levels of false positives; non-invasive tests are unlikely to be admissible in a court case and testing can only be conducted with explicit and informed parental consent for under 16s.

Targeted support for individuals as part of a broader treatment programme may be considered as a voluntary collaboration to manage risk and support a vulnerable young person to re-enter school as part of a broader treatment programme.

'Health terrorism' (including 'Scared Straight' approaches). Petrosino, Turpin-Petrosino and Finckenauer (2000) found these well-meaning programmes **can have harmful effects**. Scared Straight and other prison or parole programmes which bring together prisoners and students have **resulted in higher rates of re-arrest** and offending behaviour than youths not involved in the intervention.

Mass media programmes targeting illegal drug use

Mentoring programmes have no short or long-term preventative effects on illegal drug use

Focusing only on the **building of self-esteem** and emotional education. Addressing only ethical/moral decision making or values

Interventions which do not take into account the situation and **vulnerability of a target group**. (ACMD 2015)

One-time assemblies, events or testimonials. Former users engaged as visiting speakers are likely to have a **negative impact** on the beliefs, attitudes and behaviour of young people and children **if not used in the context of a broader curriculum** and within a **life skills-based approach** to education.

Standalone school-based curricula **relying solely on facts** about illegal drugs and their dangers, designed only to increase knowledge

Utilising **non-interactive methods**, such as lecturing, as a primary delivery strategy; information-giving alone, particularly fear arousal

A **'zero tolerance' approach** to substance misuse. If young people know school policy includes a punitive approach to disclosure it will prevent the creation of an environment which is conducive to discussion.

Recreational/diversionary activities, and theatre/drama based education to prevent illegal drug use. Experience from local services indicates, however, that this can be beneficial when combined with a programme of reduction and as a way of distraction to experience natural lifting of mood, and new friends with more positive attitudes to free time.

Adverse Childhood Experiences

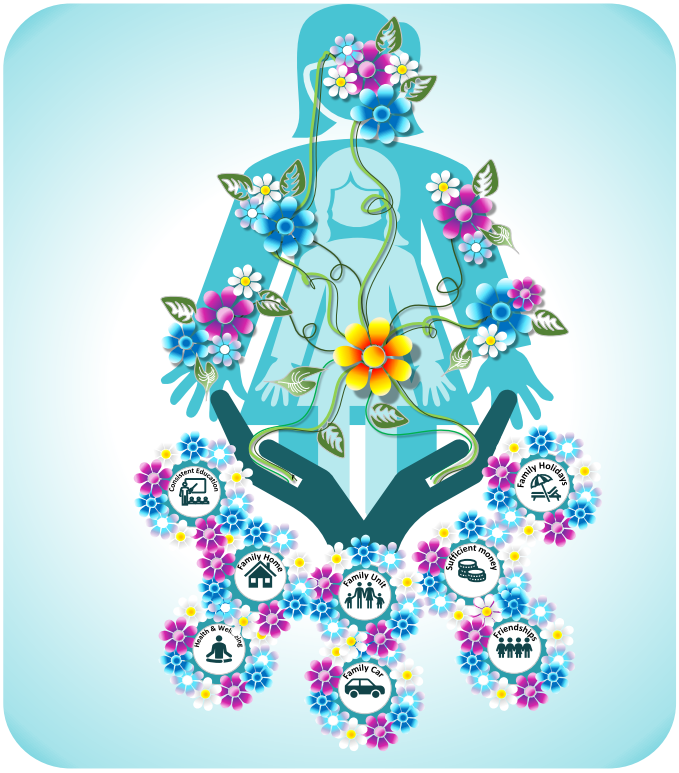
An estimated **3,980 children** live in a household where an adult has an alcohol or drug dependency. Our ability to use local datasets to understand the extent of need around children affected by parental problem drug and/or alcohol use is limited. We examined this in detail in the 2022/23 needs assessment and estimated that **around 75% were not identified in local datasets**. Drug and alcohol use **commonly occurs with other vulnerabilities**, such as domestic abuse and mental health issues.

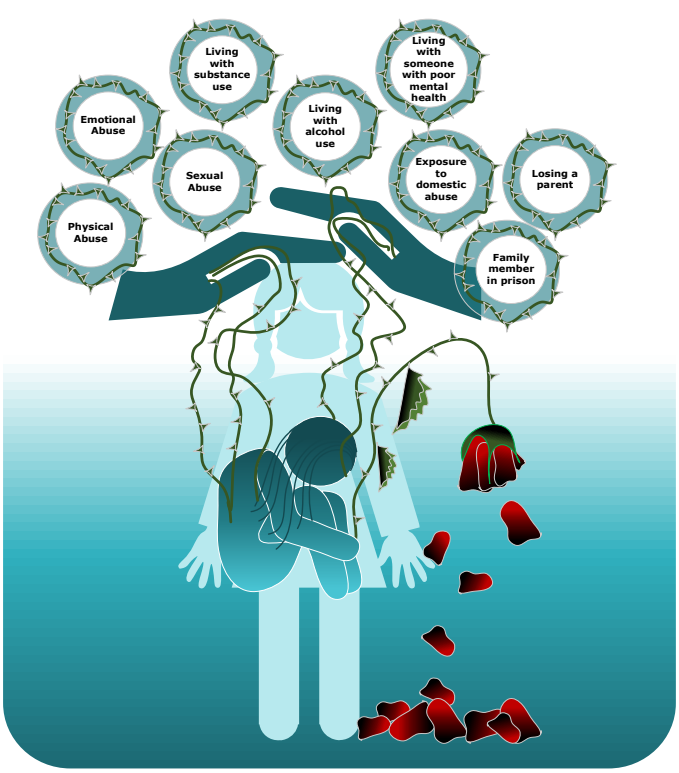
- **52%** of the 2,387 people in drug treatment were **recorded as being a parent**. The NDTMS local outcomes framework reports that **only 5% of parents have received parental support**, compared with 17% nationally.

Key themes from journey maps

When individuals have **secure foundations from early childhood** there is a real opportunity for growth. Many will experience problems throughout their life which will cause instability in one or more areas but **most will recover** because they have a strong support network, particularly in the form of family and friends.

Conversely when children are subject to multiple **Adverse Childhood Experiences** (ACEs) growth is suspended and the trajectory of their life is influenced by the trauma they have experienced.





'Adverse childhood experiences (ACEs) are traditionally understood as a set of **10 traumatic events** or circumstances **occurring before the age of 18** that have been shown through research **to increase the risk** of **adult mental health problems and debilitating diseases.** Five ACE categories are forms of child abuse and neglect, which are known to harm children and are punishable by law, and five represent forms of family dysfunction that increase children's exposure to trauma'.[26]

To understand how **early trauma** experienced in childhood **impacts the course** of someone's **life** we undertook a series of journey maps across a broad and diverse range of people. Some of the key areas that emerged were:

Family

- Journey mapping has shown the prevalence of Adverse Childhood Experiences (ACEs) for people with complex needs. The **lack** of a **secure base** and **absence of positive parental modelling** (often as a result of parents being subject to childhood trauma themselves) has a detrimental and far-reaching effect on self-worth.
- This in turn leads to poor relationship choices and poses challenges for raising children, particularly in the absence of a supportive wider family network. The **intergenerational play out of trauma** is evident in the journeys that we looked at, as is the reliance on alcohol and/or drugs to self-soothe.

Education

- **Poor school engagement** is a common thread running through the stories documented. People with complex needs talk of bullying, being singled out or marginalised due to 'acting up' and eventually dropping out.

Friendships and social networks

- **School and activities** provide a pivotal role in developing positive and healthy friendships. When these avenues are closed to young people there is a real chance that the connections that they make will be with people who have also experienced trauma can lead to criminality and possible exploitation.

Money

- The **limiting effect of financial constraints** on choices and mental health is omnipresent in all journeys. In several there was a direct **correlation between lack of money and criminal activity**. It was also identified as a trigger, exacerbating poor mental health and contributing to relapse.

[26] Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation

Housing and Environment

- Not having a family network or a stable home means that in times of crisis people are left open to homelessness. The stories demonstrate that individuals are moved frequently because of a **significant lack of appropriate housing** and to places and types of accommodation out of necessity rather than choice.
- **Housing providers are not always able to meet the needs** of highly complex individuals or adjust placement terms and conditions to accommodate them, making them more vulnerable and exacerbating their situation. Lack of a stable base for protracted periods **prevent people from establishing roots** and accessing consistent support.

Health and Wellbeing

- The **sense of isolation and loneliness** was evident in all stories. In most cases the person at the centre had either attempted **suicide** or were suicidal at points in their journey. All displayed a high degree of vulnerability which for some led to significant self-neglect.
- The presence of multiple socio-economic and family challenges contributed to their sense of **hopelessness** which was further exacerbated by drug and/or alcohol use.

Case Study 1- "Z"

Background

Z had been involved in county lines dealing at the age of 14 and had been criminally and sexually exploited and had on one occasion been injected with heroin by the adult male, who they called "boyfriend". The adult male has since been banned from Cornwall and faces a considerable prison term. Multiple young people were impacted by this male.

- Z has a diagnosis of ASD and also of ADHD, alongside PTSD. The PTSD was diagnosed during the time YZUP has known them.
- Z was in alternative education when they were first referred to YZUP.
- The young person also had a history of intentional overdose with paracetamol & alcohol, causing liver damage and risks of continued drinking.
- There was also a sibling experiencing poor mental health and there was frequent family conflict in the home which at times resulted in violence.

At the time of the first episode of care with YZUP the young person was open to and receiving support from Children's Social Care.

Presenting Need

When Z first came to us, age 16, they had liver disease and chronic pancreatitis due to their alcohol use. Z was referred by social care and was also open to CAMHS with presenting needs of anxiety due to PTSD.

- Z needed to stop drinking and cut down their cannabis use.
- There were additional needs and concerns regarding capacity and unidentified learning needs at first assessment which required liaison with social services, her GP and CAMHS.
- Z experienced hearing voices related to the grooming/ exploitation and these would become overpowering when on her own and this led to the overdoses.

Interventions Delivered

This young person had 3 separate episodes of care with YZUP, who still offer support even though they have turned 18:

- Harm reduction, reduction of substance use, abstinence, relapse prevention, meaningful activities, multi-agency working, advocacy support.
- Using an app to support reduction.
- Motivational interviewing and working with multiple complexities.
- Looking at budget/money/spending and what that money is meant for and where it could be otherwise spent.
- Telephone/distanced support during the pandemic.
- Face to face - supported to visit local riding school and encouraged to make follow up calls to confirm payment for riding.

Challenges

- At the beginning of our work with Z there were ongoing challenges around exploitation, alongside conflict in the family home.
- Police requesting case notes from YZUP to support their records and evidence, and the negotiation of this with Z.
- YZUP requesting a capacity assessment through CAMHS
- Issues with clarity of communication from the adult ADHD team in terms of accessing medication.
- Once Z had been moved into supported accommodation, age 17, there were issues with other residents where she was living, creating friction with staff.
- YZUP referral to advocacy services, which triggered involvement from adult social care based on Z's support and care needs. Being involved with the advocacy service also built confidence and allowed Z a voice in their care.
- Z stated that the stress of this situation was a big sticking point for her changing her cannabis use and it took some time for her to be able to focus more on herself.

Outcomes

- Z stopped drinking, reduced cannabis use and improved mental health enough to be approved by GP to begin driving lessons. This took time, consistency, sitting with ambivalence, and moving through challenges.
- Z receives appropriate support via Adult Social Care and CMHT.
- Z is also on a waiting list for a trial of ADHD medication based on the changes they have been able to make to her cannabis use.
- Z engaged with BF Adventure, Jigsaw, and advocacy services.
- Z joined and is engaged in several meaningful activities which they enjoy.

Z's comments:

"I enjoyed working with YZUP because I knew every week I'd see a friendly, helpful person who wanted to help me achieve my goals of quitting smoking and understand there's better things to spend money on. I also loved the weekly meetings as a debrief of my week and I could of done better.

I have learned a lot of tips and tricks to not only help myself but others who are struggling. I loved working with my YZUP worker as I knew she would help and listen to me.

Thank you YZUP for all your help over the past few years".

YZUP Team Leader comments:

Z referred herself back into the service at 18 following 2 other successful treatment episodes. YZUP made the decision to keep the young person in the YZUP service due to previous good relationships but mostly due to the complexity and the flexible support we could offer. Z was not ready or prepared for adult services and this was clear from the fact that none were really

engaging with Z in the way they needed. Through the support provided by the YZUP worker and through the referral into the Cornwall Advocacy service, Z now has the right services involved to support her into adulthood.

Z has worked hard to achieve their goals and has been open to all of the support offered because she has experienced a strong therapeutic alliance through working with YZUP, with a total of 3 separate workers. We gave Z consistency at a time when they had none, we have offered structure and practical solution-focused support when needed, and multi agency liaison throughout.

Case Study 2 "A"

Background

A was referred by the YJS after her second criminal offence of a serious assault under the influence. A had a 'typical' teenage relationship with parents until parents separated at age 13, when A's relationship with dad became more volatile and home felt more like a hostile and unsupportive environment.

A spent more and more time out with friends and by 14 had started experimenting with different substances on a more regular basis. Throughout year 10 and 11 A's behaviours escalated, he struggled to maintain behaviours at school that were considered acceptable and was excluded from both of the main schools in the area. A was unable to sit his GCSEs as the work was sent home for him to do but he found it all too difficult and had little to no support so ended his school year not in education and not having any results.

His friendship group continued to use more and more substances, drinking and smoking cannabis daily and trying substances such as ketamine and MDMA pills at weekends or when they could access them.

Over the next year A began to use more and more and by 17, taking 5 ecstasy tabs or a couple of grams of Ketamine was an almost daily occurrence. This obviously needed funding and this was achieved by selling substances locally.

A started to get in trouble more and more, he was getting regularly questioned by police for various crimes involving drugs and violence. Earlier this year there was one very violent incident resulting in the victim being hospitalised, A explained that he was heavily under the influence of ketamine and had a good understanding of his angry and 'uncontrollable' behaviours whilst under the influence.

A's name was coming up at the ASB meetings every week as well as the serious violence and crime mapping meetings, he was spoken of as someone who would not engage with services and an incredibly difficult young man to engage.

Presenting Need

A was out on bail and facing homelessness as his relationship with mum had deteriorated over the last year . Due to the people A was mixing with and the level of drug use and offending behaviours, his mum had threatened that he needed to change or get out of the family home.

A had been suffering with a lot of side effects from the drug use, he was experiencing severe stomach cramps, anxiety and depression and with another of his friends had decided that changes needed to be made for health benefits as well as to not go to prison.

At the first meeting he had already cut down on most substances and had not had ecstasy in a couple of weeks. He was eager to get support whilst stopping the other drug use and support with his mental health alongside.

Interventions Delivered

A positive relationship was formed in the first 2 sessions just by using a person centred approach, not judging and giving him time to talk and be heard. When an action plan was being made A said that he has never had an adult sit and just talk to him like a 'normal guy and not like a waster' and felt that having someone to talk with, ask questions and guide him without feeling ashamed will be the best support.

After a couple of months, A decided he wanted to focus on college and start a college course in September, so it was important for him to set achievable and small targets, equally, it was just as important to celebrate them in our sessions - this was something after a couple of months A was able to reflect upon as something that helped as he had 'never been told well done'.

A reduced his substance use to approx 1 gram of ketamine once a month. This allowed A to reflect on why he was still using once a month and identify the negative effects he felt after.

Our main focus was on mental health, focusing on diet, sleeping and exercise as all of these were extremely poor, setting small targets weekly. We addressed triggers and how he could avoid these or manage them better.

Challenges

A still had a big friendship group that were regular users and being around them made it really hard for A, but not being with them was also quite isolating.

Due to his negative previous education experience, A had multiple barriers to learning. Although determined to get through the year, he experienced real difficulties, having not been in education for the last two and a half years.

A still had the bail situation hanging over his head so was very aware that he could work really hard to change but could still go to prison.

A showed clear signs of psychological withdrawal and his mental health was incredibly low, he found it a challenge just to get out of bed every morning so keeping clean was going to be hard.

Outcomes

After 7 months A is now 3 months having not used anything at all. He is attending college and is managing it. He is able to ask for further support from staff which is quite an achievement as his social anxieties had stopped him being able to speak with people.

He has not kept in touch with his larger friendship group, just two friends who decided they wanted change, too. This makes it much easier for A to be around them—they now stay in and play PlayStation rather than go out and get in trouble. A has a girlfriend of 8 months who is a protective factor. He stays at her house regularly. She attends college and does not drink or use substances, so she is very supportive in A ’s journey.

A’s mental health is still low but he has a toolbox of things to support this and is now in contact with a GP who is aware of this and is currently supporting A with better sleep hygiene.

His relationship with mum is much better and she continues to support him with college financially.

A has not been in trouble with the law at all since his offence in February 2024.

SAFER CORNWALL

Kernow Salwa

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