

# Worcestershire SMAT: Consultation with Children and Young People 2004

**Executive Summary of Final report**



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## Executive Summary

**E1** M-E-L Research was commissioned in April 2004 to carry out a piece of consultation with children and young people across Worcestershire on behalf of the Worcestershire Substance Misuse Action Team (SMAT).

**E2** This qualitative piece of work aimed to access the views of children and young people defined as 'hard to reach' with regard to smoking, alcohol and illegal drugs. The Worcestershire Substance Misuse Action Team identified the following groups to be prioritised for inclusion in the consultation:

- Children and young people living in rural areas
- Black and Minority Ethnic young people
- Disabled children and young people
- Looked After children and young people

**E3** The objectives of the consultation were to examine young people's awareness of the risks of substances, their perceptions of substance related behaviour, as well as looking at awareness of services and service needs. The key aim of the research was to produce findings to ensure that treatment, support and information services meet the needs of all young people in Worcestershire

**E4** Children and young people were consulted using two complementary methods- discussion groups and one-to-one interviews. Both of these in-depth approaches were designed to be flexible whilst covering the key areas of interest.

**E5** Fieldwork was carried out during September and October 2004. Six focus groups and 12 interviews were completed, in which 51 young people were consulted.

### Findings

**E6** Young people's awareness of the risks of substances varied depending on the substance in question. Awareness of the long and short term risks of smoking were very high, with respondents discussing health, cosmetic and financial risks. The perceptions of the risks of illegal drugs were that these were extremely serious. Awareness of the exact

risks varied amongst respondents with most young people referring to specific side effects of substances. Awareness of the risks of alcohol, however, was low, with young people perceiving alcohol to be a low-risk substance.

**E7** The consultation suggests that young people learn about risks of substances through informal and formal routes. Most commonly respondents mentioned family and friends as sources of information about the risks of substances. It was clear that many young people also had first or second hand experience of a substance related problem, and had learned about the risks of substances in this way. This personal experience had a very strong impact on perceptions of young people. Schools are also important sources of information for many young people. Respondents referred specifically to PSE/PHSE lessons. These gained a huge amount of positive feedback and were widely thought to be very informative and useful.

**E8** The media, notably television, was also found to be an important source of information for young people. Respondents discussed the anti smoking campaigns seen on television, recalling specific adverts in vivid detail. It was clear that shock tactics do '*stick in the mind*' of young viewers. It was noted, however, that little information regarding the risks of illegal drugs or alcohol had been seen on television unless referring to '*drinking and driving*'. Many young people thought that this could be addressed. Adverts aside, television and films can influence young people's knowledge and perceptions of substances. Some respondents thought that certain programmes and films can make smoking, alcohol and illegal drugs appear '*glam*'.

**E9** Despite awareness of risks and the impact of television advertising on young people, the majority of respondents did not believe that the risks of substances have any impact on young people's substance related behaviour. Almost all young people consulted did not believe that risks of smoking and, notably, alcohol, impact on behaviour. Many suggested that young people think '*it won't happen to me*' or have more pressing concerns, such as peer pressure and image. The opposite is true, however, for illegal drugs. In almost every case young people

agreed that the risks of drugs do discourage use. This reflects the perceived seriousness attached to the risks of drugs.

**E10** Another aim of the consultation was to explore factors which contribute to substance related behaviour. The reasons behind uptake of substances did vary depending on the substance in question. Smoking was seen to be very heavily linked to image, particularly for male respondents. It was also thought to be a sociable activity- allowing young people to *'fit in'* with a group of friends. Interestingly, not one mention was made of smoking for enjoyment; indeed, it was perceived that there are pressures encouraging young people to smoke, whether these are image-led, or perhaps related to stress. Conversely, alcohol was perceived to be a fun, enjoyable activity, giving *'a good night out'*. It is a socially acceptable and a sociable activity, although some respondents did mention peer pressure in relation to drinking. Finally, young people linked drug use to social circles, environment and *'being around it'*. Again, there were thought to be pressures encouraging young people to use illegal drugs- these were often suggested to be problems with a negative self image, lack of confidence or a the need to escape a problem or experience. Some respondents also mentioned the *'buzz'* that young people can get from certain illegal drugs.

**E11** When discussing factors which encourage young people to stop substance use, respondents were noticeably less able to give a response. This could imply that the factors encouraging use are more numerous than those dissuading it. Again, factors varied depending on the substance in question. In terms of smoking it is the cost which particularly encourages young people to give up, followed by fear of health risks. Respondents suggested that their peers may give up drinking alcohol due to the destructive effect that it can have on lives as well as the impact on behaviour. Lastly, young people suggested that their peers may stop using illegal drugs due to the impact that this can have on both mental and physical health, as well as the destructive impact that certain drugs can have on an individual's life. For the latter two substances, the impact of culture was also observable through the interviews and focus groups with South Asian males. These explained

that if they were to use either alcohol or illegal drugs it would reflect very badly on their family in the context of the Asian community.

**E12** The findings of the consultation indicate that a high proportion of young people would be able to access help or advice for a substance related problem if they needed to do so. This help or advice may not always be accessed from a service specific to substance use, however all young people were able to name a service or professional from which they should be able to access advice or a referral to a more appropriate service.

**E13** The services which were most likely to be accessed by young people consulted were similar across different groups of substances. Young people were most likely to cite health services as a source of help and advice for a smoking or alcohol related problem. By far the most commonly mentioned service was a GP. This service was particularly popular with young people because of its confidential nature. GPs were thought to be well qualified to give advice, as well giving practical medical help, such as patches or nicotine chewing gum. The second most popular source of help for smoking and alcohol was found to be helplines. This was the most commonly mentioned source of help for illegal drugs. Young people were able to mention helplines specific to illegal drug use and smoking, including the National Drugs Helpline, Talk to Frank and the NHS Quitline. Other sources of help mentioned included specific services such as Connexions, as well as family and friends, more generally. It was clear that awareness of services specific to substance use was not always high, particularly in terms of alcohol use.

**E14** Some variations were observable between the services which would potentially be accessed by different groups of young people. Younger respondents and BME groups were particularly likely to refer to anonymous sources of help and advice, including helplines and the Internet. Children Looked After were most likely to place importance on practical help such as patches. This group of young people showed by far the greatest awareness of services in the County. This could be attributed to promotion of services within the residential units; however, it was notable that this group had often extensive experience of substance

use problems amongst friends or family. The levels of awareness of local services did not vary by age.

**E15** In order to identify whether local services are meeting needs, barriers which may prevent young people using services were investigated. Few barriers to service use were identified by respondents. Young people were most likely to mention that the poor reputation of a certain service might discourage use, referring specifically to Social Services and the Police. The importance of confidentiality was also reinforced, with young people suggesting that they may be discouraged from using a service if it were not confidential, or they could be seen entering the building. Lack of advertising was also identified as an important barrier to service use. A number of young people explained that they were not aware of much advertising of services specific to substance use. In a similar vein, some services which are well known to young people are simply not associated with substance use. For example, Connexions was perceived to be a careers service only. Lastly, young people told that they would not use a service if they felt patronised or lectured by the professionals.

**E16** Young people have a wide range of service needs and preferences, which does appear to be included to some extent by the profile of respondents. Whilst it is not possible to describe an ideal service, we can identify aspects of provision which are important to many of the young people consulted. Confidentiality was found to be one of the most important aspects for all young people. The popularity of GPs as a source of help can be largely attributed to the fact that young people are aware of the strict controls on confidentiality. A good relationship between the worker and young person was also perceived to be very important to many respondents. Staff need to be friendly, approachable and committed to really listening to the views of young people. Respondents also suggested that these workers could give very relevant advice if they had overcome a substance issue. Some young people thought that it was important to have one-to-one, face-to-face contact with a worker, whilst others valued anonymity, praising helplines. One issue which was important to a number of young people was the approach that workers have towards young people. Throughout the

consultation young people stressed that they did not want to be '*preached*' to, they would like honest, independent advice. It is important for professionals to recognise that many young people have had some experience of using a particular substance and to provide services with this in mind. Finally, some respondents suggested that they would like to use a service which young people had been involved in. Some groups talked about a service entirely run by young people; with others suggesting that young people could act as counsellors or mentors.

**E17** The service needs of young people did show some variation depending on the profile of the respondent. Young people from BME groups and younger respondents across the groups were most likely to stress confidentiality and anonymity. Young people with learning and behavioural difficulties believed that one-to-one, face-to-face contact was most important, whilst Children Looked After valued practical help. Young people living in rural areas need accessible services, discussing phonelines and the Internet, as well as the increased involvement of young people in service delivery.

**E18** Services aside, young people receive information about substances from a range of different sources. Many young people thought that they could go to family for advice; others mentioned friends, with a high number of young people speaking about PHSE lessons at school.

**E19** The majority of young people agreed that many information sources are often not relevant to young people both in the way that they are disseminated and in their content. Suggestions were made that information should be disseminated over the Internet, with mentions made of '*pop-ups*' and MSN messenger. Young people also believed that television should be used more to advertise particular services. In terms of content, it was widely believed that these adverts and information packs should be made more appealing to young people by making them more fun and interactive. It is also important that information packs and adverts do not patronise young people. These should give the facts rather than a '*lecture*' and recognise that young people may have experiences of substance use. Respondents stressed that young people will make their own decisions about their behaviour, and so just need to be given unbiased facts about the real risks. Many

young people asserted that the information given could be more effective in discouraging young people from using substances if they gave real life experiences and examples, preferably of young people themselves. Much like the provision of services, some young people suggested that they should be more involved in the design of publicity and information to make it more relevant to their peers. Finally, young people talked extensively about using schools as a venue to provide more information and advertising of substance related services.

### **Recommendations**

**E20** Feedback should be provided to all of the young people who participated in this study, along with a summary of what actions will be taken in response to the key findings.

**E21** The consultation has elicited a wealth of useful information about the development of future services. This has confirmed the usefulness of direct consultation with young people about issues impacting on their lives. The consultation should not be a 'one-off' process; instead young people should continue to be involved in a practical way in the outcomes of this research, both in terms of the development of local services, and ongoing consultation and evaluation relating to those services.

**E22** The SMAT should further develop work with existing local structures in Worcestershire, designed to provide young people with a real voice (such as Young People's Panels or Parliaments) , to involve young people in the design of local services. This could include the design of awareness raising campaigns, with young people advising about what messages will have the most impact on other young people, and the design of local services. Young people from harder to reach groups will need to be actively recruited to participate, so that their views continue to feed into local service development.

**E23** We recommend that the Worcestershire SMAT reviews how young people can be involved in service provision, with the possibility of young people who have had previous experience of substance-related issues being trained and support as mentors to work with other young people, being investigated.

**E24** Many of the findings and issues raised during the consultation relate directly to the current Public Health White Paper, 'Choosing Health – Making Healthy Choices Easier'. A key focus of this White Paper is smoking and excessive alcohol consumption. The White Paper should provide fresh impetus to local awareness raising campaigns about healthy lifestyles for young people in Worcestershire, drawing on the findings and insights presented in this report.

**E25** A key message of the White Paper is that tailored, integrated services need to be provided for priority groups, including children and young people. A key finding of this consultation would support this, given the diverse needs of young people, and that a 'one size fits all' model will not be appropriate. A range of services are likely to be needed, to meet the differing needs and characteristics of young people. Young people ultimately require a personalised service designed to explicitly meet their needs. While some young people would prefer face to face, confidential contact in which the relationship with the advisor is key (for instance young people with learning or behavioural difficulties), other young people would prefer a completely anonymous service in which no direct contact is made with an advisor (for instance the BME young people consulted). Services therefore need to be flexible and suited to the differing needs and wants of young people.

**E26** A common thread is that young people want to be treated with respect, listened to and not patronised, and this is a key recommendation for all professionals in contact with young people in Worcestershire.

**E27** In addition, service provision needs to take account of differing cultural sensitivities and related needs of young people across the County as a whole. There are specific pressures and issues pertinent to some of the harder to reach groups of young people, and these need to be catered for in the services provided.

**E28** Young people are more aware of the risks of smoking and drugs than they are the risks of excessive alcohol consumption. In addition, alcohol is perceived as being a less serious substance than smoking or drugs, with less serious associated risks. Alcohol is perceived as a normal and acceptable part of everyday life. A targeted awareness

raising campaign about the risks of excessive alcohol consumption should be designed, with the help of young people in the design of this project via the proposed structures outlined in R3.

**E29** Similarly, young people are generally more aware of smoking and drugs-related services, hence there is scope to extend awareness amongst young people of services providing support for excessive alcohol consumption.

**E30** The strategic policy response to these findings needs to recognise that substances are a part of young people's lifestyles, with young people likely to have either direct or indirect experience of substances. Any interventions or awareness raising campaigns need to start from this recognition and reflect this in the content.

**E31** Awareness raising campaigns need to take account of the wider reasons for young people beginning to smoke, drink or take drugs. Campaigns associated with smoking need to recognise the impact of peer pressure and image-related concerns, and give less emphasis to the enjoyable nature of smoking, as this is not a large motivator for young people. Issues encouraging young people to drink alcohol are mainly associated with enjoyment and relaxing, and less to do with image. Awareness raising campaigns need to focus on this perception, otherwise disincentives will be mis-targeted.

**E32** Advertising campaigns need to draw on the findings of the consultation with young people to inform what messages will have an impact, given that knowledge of the general risks of smoking and alcohol are thought to have little impact on young people's behaviour. Adverts using 'shock tactics' are more memorable to young people, and campaigns featuring 'real life' cases are also likely to have greater impact.

**E33** The risks of taking drugs are perceived as being more of a deterrent to drug taking, than smoking and alcohol-related risks to smoking and drinking. This could be linked to the illegality of drugs, compared to the legality of drinking and smoking. However, there appears to be some

confusion about the actual risks of illegal drugs, thus further work is needed to publicise the risks clearly.

**E34** In-school and college information promotion and awareness raising was consistently valued by young people. This is evidently a key setting in which young people can gather information in a non-targeted, blanket way which does not identify particular individuals as actively needing support. We would recommend that this good work continues, and that opportunities for additional provision in schools and colleges be reviewed.

**E35** While most young people were aware of some services to provide support and help for a substance-related problem, advertising needs to be explicit about the actual remit of support services for young people. For example, some young people thought that Connexions is a careers-based service, rather than one with a broader remit. Hence the badging of services needs to be reviewed, to ensure young people know for which issues support is available.

**E36** A key reason for young people taking drugs (as well as smoking) is this provides young people with a way of dealing with negative self image, stress and problems, and because family and friends may take drugs. It is essential for broader support and advice services to be provided and accessible for young people, as these are key in proactively helping young people deal with problems before they reach crisis point.

**E37** There is scope to review and extend awareness of specific services, including Talk to Frank.

**E38** We propose that a Communication Strategy be developed, in order to ensure that agencies across the County are aware of services for young people, given the crucial role local workers play in signposting. Information disseminated about services also needs to be available to local agencies, including both primary care workers (given the GP was a commonly cited source of advice and support), youth and Connexions workers, and teachers.

**E39** Partnerships should be further developed with local Trading Standards bodies, and action taken by environmental services, to focus on under-age retail sales of alcohol and cigarettes.

**E40** Young people should be practically supported to be involved in the design of awareness raising materials. These materials need to be visual, appealing and fun, presented in places and in ways that young people will access and respond positively to. The use of the internet should be reviewed and extended, along with innovative ways of placing awareness raising materials electronically. This was especially important to young people in rural areas.

**E41** Finally, levels of awareness and access to services across the County should be reviewed, to ensure that there is consistent provision of information and access across Worcestershire as a whole.