

"They Shouldn't Judge Us Right Away"



Young people who are looked after & accommodated discuss their views and experiences of substance misuse



Author: Kirsty Rintoul

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Written by Kirsty Rintoul

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Yet again young people have given their time and support and shared their invaluable and at times difficult experiences, along with their views and knowledge so that we might learn from them and, where necessary, improve the services which they receive. The young people who participated in this research wanted to share their views and experiences so that, as professionals, we might gain a better understanding of the issues affecting their lives.

Thanks are also extended to the Residential Care Staff who gave their invaluable time and completed the consultation questionnaires sharing their views, knowledge and experiences.

A personal thanks to all of the Residential Care Staff who supported the research and assisted me in attaining the many parental consent forms required.

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Kirsty Rintoul
Author

EXECUTIVE SUMMARY

Introduction

Who Cares? Scotland was set up in 1978 and has since established itself as the consumer voice for children and young people who are looked after and accommodated within local authority care this includes: foster care, residential care, secure accommodation and also young people who have left care. The children and young people that we work with have a diverse range of backgrounds and life experiences.

All of our work is based upon our knowledge and understanding of the rights and needs of the children and young people and as such we are committed to involving children and young people in the work of the organisation at all levels. The organisation operates independently and works in partnership with various other organisations and agencies.

In October 2001 Who Cares? Scotland secured funding from Lloyds TSB Foundation for Scotland and North Ayrshire Council to research the extent and nature of substance misuse including smoking, alcohol and drugs within a sample of North Ayrshire's care population.

The overall aim of the research was to ensure that the views and experiences of young people were given key consideration prior to developing drug and alcohol service provision within North Ayrshire.

In total 23 young people were consulted, representing a small sample of the overall number of young people who are currently looked after and accommodated by North Ayrshire local authority, this is reflected throughout the qualitative data contained within the report.

As part of the consultation process 40 residential care staff were also consulted in relation to their professional experience of working with young people and substance misuse related issues.

Consultation with young people

The consultation questionnaire was divided into 4 main sections:

Section 1: Smoking

Section 2: Alcohol

Section 3: Drugs

Section 4: Information sources and services

Summary of Section 1: Smoking

From the information collated one clear fact emerged; all 23 of the young people interviewed within this sample had smoked at some point. It can also be concluded from the information gathered that;

- There is a need for clear age appropriate information and education on the negative effects of smoking
- Information and education must be delivered to young people from an early primary school age and upwards
- There is a need for direct promotion and assistance to help support young people, their families and care staff to stop smoking
- There is a need to recognise the link between smoking and stress, both for the individual young person living within a residential care setting and their families in general
- There is a need to reinforce the restrictions which exist in relation to young people purchasing and accessing cigarettes.

Summary of Section 2: Alcohol

Due to lack of alternative recreational activities, boredom was the most prominent reason why young people drank alcohol.

Despite the young people having an understanding of some of the possible long-term physical health effects, only a small number of young people identified developing an addiction as a risk. Young people tended to recognise the immediate dangers and risks to themselves; most prominent was the compromising of personal safety.

However there is a clear gender distinction between their responses. Young males highlighted issues regards criminal and violent behaviours whilst young females raised concerns regards unwanted sexual experiences and assault.

- There were distinct differences identified between the males and females with regards to the risk factors associated with the over consumption of alcohol
- Young people tended to purchase alcoholic drinks which cost the minimal amount of money, but generally contained the highest percentage of alcohol
- A larger proportion of the young people viewed drinking alcohol as part of a sociable pastime, something fun to do with their friends, rather than as a potentially dangerous and harmful activity.

Summary of Section 3: Drugs

A total of two thirds (16) of the young people in this sample had previously misused, or were currently misusing, a variety of illegal drugs. 50% had begun experimenting with drugs between the ages of 12 – 13 years and one third of the young people had been under 12 years. All 14 young people who had taken drugs stated that their initial experimentation with drugs began with cannabis and this then led on to their misusing a variety of other drugs.

- All of the young people, who confirmed they had misused drugs, indicated they had been in the company of friends and other young people
- The venues most likely to be frequented were either outside in settings such as public parks, derelict waste grounds and local streets, or within a family member's home
- A total of 17 young people described being able to easily access drugs whilst being with other young people or friends within a recreational setting (outside in public spaces such as parks, local streets). 6 stated they had been approached by strangers in the street offering drugs. The number of young females who had been approached by strangers was double that of young males
- All of the young people within this sample made reference to negative effects and risks associated with the misuse of drugs. The young people listed a variety of damaging effects which drug misuse had upon: physical, emotional and mental wellbeing. Also prevalent for young people was the impact which drug misuse has upon personal relationships (family, friends and peers). Young people referred to their own and parental/family misuse
- The female proportion of this sample misused drugs on a more frequent basis than males and were also twice as likely to be approached by strangers in the street.

Summary of Section 4: Information sources & services

Young people provided clear indications of the level and format of information which they had previously received whilst also evaluating the effectiveness and suitability of such information. Young people then identified what information they felt would be helpful to them, whilst also including their views and suggestions as to how addiction service provision could be improved for all young people.

- The largest proportion of young people within this sample confirmed that they had received information regards substance misuse at school however, school was the least likely source of information and advice chosen amongst the young people
- The young people felt that it was important that they be able to communicate openly and honestly with the individuals presenting them with information. However many young people felt that they were unable to engage with sources such as the police due to previous negative experiences
- Young people clearly and consistently identified the importance of being able to develop a relationship of trust with the practitioners or individuals they engaged with.
- Young people specified particular individuals and practitioners which they would feel comfortable with. Sources identified included:
 - *Doctors (G.Ps)*
 - *Addiction workers*
 - *Young person workers (Who Cares? Scotland and local authority)*
 - *Nurses (other health professionals)*
 - *Care staff*
 - *Family*
 - *Other young people.*
- Despite the young people having received limited information and contact from addiction services, they later identified addiction service along with family as being the two most significant and appropriate sources of information, advice and support for them
- The young people highlighted their need for more ‘child friendly’ information whilst also increasing the provision of supportive and helpful services.

Consultation with care staff

This section of the report considers care staff's experiences and views in relation to managing issues, incidents and behaviours which occur as a result of substance misuse amongst the young people whom they care for. Care staff were asked to record information relating to substance misuse training.

The information from the questionnaires is presented in 4 categories:

Section 1: Smoking

- A majority of 26 staff members stated that between 75 – 100% of young people they worked with smoked cigarettes. 35 staff members then went on to record that they were aware of a variety of health and behavioural problems in relation to young people and smoking.

Section 2: Alcohol

- A total of 34 staff recorded having to deal with incidents relating to alcohol misuse and 16 staff felt that they were not sufficiently able to deal with such incidents.

Section 3: Drugs

- A total of 30 staff recorded that they dealt with incidents related to illegal drug misuse and 25 of the care staff interviewed stated that they did not feel able to deal with such incidents effectively.

Section 4: Training

- 50% (20), of the staff members consulted recorded that they had not received any training in issues related to alcohol misuse. However 32 staff stated that they felt they would benefit from further training.
- 10 staff members indicated that they had not received any training in relation to illegal drug misuse. A total of 31 staff then recorded that they felt they would benefit from further training.

Conclusion

The conclusions and recommendations documented within this report have been derived from the comments provided by 23 young people who were currently or had recently experienced life within local authority care.

Young people who are looked after and accommodated have often experienced difficulties in their lives. There are many pressures upon this group of young people as a result of their past experiences and also as a result of their group living situations whilst being accommodated.

Many important messages and issues emerged from the young people's comments and these are highlighted within the report such as: the availability of illegal drugs to young people. Many of these issues do not pertain only to young people who are in care but to young people in general, however such issues are intensified as many of the young people looked after, are already vulnerable.

The information collated from the care staff enforces that if they feel inexperienced and lacking in knowledge, it will detract from their ability to assist, support and offer the best quality of care for the young people they work with.

The report consistently illustrates and promotes that a pro-active, multi-disciplinary approach is required to address the issues highlighted and implement the necessary recommendations. The recommendations offered within this report are a series of simplified solutions which are practical and cost effective. These recommendations are based upon this research only and primarily relate to young people with experience of being looked after and accommodated unless otherwise stated.

Summary of Recommendations

Smoking

- Who Cares? Scotland facilitates a partnership approach to the production of clear, age appropriate information. This should incorporate consultation with various representatives including; children and young people, social work, health and education practitioners
- The development of a pro-active campaign to raise awareness regarding stopping smoking which specifically targets children and young people who are looked after and accommodated
- Strategies should be developed and implemented (to supplement the above campaign) which support and assist children and young people, and their families
- Further research conducted within residential children's units in relation to stress levels amongst the children and young people and also their families. Particular focus should be given to how this could be addressed collectively
- Consideration of the provision of preventative alternative therapies and additional recreational activities for children and young people who are looked after and accommodated and their families which would assist in stopping smoking
- Reinforcement of the restrictions and relevant policies which exist to limit children and young people's access and exposure to cigarettes by relevant authorities.

Alcohol

- Local authorities should identify and explore the individual interests and talents of children and young people who are looked after and accommodated
- Children and young people who are looked after and accommodated should be supported and encouraged to engage with positive alternative recreational activities
- Local authorities should explore the immediate dangers of alcohol misuse with children and young people, both those specifically looked after and accommodated and young people in general

- All consultations with children and young people should maximise their participation and interaction by creating the opportunity for them to share and discuss their experiences whilst ultimately educating young people on keeping themselves safe
- Relevant authorities should commit to the continuous development, promotion and evaluation of health education and information, in relation to alcohol misuse and its potentially dangerous and harmful effects
- There should be specific educative programmes developed by local authorities for children and young people who are looked after and accommodated, given their increased levels of vulnerability and isolation from their families
- Given the level of accessibility and the affordability of alcohol, all relevant authorities should reinforce the restrictions and relevant policies which exist to protect children and young people by monitoring and limiting their access and exposure to alcohol.

Drugs

- In recognition of the problem of drug misuse and experimentation amongst children and young people, relevant authorities should develop effective procedures which can be utilised to effectively monitor the prevalence of drug misuse amongst children and young people within the general population
- Local authority care staff should pro-actively raise awareness amongst children and young people who are looked after and accommodated regarding the real dangers and concerns relating to drug misuse
- Children and young people in general should be made more aware of resources through which they can access specific advice and support
- Those working with local authorities should be included in the relevant forums which share and exchange knowledge and information regarding the level and dynamics of drug misuse within the local communities and areas
- Strategies should be developed and implemented between local authority professionals and the police which allow for pro-active planning to effectively minimise the dangers for children and young people
- Local authorities should identify and explore the individual interests and talents of the children and young people who are looked after and accommodated

- Children and young people who are looked after and accommodated should be supported and encouraged to engage with positive alternative recreational activities
- Local authorities should explore and develop innovative methods of engaging both with children and young people, and their families in relation to drug misuse and associated issues
- Local authorities should invest in further research which investigates the trends emerging from this consultation specifically in relation to the level and frequency of young females engaging in drug misuse.

Information sources & services

- Local authorities should ensure that information sources and services relating to substance misuse are easily accessible to all children and young people, including those who are looked after and accommodated
- A variety of age appropriate information should be easily accessible and available to children and young people, families and care staff
- Local authorities should maintain their commitment to a pro-active approach to consultation and engaging with children and young people regarding the development and production of information and services
- Local authorities should provide services and staff with whom all children and young people feel able to develop confident and trusting relationships
- Services should be developed with a view to maximising all children and young people's levels of participation and interaction
- Local authorities should establish a multi-disciplinary strategy in relation to substance misuse issues and should include representation from:
 - Young people including those who are looked after and accommodated
 - Health services
 - Police
 - Education services
 - Community arts & recreation services
 - Other relevant professionals e.g. practitioners working with children and young people who are looked after and accommodated

The strategy should take account of issues which the children and young people have raised within this report including:

- Understanding and living with parental substance misuse
- Meeting new friends
- Employment
- Alternative activities and recreation
- Moving on with life after drug or alcohol addiction.

Care Staff

- Core training requirements for residential care staff should include regular sessions in relation to substance misuse including smoking, alcohol and drugs
- Core training requirements for residential care staff should incorporate regular sessions in relation to managing and de-escalating challenging and difficult behaviours specifically linked to substance misuse
- It is essential that residential care staff provide children and young people who are looked after and accommodated with information and advice which is accurate and individually tailored to their needs
- It is essential that all professionals working with children and young people have an adequate knowledge base and shared understanding of substance misuse and related issues
- It is essential that where substance misuse is a problem, all professionals provide consistent advice, information and support to both children, young people and their families.

INTRODUCTION

WHO CARES? SCOTLAND

Who Cares? Scotland was set up in 1978. Over the years we have established ourselves as the consumer voice for children and young people in care. The organisation operates independently and works in partnership with The Scottish Executive, Local Authorities, The Scottish Institute for Residential Child Care, various other organisations and agencies.

Who Cares? Scotland provides a range of services for children and young people with experience of care up to the age of 25. The children and young people we work with have a diverse range of social, emotional, cultural, ethnic and educational backgrounds and experiences. This includes children and young people in foster care; in residential care; in secure accommodation; and care leavers.

Our aims

- To provide an advocacy service throughout Scotland, accessible by all children and young people with experience of being looked after and accommodated
- To provide information to children and young people about their rights
- To enable these children and young people to come together to identify issues of importance to them and campaign for improved policy and practice
- To ensure that their opinions, views and experiences are included in all consultations and discussions which affect their lives.

What we do

The foundation of the organisation's work is its relationships with children and young people. These relationships are based on mutual trust and aim to provide the child or young person with advocacy, advice and support outwith the formal 'care system'. To many children and young people, the value of their relationship with Who Cares? Scotland lies in the independence of the organisation from the bureaucratic structures of local government.

For many children and young people the freedom to speak about their concerns and gain support from an independent source is of great importance to them. As for Who Cares? Scotland itself, all our work – dealings with policy makers, educators, carers, public authorities, publications and research – is based upon our knowledge and understanding of the rights and needs of children and young people. In order to inform policy and practice development and implementation, the organisation undertakes regular local and national consultations with children and young people. These consultations take many different forms, geared to maximise the

participation of children and young people. This report has been produced as a result of such a consultation process with young people.

For Who Cares Scotland it is important to apply a children's rights context to consulting children and young people, acknowledging that they have specific rights as documented within the United Nations Convention on the Rights of the Child and ratified by the United Kingdom government in 1991. It is crucial to recognise, the explicit duties and responsibilities which all adults (government, statutory, private and voluntary agencies or professionals as well as parents) have an obligation to uphold.

Where children and young people are looked after and accommodated away from their family home, it is the duty and responsibility of all those who are involved in caring for children and young people to deliver and ensure their rights are respected. These rights include their entitlements to protection, to participation and to access the appropriate services and necessary support which they require to develop and fulfil their potential.

Both independently and in collaboration with other agencies, the organisation has produced various publications and training materials highlighting the views and experiences of children and young people in care. We also publish a quarterly magazine (Speak Out!) for, and in partnership with, young people with care experience.

Who Cares? Scotland is committed to involving children and young people in the work of the organisation at all levels. As such, young people represent half the membership of our Board of Directors.

BACKGROUND TO RESEARCH PROJECT

In October 2001 Who Cares? Scotland successfully secured funding from Lloyds TSB Foundation for Scotland and North Ayrshire Council to research the misuse of substances within a sample of North Ayrshire's Care population.

Initially the project focused upon 2 core areas of work:

- Individual referrals of young people requiring one to one support regards substance misuse problems
- The researching of the extent and nature of substance misuse amongst a sample of young people who are looked after and accommodated.

Aims and Objectives

The overall aim of the research was as follows:

To ensure that the views and experiences of young people are given key consideration when developing drug and alcohol service provision within North Ayrshire.

In order to achieve the overall aim, a series of objectives were developed:

- To identify the scale of drug and alcohol misuse amongst a sample of looked after and accommodated children and young people
- To identify children and young people's current levels of understanding in relation to issues surrounding substance misuse alongside their experience and involvement with existing service provision
- To identify the skills confidence and training needs of residential care staff who currently work with children and young people looked after and accommodated
- To collate information on current drug and alcohol service provision for young people looked after and accommodated by North Ayrshire Council.

At the 31st March 2005, North Ayrshire Council had a total of 141 children and young people being looked after and accommodated.

Detailed in the table below is a breakdown of the various placement types and the number of young people living within that type of placement.

Table 1.a – Breakdown of Children & Young People Looked After and Accommodated by North Ayrshire

Type of Care Placement	No of YP
Local Authority Residential Units	30
Foster Care	82
Residential Schools	24
Secure Care	3
Agency Placements (CAPS)	2
Total	141

CONTEXT

The following reports formed the context for Who Cares? Scotland to develop and conduct research into the specific area of substance misuse amongst a sample of children and young people who are looked after and accommodated by a local authority.

- **1992** – A. Skinner, indicated within his report “Another Kind of Home” that:

“The prevalence of smoking amongst young people aged 10-15 in Scotland has always exceeded that of England and Wales”.

- **1997** – The report “Remember My Messages” by C. Shaw (Who Cares? Trust), expanded further on this point by documenting:

“The teenage years are a time of risk-taking and experimentation and children in care are documented as being particularly likely to engage in potentially harmful activities including smoking, experimentation with drugs... (Buchanan; Cleaver; SSI, 1997).

- **1998** – Who Cares? Scotland published the “Feeling Safe” report which highlighted that there had been little achieved in relation to implementing the recommendations made within the Skinner report with regard to alcohol and drug misuse. The report also noted that:

“Although young people are aware to a degree of the health risks, it is evident that their knowledge is limited”.

- **2001** – The Centre for Drug Misuse Research within the University of Glasgow recorded that:

“There have been very few surveys undertaken within the UK which have reported information on the actual level of substance misuse amongst young people who are looked after and accommodated”.

- **2002** – The NHS published the Ayrshire and Arran Young People’s Survey which provided information and statistical data relating to smoking, alcohol and drug misuse amongst children and young people aged between 11-16 years.

- **2004** – The most recent report “Forgotten Children – Addressing the Health Needs of Looked After and Accommodated Children and Young People” (The Residential Care Health Project) stated:

"It is likely that the vast majority of young people in residential care will not access a complete health education programme at school (therefore) promoting healthier lifestyles is a very important aspect of a child's placement".

METHODOLOGY

Consultation with Young People

Contact was initiated with each of the five children's units and the through care service, within North Ayrshire.

The researcher visited each of the units and engaged with the young people explaining the nature of the research whilst offering those who were interested the opportunity to participate.

Letters were then sent to the young people's parents seeking their written consent to allow their child to participate.

Individual interviews were then conducted with the young person and the researcher in the format of a structured questionnaire.

The information from each questionnaire was then collated and disseminated into several databases. Key themes and issues were then identified and the numerical information extracted.

Young people's participant information

All young people who participated in the interviews were or had been looked after and accommodated by North Ayrshire Council.

The young people were representative of all 5 children's units located within North Ayrshire, along with a sample of young people who had previously been accommodated by the local authority but had since moved on. These young people were contacted via the After Care Services.

In total 23 young people were interviewed, representing a small sample of the overall number of young people who are currently looked after and accommodated by North Ayrshire local authority. This is reflected throughout the qualitative data contained within the report.

The composition of the group of young people is illustrated within table 1.b below. All the young people who participated identified their ethnic origin as white, though at the time of interview all of the young people required clarification of what this term meant.

Table 1.b – Breakdown of Participants

	FEMALE			MALE		
	12-14	15-17	18+	12-14	15-17	18+
Residential Unit	2	6	0	2	5	0
Care Leaver	0	1	3	0	1	3
TOTAL	2	7	3	2	6	3
Total (gender)	12			11		

From the personal information sheet the young people completed it was possible to calculate the average age of the young people when first becoming looked after and accommodated, as being 11 ½ years old.

It was also possible to establish from the young people’s personal details that the average number of placements per young person within the sample was 3, with a third of the young people also having experienced a residential school placement. Table 1.c below illustrates the total number of placements young people had experienced.

Table 1.c– Breakdown of Care Experiences of Participants

Type of Care	Number of placements
Residential Unit	48
Foster Care	30
Residential Schools	8
TOTAL	86

Consultation with Care Staff

Contact was initiated with the managers of the children’s units and a meeting between the researcher and all unit managers ensued whereby the research was explained. Structured questionnaires were then distributed to each of the units for the care staff to self-complete.

The information was then collated into databases and the key themes and issues identified and numerical data extracted.

Staff participant information

In total 40 care staff members participated in completing the questionnaire. The total number of participants included representation from all five children’s units located within North Ayrshire.

Rather than document each individual’s length of experience, an average was calculated which is representative of this sample group’s experience. The average length of experience was 6 years and 7 months.

The gender balance within the sample is shown in table 1.d below;

Table 1.d – Gender of staff participants

Male	Female
23	17

A full description of the methodology can be located at the end of the report in appendix 2.

TERMINOLOGY

For the purpose of consistency and to aid clarification we have identified terminology which is used throughout the report. These terms may have different meanings for some people or their use may differ across Scotland.

A comprehensive list of these terms can be located at the end of the report as appendix 1.

Quotes

Quotes from young people who participated in this consultation process appear as in the example below:

"To get put in care away from your family is a hard thing to cope with"
(Male, 17)

CONSULTATION WITH YOUNG PEOPLE

The consultation questionnaire completed by the young people was divided into 4 main sections. These were;

Section 1: Smoking

Section 2: Alcohol

Section 3: Drugs

Section 4: Information sources & services

Many of the questions provided the young people with an opportunity to give more than one response; this is evident in the quantitative and qualitative details reflected in their answers.

From the information extracted in each of the **Sections 1 – 3**, key themes and issues emerged thus the information was collated and grouped into 3 main categories:

- **Basic Information**
- **Experiences**
- **Risks.**

These 3 categories are represented within each of the Sections 1 – 3 of the report and are listed in the same order for ease of reference with the relevant information following.

Section 4: Information Sources & Services is structured differently. An explanation of this is given in the introduction to Section 4.

The end of each section is completed with a series of brief conclusions which summarise the information. From these conclusions, a series of recommendations have been derived. The recommendations for each section are located immediately after the conclusions.

These recommendations are based upon this research only and primarily relate to young people with experience of being looked after and accommodated unless otherwise stated. However it is important to recognise that parallels can be drawn in relation to young people looked after and accommodated within other local authorities and young people as a group in society.

The report proposes a consistent multi-disciplinary partnership approach to the issues raised and the subsequent recommendations listed. It is crucial to recognise that not one individual agency can be responsible for addressing the issues and challenges highlighted within the report.

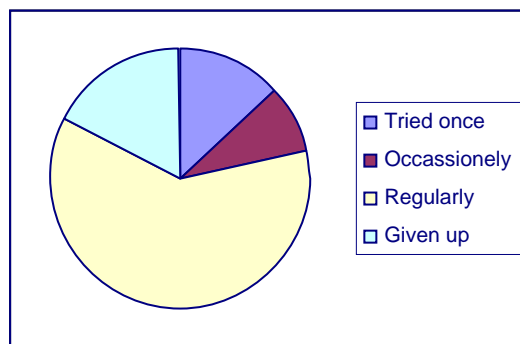
A comprehensive summary of all the recommendations can be located at the end of the report as appendix 5.

Section 1: Smoking

Basic Information

All 23 young people interviewed had consumed a cigarette at some point in the past. The young people were asked to indicate how often they smoked. 14 young people stated they smoked regularly, 4 young people said they were in the process of giving up smoking, 3 young people had only tried smoking on one occasion and 2 young people indicated that they smoked occasionally.

Diagram 2.1: How often do you smoke?



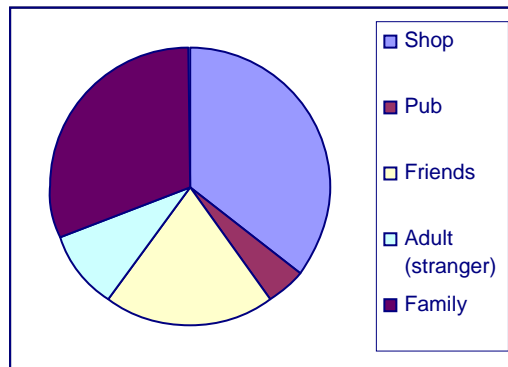
Based upon their responses to the last question, the young people were asked to estimate how many cigarettes they actually smoked in a week. This information is illustrated in the table below:

TABLE 2.a: How many cigarettes in a week?

Cigarettes per week	Male	Female	Total
Less than 10	1	2	3
10 – 20	1	1	2
20 – 40	2	1	3
40 – 60	1	1	2
60 – 80	1	4	5
80 – 100	1	0	1
100+	2	2	4

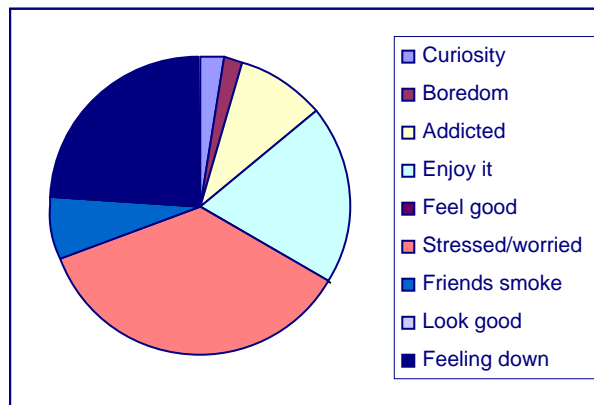
Having established how many cigarettes the young people smoked, they were then asked to indicate where they most frequently sourced their cigarettes. Many of the young people indicated more than one source within their responses. 16 young people identified shops, 14 young people stated family as a source of cigarettes, 9 young people said friends, 4 young people indicated various adults i.e. strangers whom they approached either to ask for a cigarette or to purchase them on their behalf. 2 young people sourced cigarettes at a pub. This information is contained within the chart below.

Diagram 2.2: Where do you get cigarettes?



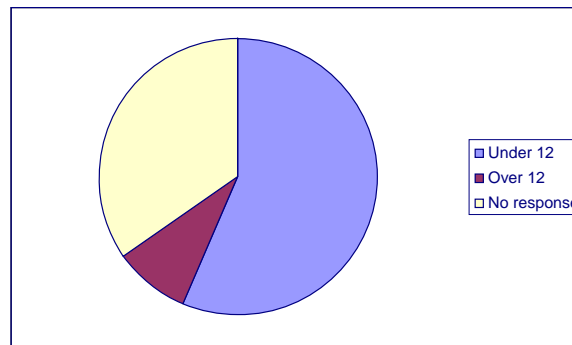
The young people were asked to indicate the reasons why they smoked. 15 young people indicated that they smoked because of stress and worry, while 10 young people stated that they smoked because and when they felt down. None of the young people referred to smoking because it made them feel or look good. 8 young people said that they smoked because they enjoyed it. 4 young people included that they smoked because they were addicted (this was not a listed option the young people stated this themselves) and 2 young people also said that curiosity and boredom were contributory factors to their smoking.

Diagram 2.3: Why do you smoke?



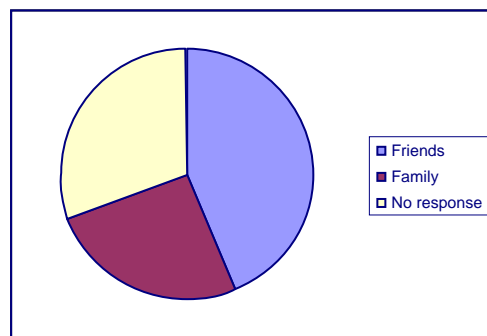
Experiences

The young people were asked when they had first tried smoking. 13 young people stated that they had been under the age of 12 when they first experimented with smoking and of the remaining 10 young people, 2 young people were 12 and 13 years old, 8 young people did not include this information in their answers.

Diagram 2.4 – Age first tried cigarette

The young people then went on to describe where and with whom they had tried their first cigarette. 7 young people smoked their first cigarette within their own family home or with relatives.

From the data collated on this question we were also able to identify that for 6 young people, a family member had given them their first cigarette (most consistently mentioned were parents or siblings) and 10 young people stated that friends had given them their first cigarette.

Diagram 2.5 – Who supplied first cigarette?

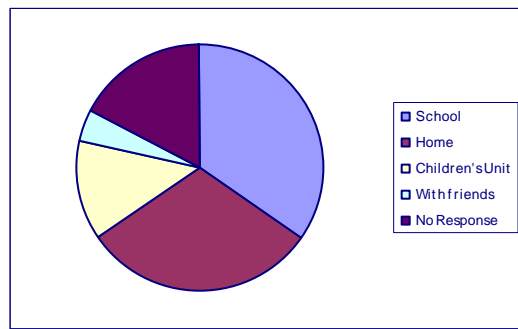
"I was 10 and it was at home, my mum thought that if she gave us one to try - it would stop me doing it but it didn't" (Female, 18)

"I was 8 and with my big sister, she told me that I would lose weight and I've smoked ever since" (Female 15)

"My mum gave me my first fag" (Female 16)

8 young people acknowledged having smoked their first cigarette whilst at school with their peers during school break times or when commuting to and from school. 1 young person had smoked whilst socialising with peers, 3 young people had their first experience of smoking after becoming accommodated in a children's unit and all within their first placement. 4 young people did not disclose this information.

Diagram 2.6 - Where did you first smoke?



"It was in 1st Year at school and I was 11 years old. Me and my friend had cigarettes at lunchtime and decided to try it, I've smoked ever since", (Male 15)

"I was about 11 and my friend offered me one when we were walking home from school", (Male 18)

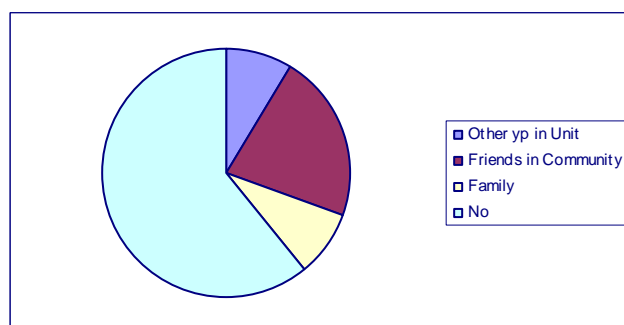
The young people were asked if they had ever been offered cigarettes by someone. Some young people included more than one source within their answer. 17 young people stated that their friends had offered them cigarettes, 10 young people indicated family. 8 of the young people had included both family and friends within their responses. 3 young people had been offered a cigarette by another young person living in the unit.

The young people were then asked if they had ever felt pressurised to smoke. 14 of the 23 young people stated that they had never felt pressurised. 9 young people interviewed had felt pressurised to smoke. 5 of these young people had felt pressurised by friends in the community,

"My friends kept offering me cigarettes when we hung around together in the community" (Male 12)

2 young people felt pressurised by other young people living within the children's unit, while the remaining 2 young people said that they had felt pressured by extended family members as indicated in the diagram below.

Diagram 2.7 - Have you ever felt pressurised to smoke?



It was important to identify the factors which had influenced young people not to smoke. 7 of the young people stated that they chose not to smoke because of the impact on their health and fitness.

"I don't like it, it's a dirty habit, bad for your health, I'm asthmatic and it ends up wasting your life" (Female 15)

2 young people indicated that money was another reason they chose not to smoke, commenting that cigarettes are costly and they felt that it would be a "waste of money" which they preferred to utilise for hobbies and activities.

"It's a waste of money" (Male 14)

"Young people shouldn't start smoking at all. There should be more money put into recreational activities for young people to encourage them to do something else" (Male 15)

The young people were asked to identify what they felt would help them give up smoking. In total 7 young people indicated that they felt nicotine 'patches' could be helpful in quitting. 2 young people were already trying to give up smoking with the aid of 'patches'. 2 young people felt a wider knowledge and education regards the health implications could support and assist them to quit.

"Someone with knowledge of health to come and talk to me" (Female 13)

"Schools or T.V. should show young people pictures of bad effects of smoking or get someone to talk to young people who can tell them what smoking has done to their life. I think that this should be taught in Primary Schools" (Male 12)

3 young people recognised that the friends they socialised with had an impact upon their smoking habits, and felt that if they socialised with friends who didn't smoke they would find it easier to stop themselves.

"Hang around with my friends that don't smoke" (Female 19)

2 young people felt that at the time of interview, they did not want to stop and weren't sure what could possibly assist them in quitting. Both of the young people were clear that smoking for them was stress relieving and felt that they needed to smoke to feel calm; both young people mentioned that this was due to circumstances in their personal lives. 1 young person felt that lack of activities and structure in her day led her to smoke regularly.

"I'd like to give up but I need them just now because I'm going to college and I've just moved into the unit [children's unit] and I'm too nervous and agitated" (Female 15)

Risks

Young people were asked to identify what they felt were the ‘risks/bad things’ in association with smoking.

All the young people interviewed listed more than one negative in relation to smoking though it became obvious that the level of knowledge and education possessed by the young people was varied.

20 young people included cancer as being the most prominent risk to their health; however only 9 young people felt that there was a risk of ‘death or dying younger’. 18 of the young people listed various other negative health symptoms as a result of smoking these included:

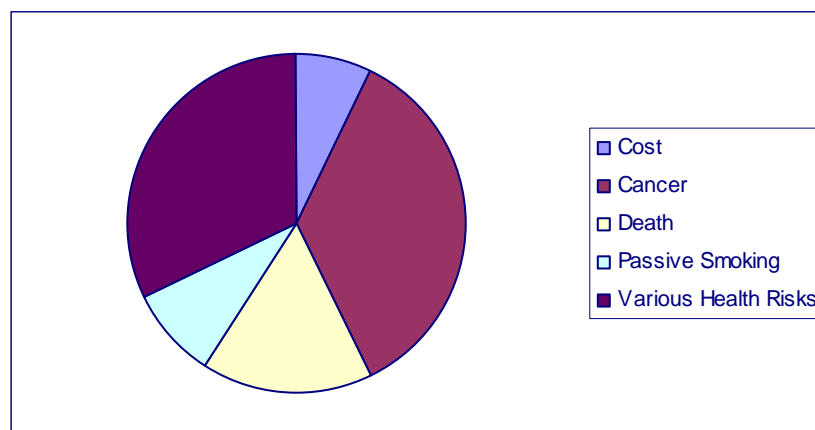
- Ageing quicker
- Asthma
- Heart disease and blood clots
- Heart attacks
- Bronchitis
- Breathing difficulties,
- Rotten teeth, bad breath
- Lungs go black
- Clogs up arteries
- Smelly clothes and hair
- Can’t run as fast
- Bad for your fitness.

2 young females also commented that they were aware that smoking could affect their fertility.

5 young people (all of whom smoked) included the effects of passive smoking as a concern to them.

The financial aspect of smoking cigarettes was mentioned by 4 young people, 2 of the young people smoked and the other 2 young people were non-smokers, however they all felt that smoking was a costly habit though the two young people who smoked were resigned to the cost implication.

Diagram 2.8 - Bad things/Risks associated with smoking?



Summary of Section 1: Smoking

From the information collated one clear fact emerged; all 23 of the young people interviewed within the sample had smoked at some point, therefore it can be concluded from the information gathered that:

- There is a need for clear age appropriate information and education on the negative effects of smoking
- Information and education must be delivered to young people from an early primary school age and upwards
- There is a need for direct promotion and assistance to help support young people, their families and care staff to stop smoking
- There is a need to recognise the link between smoking and stress, both for the individual young person living within a residential care setting and their families in general
- There is a need to reinforce the restrictions which exist in relation to young people purchasing and accessing cigarettes.

Recommendations: Smoking

- **Who Cares?** Scotland facilitates a partnership approach to the production of clear, age appropriate information. This should incorporate consultation with various representatives including; children and young people, social work, health and education practitioners
- The development of a pro-active campaign to raise awareness regarding stopping smoking which specifically targets children and young people who are looked after and accommodated
- Strategies should be developed and implemented (to supplement the above campaign) which support and assist the children and young people, and their families
- Further research conducted within residential children's units in relation to stress levels amongst the children and young people, and also their families. Particular focus should be given to how this could be addressed collectively
- Consideration of the provision of preventative alternative therapies and additional recreational activities for children and young people who are looked after and accommodated and their families which would assist in stopping smoking
- Reinforcement of the restrictions and relevant policies which exist to limit children and young people's access and exposure to cigarettes by relevant authorities.

Section 2: Alcohol

Basic Information

22 of the 23 young people interviewed had consumed alcohol, only 1 young person had never at any time drunk alcohol.

The young people were asked to indicate how often they drank alcohol. This information is illustrated in the table below.

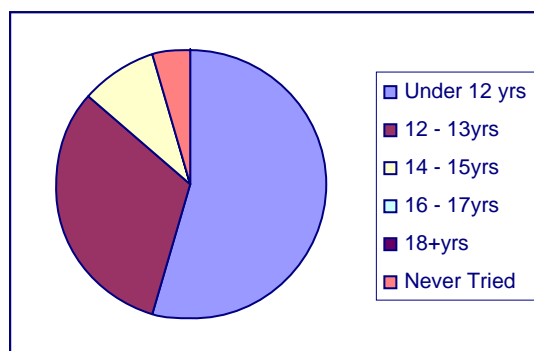
TABLE 3.a: How often do you drink?

How often yp consume alcohol	Male	Female	Total
Never tried	1	0	1
Tried didn't like it	1	2	3
Once/Twice year	0	1	1
Less than once month	1	1	2
Once per month	3	0	3
Less than once week	1	2	3
Once week	2	0	2
More than once week	2	6	8

From this information the most notable point which emerged was that the young females in this sample were drinking 3 times more frequently in a week than young males.

The young people were asked to indicate at what age they first consumed an alcoholic drink. As can be seen in the chart below, a total of 19 young people indicated that they had been aged 13 and under when they had first consumed alcohol and 2 young people stated that they had been aged between 14 – 15 years old.

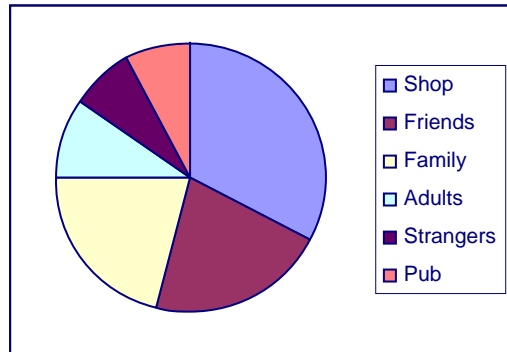
Diagram 3.1: What age when first drank?



The young people were then asked to indicate where or from whom they accessed alcohol. There were 7 options listed and again there was an opportunity for the young people to include information which had not been listed.

17 young people stated that they sourced alcohol from shops, 11 young people stated family members and 11 young people indicated friends within their response. 5 young people said adults, although did not specify which adults, 4 young people indicated that they sourced alcohol from strangers and finally 4 young people aged 18+ said pubs and nightclubs.

Diagram 3.2: Where/whom do you get alcohol from?

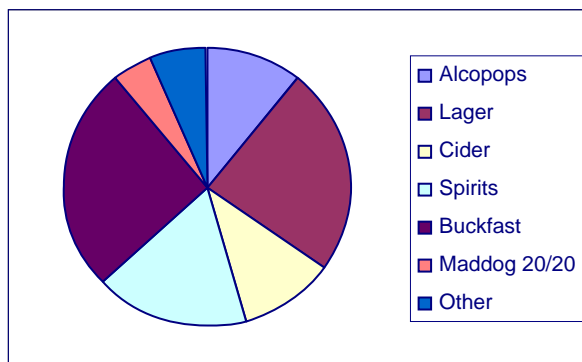


The young people were asked to indicate how much alcohol they would normally have to drink in one night. The response to this question was diverse ranging from 1 shandy to numerous bottles of alcohol. 7 of the 23 young people listed more than one type of alcoholic drink in their answer this included:

- Buckfast
- Vodka
- Cider

Fortified Wine was the most popular alcoholic drink amongst 14 of the young people interviewed, followed by Lager/Beer and then Spirits. Vodka specifically was the spirit of choice for all 8 of the young people who included spirits in their answer. Cider and Alco pops were each listed by five young people.

Diagram 3.3 - What do you normally drink?



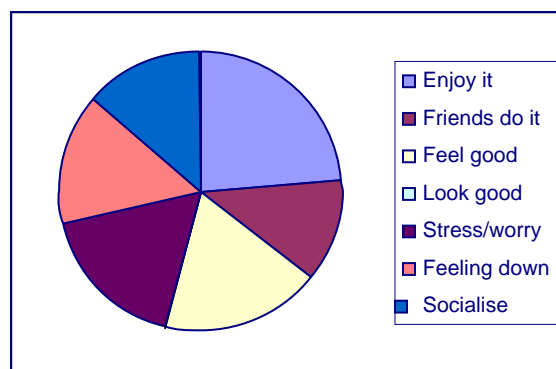
The young people were then asked to indicate what factors influenced them to drink alcohol. As with other questions which provoked more than one possible response, a list of options was provided for the young people to choose from again with the opportunity to include any information which was not listed.

14 young people indicated that they enjoyed drinking, 11 young people stated that they felt good whilst they were drunk. 10 young people felt they drank when feeling stressed or worried. 9 young people said that they drank when they felt 'down' emotionally.

8 young people stated that they drank because it was the 'social norm' with their friends and again this was almost mirrored with a total of 7 young people specifically stating that they drank alcohol because their friends did.

None of the young people felt that they looked good or better whilst drunk.

Diagram 3.4: Why do you drink?



Experiences

The young people were asked where they had consumed their first alcoholic drink and what this was.

11 young people consumed their first drink with friends, 9 young people stated that they had been 'hanging' around the local community, 2 young people had been at friends' parties.

9 young people had been given their first drink by family members - predominantly by parents, at a family event or special occasion, and the young people articulated this as acceptable controlled drinking under the supervision of their parents.

"It was at a family New Year celebration at home, it was a small shandy that I was allowed" (Female 16)

3 young people had their first drinking experience with other young people residing in a children's unit.

"I was in a children's home with other young people and we were hanging about with a litre bottle of cider and happened the same night I tried smoking" (Male 19)

From the information collated, it became apparent that the young people, who had their first experience of drinking with friends, consumed more drinks with higher percentages of alcohol in them e.g. Buckfast, vodka, cider, compared to the young people under adult supervision. These young people tended to have drunk alco pops, sparkling wine and lager, in small quantities such as 1 glass, 1 bottle or 1 can of lager.

Young people were asked if they had ever been offered alcohol from someone. A high proportion of 18 young people stated friends as being the main source.

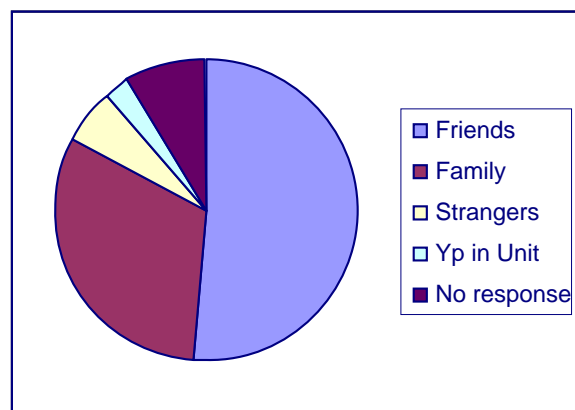
11 young people recorded immediate family as having offered them alcohol, although the young people all recorded both family and friends together.

2 young people stated that they had been offered alcohol by strangers in the street.

1 young person had been offered his first drink by another young person living in the unit.

3 young people did not respond to this question.

Diagram 3.5 – Who offered alcohol?



When young people were asked if they had ever felt pressurised into drinking alcohol, 17 young people stated “No” they had never felt pressurised to drink,

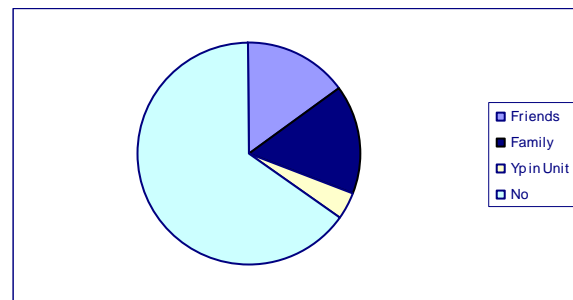
"No, I haven't felt pressurised to drink by my friends or any one, it's just there's nothing else to do but hang around with my friends and drinking is fun it gives you a buzz" (Female, 15)

Of the 6 young people who said they had felt pressured, 4 young people cited friends and family members as being the source of pressure. 1 young person felt pressured from 3 different sources including, family, friends and another young person within the unit.

"My mum was drinking and offering me it in the house [Martini and wine]; I was about 10 at the time. Friends too from school in the school and another young person from the unit a few months ago when we were hanging about in the park with Buckfast" (Female, 12)

3 out of the 6 young people were under the age of 12 and the remaining 3 young people chose not to share that information.

Diagram 3.6 - Have you ever felt pressurised to drink alcohol?



The young people were asked what they felt could help them to stop drinking. In total 21 young people responded to this question and 2 young people did not drink at all.

In total 14 young people did not want to stop drinking, the young people did not generally give any explanation for this other than they enjoyed drinking or they felt bored and there was nothing else to do.

2 young people stated that they drank socially with friends and therefore did not view their alcohol consumption as being a 'problem'. All 4 of these young people were 16+ years.

A further 2 young people, under 16, gave clear reasons why they did not want to stop drinking. Both felt that they enjoyed being drunk with friends and both young people articulated that boredom as a result of lack of activities for young people was a contributing factor to consuming alcohol.

"There's nothing else to do and it's about socialising with friends, I like it when we're all drunk it's a good laugh" (Female, 16)

Two young people "didn't know", what could help them to stop. 2 young people spoke about their peers as being an influence upon them to not drink alcohol. 1 young person had experienced the traumatic death of a close friend as a result of alcohol consumption.

"I stopped because my friend was murdered when he was drunk and that changed my mind" (Male, 19)

Another young person indicated that a change of friends would possibly help her to stop drinking as there was peer pressure within the group of friends with whom she currently socialised.

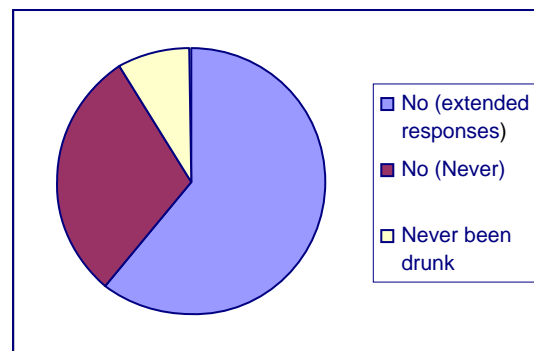
1 young person suggested access to information and education as a source of help and/or support, and another believed that shop assistants should request identification from young people more. This young person was under the legal age to drink alcohol but was clear about how easy it was to access alcohol underage.

"If the shops were to ask for identification, I get sold drink all the time anywhere so do my friends" (Male, 17)

Risks

The young people were asked if they had ever felt scared or unsafe at any time whilst drinking alcohol. 14 young people indicated that they had not felt this, 4 of these young people supported their response by explaining that they were always with friends, 7 young people responded no never and, finally, 2 of the young people said that they had never been drunk at all.

Diagram 3.7 – Have you ever felt scared/unsafe whilst drinking?



"No I always stay with friends and we hang out in each others houses and always walk each other home" (Female, 16)

5 young people stated that the physical effects of alcohol had scared them. These effects included sickness - 3 young people, paranoia - 1 young person and loss of memory - 1 young person. All 5 spoke about the loss of their self-control as being the most frightening aspect of consuming too much alcohol.

4 young people raised the issue of violence and criminal behaviour as having had a frightening impact upon them, in relation to particular situations which they had found themselves in whilst intoxicated with alcohol. All 4 of these young people were male.

"Sometimes my own behaviour frightens me because I'm drunk I lash out and have assaulted people. Sometimes I don't remember but mostly I do" (Male 14)

"I had too much to drink and in the morning I was really frightened when the Police came and told me how many windows I had smashed and cars that I had broken into and I couldn't remember a thing" (Male, 14)

2 young females interviewed raised issues which could be categorised as 'personal safety'. Both these young women had found themselves in vulnerable situations as a result of being drunk.

"Once when I'd drunk a $\frac{1}{2}$ bottle of Vodka, I was absolutely 'steaming' I fell and banged my head also badly hurting my arm, when I woke there were two men I didn't know trying to lift me, I couldn't talk so I wasn't even able to tell them

that they were hurting my arm. Eventually I ended up in hospital and I couldn't remember much, I had been so drunk that I started cutting myself because I felt depressed" (Female, 14)

Both of these young people spoke about their concerns of the potential consequences they could have experienced, these included:

- being raped
- assaulted
- unwanted pregnancy

The young people were asked to contribute their understanding of the 'bad things/risks' of drinking alcohol. All 23 young people responded to this question, many with more than one answer. Personal safety was again a concern raised by a total of 20 young people. 12 of these young people were female and 8 male. Once again this subject was more of a concern to the females interviewed. All 20 of the young people who spoke about personal safety, noted that it was the loss of self-control that resulted in them finding themselves in potentially dangerous and vulnerable situations,

"You end up drinking too much then you don't know where you are or what you're doing or even who you're with. Then anything can happen to you" (Female, 14)

"Having too much to drink can make you black out; sometimes you might not know what you're doing" (Female, 16)

"When you're drunk you say and do things that you normally wouldn't, end up in places you normally wouldn't be sometimes with people that you don't know" (Male, 17)

However, there were noteworthy differences in the nature of the personal safety issues raised. The young females interviewed referred to personal safety in the context of their increased vulnerability to;

- sexual assault/rape
- unprotected sex
- unwanted pregnancy
- abduction.

"Something could happen to you when you're drunk you could be abducted or assaulted" (Female, 16)

"When you're drunk you can't look after yourself very well and something might happen to you, somebody could hurt you" (Female, 12)

"When you're drunk you could end up having sex with someone you really don't want too and if you're drunk then you could forget about contraception and end up pregnant or with a sexually transmitted disease" (Female, 16)

"Getting raped and people committing suicide" (Female, 16)

In contrast the young males' responses demonstrated their understanding of personal safety in relation to violent behaviour, fighting and other criminal behaviour such as vandalism and car theft, ultimately resulting in involvement with the police and them either being arrested, charged or detained by the police.

"You can get charged easier when you're drunk because it's harder to control yourself when you're drunk" (Male, 17)

"You get involved with the Police and things get out of control, picking up charges and destroying other people's property" (Male, 15)

Physiological effects associated with alcohol were listed by 15 young people who felt that there were serious risks to health. 5 young people specified liver disease as the only risk to health and a further 2 young people included liver disease along with a variety of other risks which included:

- Irritable bowel syndrome
- Heart attacks
- Fluctuation in weight
- Angina
- Sickness and hangovers.

5 of the young people identified that alcohol was an addictive substance and therefore becoming addicted was a possible risk.

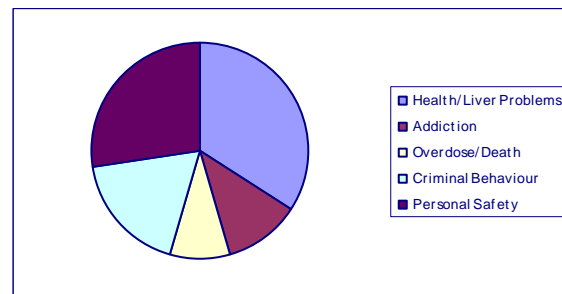
"I think that drinking is dangerous in some ways. You can get addicted and not realise and it's bad for your health" (Male, 14)

"You can end up becoming an alcoholic and it's not easy to come off the drink. It takes years to admit you're an alcoholic and by then you have a serious problem and need help" (Female, 18)

4 young people (all females) included death as a risk in their responses. 3 of the 4 young women referred to death as a result of consuming too much alcohol and overdosing, therefore risking death.

"You can end up overdosing, then end up in hospital getting your stomach pumped" (Female, 16)

Diagram 3.8 - Bad Things /Risks associated with drinking Alcohol?



The young people were asked to state what had made them decide not to drink. 12 of the 23 young people chose not to respond to this question as, at the time of interview, these young people had recently consumed alcohol. 4 young people (3 females and 1 male) stated that despite having been intoxicated in the past, the physical effects of the alcohol had deterred them from drinking,

"I don't like the feelings with it, like the dizziness and sickness" (Male, 15)

2 young people indicated that they had stopped drinking alcohol as a result of the impact which it had upon their behaviour whilst under its influence. Both of these young people referred to violence and fighting. The possibility of being caught by parents and the consequences were also reasons 2 young people cited as having an impact upon their decision not to drink.

"I do want to have a drink and have fun with my friend, but not to get drunk, but I can't because I'm in a children's unit and if they found out I'd get a big row and sanctioned" (Female, 12)

A further 2 young people felt the effects, including a 'hangover', that alcohol could have upon their physical health and fitness, was for them too great a risk. Both of these young people participated in football clubs within the local community and felt that drinking alcohol could affect their performance. They chose not to drink at all.

"My interest in football, I wouldn't be able to play if I was out drunk on a Saturday night" (Male, 17)

2 young people who acknowledged binge drinking at weekends, had experienced trauma and vulnerability, this had resulted in their choosing not to drink alcohol.

"I don't drink anymore because I had a bad experience and what happened to me because of it" (Female, 15)

"Just seeing what happened to my friend and I was fighting and causing violence when I was drunk. I was stabbed!" (Male, 19)

Summary of Section 2: Alcohol

It emerged that, due to the lack of alternative recreational activities, boredom was the most prominent reason why young people drank alcohol.

It also became clear that, despite the young people having an understanding of some of the possible long-term physical health effects, only a small number of young people identified developing an addiction as a risk. The young people tended to recognise the immediate dangers and risks to themselves; most prominent was the compromising of personal safety. However there was a clear gender distinction in their responses, as the young males highlighted issues regards criminal and violent behaviours and the young females raised concerns regards unwanted sexual experiences and assault.

- There is a need for the provision of a range of cost effective alternative recreational activities, which should be accessible to all children and young people who are looked after and accommodated
- There were distinct differences identified between the males and females with regards the risk factors associated with the over consumption of alcohol
- Young people tend to purchase alcoholic drinks which cost the minimal amount of money, but generally contained the highest percentage of alcohol
- A larger proportion of the young people viewed drinking alcohol as part of a sociable pastime, something fun to do with their friends, rather than as a potentially dangerous and harmful activity.

Recommendations: Alcohol

- Local authorities should identify and explore the individual interests and talents of children and young people who are looked after and accommodated
- Children and young people who are looked after and accommodated should be supported and encouraged to engage with positive alternative recreational activities
- Local authorities should explore the immediate dangers of alcohol misuse with children and young people, both those specifically looked after and accommodated and young people in general
- All consultations with children and young people should maximise their participation and interaction by creating the opportunity for them to share and discuss their experiences whilst ultimately educating young people on keeping themselves safe
- Relevant authorities should commit to the continuous development, promotion and evaluation of health education and information, in relation to alcohol misuse and its potentially dangerous and harmful effects
- There should be specific educative programmes developed by local authorities for children and young people who are looked after and accommodated, given their increased levels of vulnerability and isolation from their families
- Given the level of accessibility and the affordability of alcohol, all relevant authorities should reinforce the restrictions and relevant policies which exist to protect children and young people by monitoring and limiting their access and exposure to alcohol.

Section 3: Drugs

Basic Information

The young people were asked to indicate whether or not they had experimented with drugs of any kind.

Of the 23 young people's responses, 7 had never consumed any kind of illegal drug at all, consequently the number of responses to particular questions in this section reflect this. A total of 16 young people confirmed that they had taken drugs.

The young people were then asked to indicate how often they took drugs. The information is illustrated in the table below

TABLE 4.a: How often do you take drugs?

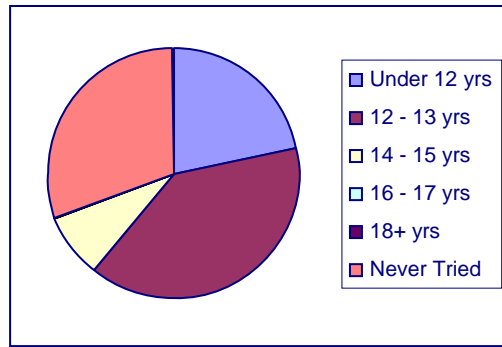
How often yp misuse drugs	Male	Female	Total
Never Tried	3	4	7
Tried, didn't like	1	2	3
Once/twice year	1	0	1
Less than once month	1	1	2
Once a month	1	0	1
Less once week	0	0	0
Once week	1	0	1
More than once week	2	5	7
No Answer	0	1	1

7 young people reported misusing drugs more than once a week. As with alcohol the majority of these young people were female.

It was then important to attempt to establish the ages of the young people at the time they first began experimenting with illegal drugs. (This information is contained within the chart).

As with smoking and alcohol, young people began to experiment at an early age.

All 16 of the young people who had consumed drugs were under the age of 15 at the time of their first experience. 9 young people were aged between 12 - 13 years old, 5 young people were under 12 years and the remaining 2 young people were aged 14 - 15 years.

Diagram 4.1: What age when you first tried drugs?

We asked the young people to identify from whom they had sourced drugs. However, many of the young people were cautious about identifying individuals by name. As a result this information was classified into four categories; **Family**, **Friends**, **Strangers** and **Dealers**.

TABLE 4.b: Sources of drugs?

Source	M	F	Total
Friend	4	7	11
Stranger in Street	2	4	6
Family	1	2	3
Dealer	2	0	2

Almost half the young people interviewed sourced drugs from friends and peers. As can be seen in the above chart 4.b, 6 young people had been approached by strangers in the street, however, the number of young females approached was double that of the young males.

*"From all kinds of people offering you them, even strangers in the street"
(Female, 20)*

Of the 3 young people who identified family as being a source, 2 of the young people did choose to specify siblings in particular.

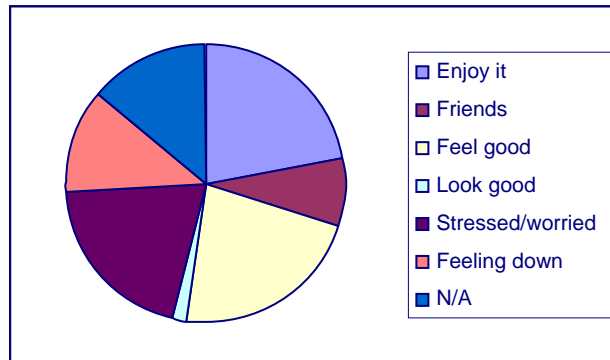
Only 2 young people had been offered drugs from dealers. Both of these young people knew the individuals. One young person related how it was in fact his employer who had offered and then subsequently supplied him with heroin.

"Heroin, the guy I was working with wasn't short of the stuff" (Male, 19)

The young people were then asked to indicate why they took drugs. As with the smoking and alcohol question, the young people were provided with a variety of options to choose and also the opportunity to include information not already listed. Many of the young people gave more than one response to this question. In total 16 young people responded to this question and for the remaining 7 young people it did not apply.

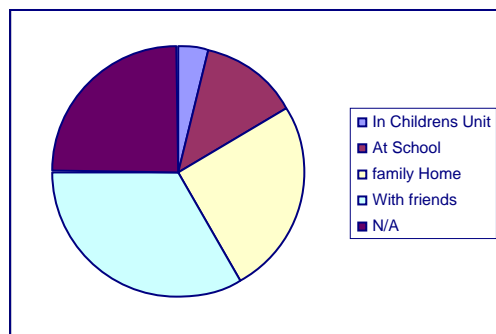
As indicated in the chart below, 11 young people stated that they enjoyed taking drugs, 11 young people also indicated that drugs made them feel good and 10 young people stated that they took drugs when they felt stressed or worried. Further to this 6 young people also included that they took drugs when they were feeling down. 4 young people misused drugs because their friends were doing it and 1 young person said that they thought drugs made them look good.

Diagram 4.2: Why do you take drugs?



Experiences

Diagram 4.3: Where did you first take drugs?



The young people were asked to indicate where they had been when they first tried drugs. All 16 young people responded to the question and all indicated that they had been with friends at the time.

6 young people stated that they had taken drugs whilst either at a party or outside e.g. park, derelict land. A further 6 young people had consumed drugs within their own family home or within a member of their extended families’ house. 3 young people indicated that they had taken drugs at school. All 3 described how the situation had occurred after having tried smoking cigarettes for the first time.

"It was at school at lunchtime about a week after I'd tried smoking and I tried Cannabis. I had to 'dog' the last two periods of class because I was so 'stoned'" (Male, 15)

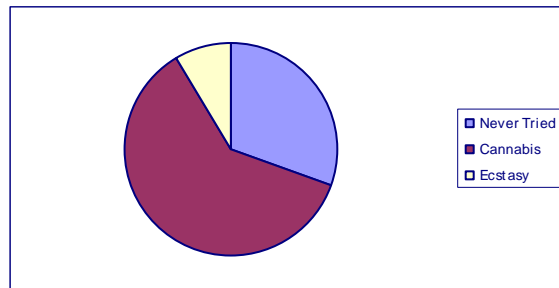
"It was at mainstream school. I was having my first fag and another young person offered me a smoke of Cannabis and I took it" (Male, 14)

1 young person stated that their experience had been within the children's unit just after they had become accommodated.

"It was not long after I went into the children's unit, me and another young person smoked hash in my bedroom" (Male, 18)

The young people were asked to confirm which drug/s they had consumed during their first experience.

Diagram 4.4: What did you take?



As indicated in the chart above, 14 young people reported cannabis as having been the first drug they had tried. 2 young people had taken ecstasy on the first occasion. A total of 7 young people had never taken any type of illegal drug.

Young people were asked to describe the type of drugs and frequency of their drug use. 11 of the 23 young people stated that they were currently using drugs. 7 of the 11 young people recorded misusing a variety of drugs.

"I've tried everything except heroin. I've tried hash, valium, magic mushrooms, speed, ecstasy and acid" (Female, 16)

10 young people reported smoking cannabis, 7 on a daily basis and 3 reported occasional use.

6 young people were currently taking ecstasy however all 6 of the young people indicated that their consumption, was limited to weekends.

"Hash and ecstasy, hash I smoke on a daily basis, ecstasy I've only tried three times and that was at the weekend" (Male, 15)

3 young people reported taking amphetamines on an occasional basis and 2 young people also included having tried cocaine once and again both these drugs were described as being exclusive to weekend use by the young people,

"Hash - everyday. ecstasy and cocaine I take mostly at the weekends" (Male, 18)

2 females stated that they took valium, on a weekly basis and 1 young male reported having taken this drug on two occasions. 1 young person had recently been taking LSD, though stated that this was only at the weekends.

Young people were asked if they had ever been offered drugs and if so by whom? 17 of the young people confirmed that they had been offered drugs at some point in the past.

"Yes, everything and anything that's going, you can get them anywhere" (Female, 16)

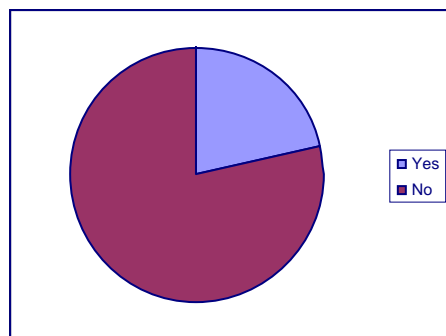
6 of these young people chose not to specify the particular drugs they had been offered but stated that they had been offered a "variety" of drugs and the remaining 11 young people generally noted more than one drug within their responses.

TABLE 4.c: What drugs have you been offered?

Type of Drug	M	F	Total Number of yp
Cannabis	5	4	9
Valium	1	2	3
Ecstasy	0	2	2
Cocaine	2	0	2
Amphetamine	1	1	2
Heroin	2	0	2

The young people were asked if they had ever, at any time, felt under pressure from anyone to take drugs.

Diagram 4.5: Have you ever felt under pressure to take drugs?



18 young people stated that they had never felt under pressure from any source.

5 young people communicated that they had felt pressurised, 4 were male and 1 female. 4 of the 5 specified cannabis as the drug which they felt coerced into experimenting with.

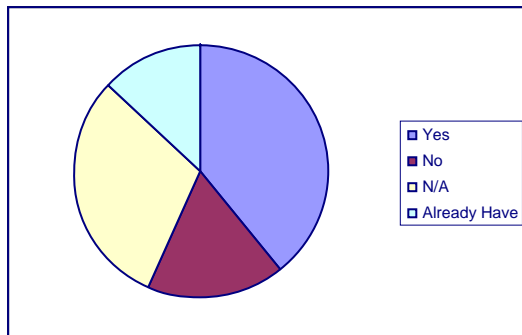
"Friends wanted me to have a smoke of cannabis, then they took advantage of me and threw me into the burn" (Male, 13)

We asked the young people to indicate the source of pressure. 3 young people answered friends, 1 young person stated an extended family member and the 1 remaining young person explained that, although they had never consumed any type of illegal drug, they had been approached by strangers offering drugs.

"I have been pressured by people in the street that I didn't know but I haven't taken any" (Male, 12)

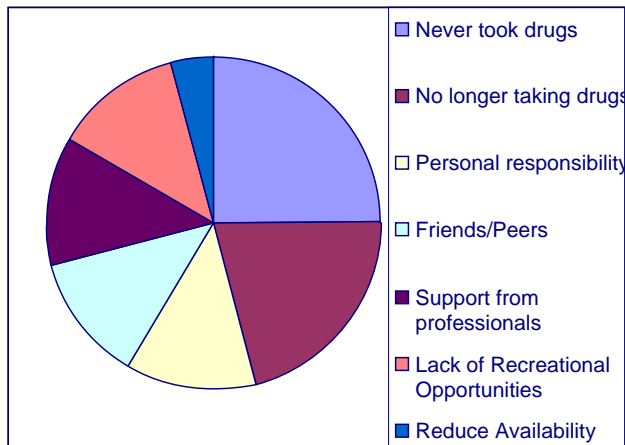
The young people were asked to indicate if they wanted to stop taking drugs. 9 young people said "Yes" they would like to cease taking drugs, 4 young people stated that they would not want to stop taking drugs and 3 young people reported that they had stopped taking drugs already. This information is detailed in the chart below.

Diagram 4.6: Would you like to stop taking drugs?



The young people were then asked to identify what might help them to stop taking drugs. A total of 12 young people responded to this question.

Diagram 4.7: What would/has help you to stop taking drugs?



3 young people reported having already ceased taking illegal drugs. 3 young people felt it was up to them to stop taking the drugs.

"Myself - I have a choice" (Female, 16)

3 young people (all male), recognised that their current friends and peers had a direct effect upon their substance misuse. All 3 young people said that they would have to change their friends in order to stop taking drugs.

"My friends not doing it. My pals are older than me and they're going to the army so I'll stop then likely, go do something else like weight training" (Male, 15)

3 young people felt that support from professional services had been beneficial in helping them to address their drug misuse problems.

"I just started going out with my worker. When I was smoking cannabis I stayed in all the time but then I went to groups and I began socialising and making new friends that really helped" (Female, 15)

3 young people identified that increasing opportunity to participate in recreational activities might help them to counter boredom and stop taking drugs.

"Having stuff to do during the day, activities that would fill my time" (Female, 20)

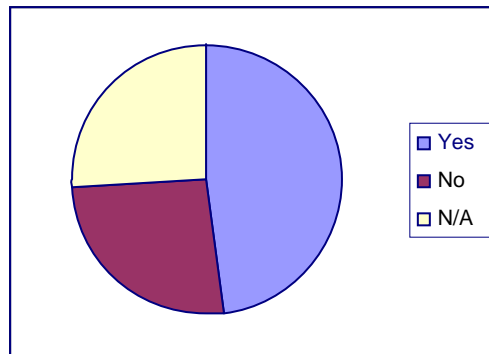
1 young person felt that drugs were readily available and in order to discourage or prevent young people from taking drugs, they should be difficult to obtain.

"You can get drugs nearly anywhere; they should be made much harder for young people to get" (Female, 16)

Risks

Young people were asked if they had ever felt “unsafe or scared” whilst under the influence of drugs. 11 of the 23 young people answered yes to this question, 6 young people said no, and they had never felt unsafe or frightened. The question did not apply to the other 6 young people interviewed.

Diagram 4.8: *Have you ever felt scared/unsafe whilst using drugs?*



Within their responses, 11 of the young people described a variety of situations in which they had experienced feelings of fear, vulnerability and anxiety. 9 young people reported that the psychological and physiological effects of the particular drugs they had taken had induced feelings of: paranoia, hallucinations, dizziness and aggression which had been overpowering and very frightening.

“Yes, I was 14 and I took acid and ended up taking a bad ‘trip’. I had very scary hallucinations and I wasn’t sure where I was or anything, I didn’t know what to expect. I was with friends at the local park hanging out” (Male, 17)

All 9 specified the drugs they had taken which had induced these feelings. These are illustrated in the table below.

TABLE 4.d: *Which drugs did you take?*

Type of drug	Male	Female	Total
Cannabis	1	3	4
Ecstasy	1	1	2
LSD	2	1	3

3 females recorded that they had previously unintentionally overdosed on drugs, which resulted in them having been hospitalised for a period of time. 2 had overdosed on ecstasy tablets and 1 on LSD.

“I had taken ecstasy and the effects were like overdosing, I ended up in hospital in a coma for three days and then was in hospital for a week altogether. The effects were horrible and I don’t remember any of it not even taking them” (Female, 18)

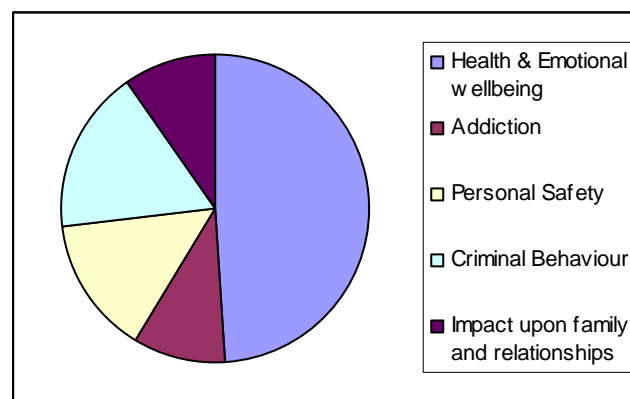
4 young people stated that they had been frightened by their own behaviour whilst intoxicated with drugs, they all described instances when their behaviour had been extremely erratic and aggressive both to themselves and others, and how they had lost their sense of self-control. These 4 young people also noted that they were aware of the impact that these situations had upon other people who had witnessed them, especially their families and friends.

“I thought I was Jesus and that I could read people’s minds I was hallucinating. I kept going up to people (my friends and family) and frightening them and myself with my thoughts and things I was saying. I was ‘cracking’ up mentally, I was very frightened. Eventually I was taken to hospital by ambulance and then I spent a month between hospitals” (Female, 15)

The young people all described feelings of worry, fear, panic, anxiety, paranoia, anger and disorientation.

The young people were asked to describe their understanding of what they felt to be the ‘bad things’ or ‘risks’ associated with drug misuse. All 23 of the young people answered this question. Many of the young people offered more than one response.

Diagram 4.9: What are the ‘bad things/risks’ of taking drugs?



20 young people demonstrated an understanding of the negative effects which drug misuse has upon their health including their emotional well being. These included developing mental health problems and the damaging consequences to their bodies. Some examples that were given included:

- Rotten teeth
- Cancer
- Dehydration
- Blood poisoning
- Paranoia
- Infection (the young person did not clarify further)

- Vomiting
- Bronchitis
- Sore mouth
- Mood swings
- Change in physical appearance
- Loss of interest in personal hygiene
- Developing an addiction.

However, only 4 young people identified the possibility of developing an addiction problem as a risk. More than half the young people were aware that death or overdosing was a serious risk to them whilst they were intoxicated with drugs. A total of 6 young people (all female), highlighted a variety of issues which were generalised into the category of 'personal safety'. All consistently referred to unwanted sexual experiences, such as assault, rape and unwanted pregnancy.

"Being in a state and not remembering or being so 'out of it' that someone could take advantage of you" (Female, 16)

7 young people recorded that there was a high risk of their being involved in criminal and offending behaviours these included:

- Theft
- Fighting
- Drug possession and dealing
- Getting into trouble with the police.

"Your behaviour might get you into jail whilst you're on them or you could get the jail if you're caught dealing or in possession of drugs" (Male, 17)

4 young people referred to the negative impact which drug misuse can have upon family relationships, friendships and community relations. 2 of the young people specifically reflected upon their own experiences of their parent's drug misuse and the subsequent effects upon their lives and relationships.

"My Mum started stealing to feed her habits, even from her own family. It affects your relationship because getting their drugs are more important than you are. I feel that I can only have a conversation with my mum when she's had her drugs. I was left alone a lot too...I was in the house alone at night 'freaking' out worrying myself about my mum" (Female, 15)

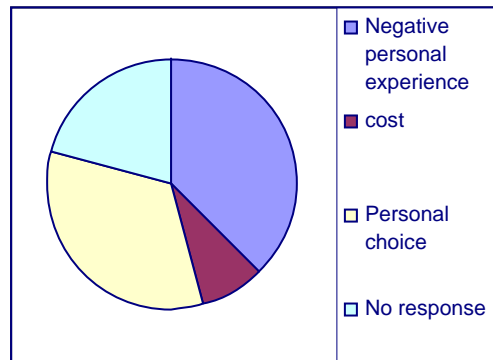
The remaining 2 young people communicated how their behaviour whilst frequently misusing drugs, had negatively affected their family relationships, they had lost friendships and how they felt people within their local communities treated and behaved differently towards them.

"You steal, end up with no family, no friends, no money, your teeth rot and you stop washing. People don't want to know you even in the community, there's a

difference in the way people treat different drug addicts. If you're a Heroin addict it's worse than if you were a 'speed freak' or something" (Male, 19)

The young people were asked to share their reasons for not taking drugs. 18 young people responded to this question, some giving a variety of reasons and 5 young people chose not to.

Diagram 4.10: *What made you decide not to take drugs?*



12 young people reported having negative personal experiences as a result of drug misuse. 9 of these young people described how the death of family members and friends had affected their lives.

"Two of my friends died. One from taking ecstasy and one from 'buzzing' gas" (Female, 18)

Parental drug misuse was also a personal experience for 3 of the 9 young people, their having witnessed personally the effects and consequences both upon their own and their parents' lives, particularly the break-up of their families and relationships.

"Because of the effects they've had on my family" (Male, 17)

"Seeing what they have done to my mum" (Female, 15)

3 young people also referred to past experiences of their own drug misuse and the subsequent difficulties they encountered as a result including:

- Breakdown in relationships
- Homelessness
- Poverty
- Sense of isolation.

"I felt isolated from my friends and family and for myself because I didn't want them to think of me just as the 'junkie'" (Male, 19)

8 young people were confident in stating that they had chosen not to take drugs and considered this a matter of personal responsibility.

*"I just don't want to do that. Even the thought of it makes me feel horrible. This is my individual choice based on my experiences of family members"
(Female, 12)*

A remaining 2 young people described how drugs had become unaffordable and costly therefore, they felt it was a "waste" of money.

"It was costing me too much money and it wasn't worth it" (Male, 14)

"Drugs just don't appeal to me now I'm too old and it's a complete waste of money" (Female, 16)

Summary of Section 3: Drugs

A total of two thirds (16) of the young people in this sample had previously misused, or were currently misusing, a variety of illegal drugs. Half began experimenting with drugs between the ages of 12 – 13 years and one third of the young people had been under 12 years. 14 who had taken drugs stated that they had initially experimented with cannabis and this then led on to their misusing a variety of other drugs.

- All of the young people, who confirmed they had misused drugs, indicated they had been in the company of friends and other young people
- The venues most likely to be frequented were either outside in settings such as public parks, derelict waste grounds and local streets, or within a family member's home
- A total of 17 young people described being able to easily access drugs whilst being with other young people or friends within a recreational setting (outside in public spaces such as parks, local streets). 6 stated they had been approached by strangers in the street offering drugs. The number of young females who had been approached by strangers was double that of young males
- All of the young people within this sample made reference to negative effects and risks associated with the misuse of drugs. The young people listed a variety of damaging effects which drug misuse had upon: physical health, emotional and mental wellbeing. Also prevalent for young people was the damaging impact of drug misuse upon relationships (family, friends and peers). Young people referred to their own and parental/family misuse
- The female proportion of this sample were misusing drugs on a more frequent basis than males and, as afore mentioned, were also twice as likely to be approached by strangers in the street.

Recommendations: Drugs

- In recognition of the problem of drug misuse and experimentation amongst children and young people, relevant authorities should develop effective procedures which can be utilised to effectively monitor the prevalence of drug misuse amongst children and young people within the general population
- Local authority care staff should pro-actively raise awareness amongst children and young people who are looked after and accommodated regarding the real dangers and concerns relating to drug misuse
- Young people in general should be made more aware of resources through which they can access specific advice and support
- Those working with looked after and accommodated children and young people should be included in the relevant forums which share and exchange knowledge and information regarding the level and dynamics of drug misuse within the local communities and areas
- Strategies should be developed and implemented between local authority professionals and the police which allow for pro-active planning to effectively minimise the dangers for children and young people
- Local authorities should identify and explore the individual interests and talents of the children and young people who are looked after and accommodated
- Children and young people who are looked after and accommodated should be supported and encouraged to engage with positive alternative recreational activities
- Local authorities should explore and develop innovative methods of engaging both with children and young people and their families in relation to drug misuse and associated issues
- Local authorities should invest in further research which investigates the trends emerging from this consultation specifically in relation to the level and frequency of young females engaging in drug misuse.

Section 4: Information sources & services

Section 4 of the young people's information is structured differently from that of Sections 1 – 3.

The information contained within this section explores and relates to the young people's experiences and views regarding various aspects of receiving information, advice and support.

The information contained within the first half of this section was collated and is presented within three sub-categories:

- **Current sources delivering information and advice to young people**
- **Young people's chosen sources of information and advice**
- **Format and delivery of information and advice.**

Young people were then provided with an opportunity to contribute their views and ideas in relation to how information sources and services relating to tobacco, alcohol and other drug misuse could be improved for children and young people.

The information collated from the young people is structured into 6 specific categories:

- **Initial contact with services**
- **Availability of services**
- **Confidentiality**
- **Location of services**
- **Atmosphere and setting within services**
- **Workers (attitudes, attributes & skills).**

The information extracted is of an anecdotal nature but can be considered as recommendations developed by the young people directly.

However, a set of formal conclusions and recommendations has been derived, as with Sections 1 – 3, and can be located at the end of the section.

Current sources delivering information & advice

Table 5.a-Sources of advice

Source of information	Previously received advice/information on...		
	Smoking	Alcohol	Drugs
School	20	19	19
Unit Staff	10	16	13
Social worker	8	11	12
Friends	6	8	10
Family	12	12	15
Doctor	9	9	7
Addiction services	2	4	5
Youth project	5	10	11
Other young people	N/A*	N/A*	N/A*

Chart 5.a (above) shows the various sources from which young people have received information and education regarding substance misuse issues. The young people were asked to identify what they felt they liked or disliked about this information. All 23 young people responded to the question offering a variety of comments about various aspects of the information and education which they had previously received. 16 young people stated that they felt the information had not been particularly useful or helpful to them and 12 young people felt that the information had been helpful.

8 young people commented that, although they had received some information and education at school, they didn't feel that it was helpful or informative. The young people felt that the information was far more basic than they needed, and taught them nothing new.

"The info at school was o.k. but sometimes we had to correct the teacher's information" (Female, 18)

One young person made reference to the fact that in secondary school the police had delivered the discussions. This young person felt strongly that this was inappropriate given that many young people already had difficult relationships with the police. Many young people described similar, if not at times identical, experiences in the way information was presented to them particularly at school, indicating a generic rather than tailored approach to delivering this type of information. 7 young people felt that the information they had received from school had been useful, however the young people's comments were at best 'lukewarm' stating that it was simply "o.k." and nothing more.

"They gave us stuff to fill in at school about drink and drugs and they told us stuff, it was o.k. a bit helpful" (Male, 12)

"The information from school was o.k. I got leaflets after someone talked to us but I didn't like school and wasn't that interested" (Female, 18)

"They gave us talks and leaflets at school. I don't think it was particularly helpful" (Male, 18)

"I got leaflets from school and social work they were alright, but I didn't think that they were interesting" (Male, 17)

1 young person indicated that the information at school was easier for him to understand and another young person stated that she enjoyed learning about these issues at school as she had no prior knowledge of substance misuse.

"I liked the drug box at school and the questionnaire because you think you know but actually I was surprised by what I didn't know through my answers on the questionnaire. The drug box gave me the chance to see what drugs look like and what to look out for" (Female, 16)

Some young people also mentioned receiving information leaflets from drug workers, better neighbourhoods group and youth groups. Again, young people felt that these had not been suitable for a variety of reasons including:

- The content was too boring to read
- The use of jargon and language that was difficult to understand
- Young people felt that the information was too basic.

Young people appeared to have mixed responses to information which they had received from either Residential Staff in their units or from their Social Worker. 11 young people indicated they had received information from care staff or social workers. 3 found this beneficial. One young person indicated that she felt more comfortable with care staff as they knew her and her problems therefore she was able to talk more openly about her concerns. Care staff were also available and accessible when she needed help and support. Both of the other young people commented that receiving this information from staff within the forum of a children's meeting had proved helpful for them, one of the young people stated:

"The staff in the unit were more helpful, they used to talk to us at the children's meetings and we could have our say too" (Female, 18)

"The staff give me verbal information and support, I get more of this from them because their here especially at weekends" (Female, 15)

8 young people did not feel that the discussions they had experienced with unit staff were helpful or informative. Most of these young people described feeling that they were being 'lectured' and therefore paid little or no attention to the staff.

"Staff only talk to me when I'm 'full of it', but not any other times; though I think they should regularly" (Male, 15)

"I got information about drugs which was hard for me to understand and staff were too busy to help me understand it" (Male, 14)

3 young males reported having received advice and information from their local GP. All three felt that the information which they had received was more useful than any they had previously heard. All were more comfortable discussing their problems/concerns with the doctor as they felt that there were clear boundaries regarding doctor – patient confidentiality. This helped them feel safe enough to discuss such issues. One young person also felt that the information from the doctor was more factual and therefore more trustworthy.

"I got information about smoking, alcohol and drugs from the Doctors; you can trust information from the Doctor as being factual and it's confidential too" (Male, 16)

7 young people made reference to the advice, information and support which they had received from various addiction services. 3 females felt that their involvement with these services had been beneficial. The young people talked specifically about their relationships with the individual workers as being supportive, helpful and accessible when they required it. All 3 identified the importance of having received individualised support tailored to address their needs.

"My drug worker tells me stuff and I talk to her on an individual basis. It's better that way because I don't like groups. My drug worker is helpful because she goes into detail and gives me examples" (Female, 16)

The remaining 4 of the young people (3 females & 1 male) all stated that they felt the information and advice which they had received had been unhelpful. All felt that these services did not understand their problems and therefore the advice and information they had received wasn't appropriate to them.

Only 6 young people recorded their thoughts in relation to family and friends. 2 young people stated clearly that they felt their families had given them advice and information which they considered to be particularly unhelpful. Both of these young people dismissed their families as a source of support and help given that both their parents had problems regarding substance misuse. The remaining 4 young people did not actually share their views on whether information had been informative or supportive in any way, just that their families had given them general advice.

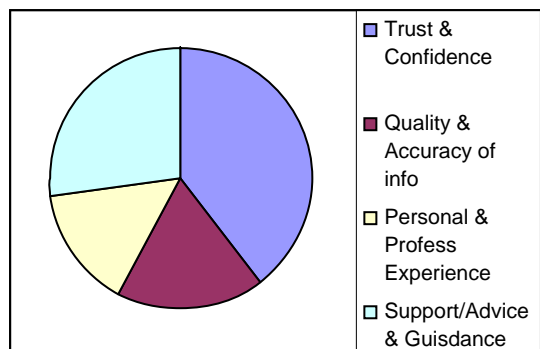
Young people's chosen sources of information & advice

Table 5.b – Young people's choice of sources of info/advice

Source of Information	Who would you go to for advice/information on...		
	Smoking	Alcohol	Drugs
School	3	4	4
Unit Staff	10	11	8
Social Worker	7	10	6
Friends	7	7	9
Family	14	12	11
Doctor	8	7	9
Addiction Services	6	6	12
Youth Project	5	5	8
Other Young People	N/A	N/A	9

Having identified in table 5.b (above) who the young people would choose to go to for help or advice, the young people were asked to describe why they would choose this particular individual. Again all 23 of the young gave a response to the question.

Diagram 5.1: Why would you go to this particular person?



More than half the young people identified specifically the importance of having a relationship of trust and confidence with the individual, whoever they might be,

"I know them and trust them, I have confidence in them" (Male, 15)

"I've built up confidence in them and I trust them because they won't discuss it with anyone else" (Male, 14)

Young people indicated that it was important to have mutual respect and understanding before they felt able to discuss and share information about themselves or their problems. The young people referred to: parents, siblings, friends, residential staff and young persons drug workers. 9 young people stated that they felt they would only approach someone whom based upon their experience they could depend upon to give them support, help and guidance in a consistent and predictable way.

Many young people felt that they also required help and assistance in a practical sense, for example, doctors were able to prescribe treatment and medication where necessary, most young people also commented that they would be able to access a wider range of information when they needed to through professionals.

"The Doctor or Addiction Services, I could get help and information; I could also get medicine if I needed it" (Female, 12)

Young people referred to professionals such as care staff, addiction workers and doctors. 6 young people specifically stated that they felt they would only be able to approach individuals who they understood to be professionals i.e. drug workers and therefore they could trust to be 'specialists' in their knowledge of substance misuse.

"They would be better sources of information....I would expect these services to specialise in these issues so that they can give you accurate and helpful information" (Female, 16)

5 young people felt that the single most important aspect for them was that the individuals they chose to approach had either personal or again extensive professional experience of substance abuse and addiction issues.

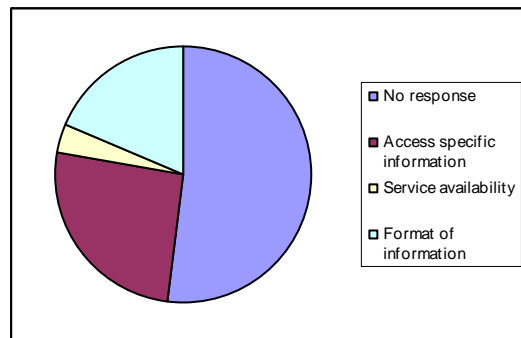
"I would likely go to my mum because she knows as she's been through addiction problems" (Female, 16)

"I would go to addiction services as they know more about these issues and could tell me" (Female, 18)

Format and delivery of information & advice

The young people were asked to identify any information which would be useful to them or that they would like to know more about.

Diagram 5.2: Is there any info which would be useful or would like to know more about?



14 young people recorded that they did not require further information. 6 young people felt that they would like to access information relating to specific issues/topics. 4 of these young people felt that they would like to know more about drugs in general and also specific issues relating to drug misuse these included:

- What the dangers are
- Long term effects (as opposed to short term)
- Moving on with life
- Employment
- Activities
- Meeting new friends
- Understanding and living with parental drug misuse.

One young person felt that information regarding smoking and the associated dangers should be introduced to children in Primary School. One young person felt that she would like to access information regarding alcohol, specifically in relation to advising young people on how to deal with the feelings experienced whilst intoxicated. This young person also felt information should be included to support young people who are abusing alcohol as a form of escape from their feelings and emotions.

"How to deal with stuff when you're drinking, because you need advice on how to deal with emotions, before and while I'm drunk. Sometimes if I'm drinking when I'm upset, angry and depressed I'll harm myself because I can't deal with my feelings when I'm drunk" (Female, 15)

One young person stated that he would like to know more about the various services available to young people who have drug addiction problems and how to access them.

5 young people also gave their thoughts about how information should be presented to young people. The young people all felt that most of the information they had

received had not been in a 'child friendly' format. The young people made various suggestions regard what might be appealing to children and young people.

"Inform young people through the media more because young people watch a lot of T.V. Young people don't like to read", (female 16)

"Perhaps through a website just for young people and maybe parents too who might need info about drugs", (Male 14)

"It would be good if there was a proper drugs game or something instead of adults talking at you for ages", (Female 16)

"They could use cartoons with characters and words with speech bubbles, something that young people want to read", (Female 16)

"Just visually more appealing to young people", (Female 16)

The young people were asked to indicate who they felt would be the *best* people to give young people information, support and advice (*see table 5.c*), as opposed to who the young people would *choose* to go to from the people, services and professionals currently available (*see table 5.b*).

The information within *table 5.b* and *table 5.c* was similar with the exception of one option. When presented with the opportunity of their peers being a possible source of support, advice and information, approximately a third of young people felt that this would be an option they would access.

However, an average of 12 young people felt that it was family who they would most likely approach and also whom they would prefer to receive information from. This resonates with the earlier question and the young people's responses in relation to the importance of trust and confidence.

12 young people felt that addiction services could also provide appropriate information to young people. This was in contrast to the earlier information recorded by the young people, as a minority had actually had involvement with such services and only 8 young people stated that they would choose to go to addiction services for advice or support.

Unit staff, friends and other young people had similar ratings with each one being identified by 9 young people, though earlier indications suggested that many young people are in fact heavily influenced by their peers and tended to confide in them.

Table 5.c – Best people to give young people information and advice

Source of information	Who do you think are the best people to give advice/information on...?		
	Smoking	Alcohol	Drugs
School	5	4	4
Unit Staff	7	10	8
Social worker	6	7	6
Friends	7	9	9
Family	12	13	11
Doctor	9	9	9
Addiction Services	12	12	12
Youth Services	7	7	8
Other Young People	8	9	9

Key factors in planning services for children and young people

The following information was collated with a view to providing a valuable resource with which to inform and influence the planning, provision and delivery of addiction services for children and young people.

Young people were asked to indicate the most important factors to them with regards to each category, therefore the young people directly contributed their thoughts, ideas and views in relation to each.

The information is presented in the 6 different categories as follows:

- **Initial Contact with services**
- **Availability of services (in relation to opening hours)**
- **Confidentiality**
- **Location of services**
- **Atmosphere and setting within services**
- **Workers (attitudes, attributes and skills).**

Initial Contact

We asked the young people to share what would be the most important factors in supporting them to actually make the first contact with an addiction service. It became apparent from the information collated from the majority of the young people that having choices available as to how they might be able to initiate contact was a primary concern.

"Should have a choice of how you contact them like a drop-in, phone or email a website would be good" (Female, 15)

"Send out information via letters first and invite young people to an open day to see the service that might help make you feel comfy" (Male, 15)

It was evident that young people needed to feel that they could make the decision to initiate contact for themselves. Young people felt that they needed a sense of 'ownership' and control over their involvement with such services.

"Build a trusting relationship first so young people want to talk" (Male, 19)

The responses indicated that, if young people felt safe and informed enough to make that first initial contact, then the subsequent involvement with the service would perhaps be more meaningful. Young people wanted to be able to make an informed decision about their potential involvement with services rather than be referred by Social Services.

"Shouldn't have to go through other people" (Female, 15)

The young people also commented upon how they would expect to be received by individual professionals and felt that the first dialogue/conversation they had with a worker could essentially determine if they would be likely to commit themselves to continuing their involvement.

"They should have the proper information and know what they're doing so that you'll have confidence in them" (Male, 14)

The young people recorded their views about how young people should be treated by workers within the services. It was clear from the responses that young people were apprehensive about being 'judged' by professionals based upon the nature of their addiction problems or backgrounds.

"They should get to know you first for themselves not judge you on what others have said" (Male, 19)

The young people also made reference to the quality of information and support that they felt workers should offer and how, particularly at that first point of contact, this was important to them. The young people illustrated a need to be able to trust the information they were being given as being accurate and appropriate.

"Initially reassure you and give accurate information" (Female, 15)

"They should give you good, accurate advice and be polite and well mannered to make you feel welcome" (Male, 14)

Availability of services

21 of the young people interviewed all indicated that service provision should be increased or altered to some degree. Young people were asked to indicate what they felt should be the appropriate hours for addiction services to be available to young people. 10 young people felt that drug and alcohol services should be available 24 hours a day/7 days a week. Many of the young people related how individuals requiring help, support and assistance in relation to addiction problems can experience crisis situations at anytime.

"24 hours because people take drugs at all different times therefore need help to be available when they're taking them" (Female, 15)

A further 7 young people felt that addiction services should provide an irregular hours service.

"I think that they should be able to see people who work from Monday to Friday" (Male, 14)

"They should be available at weekends and at nights. Especially Sundays after the weekend" (Female, 13)

"I would have them open 12 - 6 pm and a few hours at the weekends. Open all summer for young people offering them alternative activities to fill their time" (Male, 15)

7 young people stated that they felt the current service availability was either "fine" or "o.k." However 4 of the 7 young people also felt that in addition to current provision, a 24 hour helpline should be available to children and young people offering support and advice.

Confidentiality

The young people were provided an opportunity to discuss how they felt about confidentiality and its significance in relation to being involved with addiction services. All 23 of the young people interviewed felt the subject of confidentiality was extremely important.

"I think it's really important people don't talk outside work because it's important to feel safe and secure to be able to trust the person and for them to be able to help you" (Male, 14)

12 young people acknowledged there were limitations upon workers being able to keep all information shared completely confidential, particularly in reference to protecting children and young people.

"Should be completely confidential unless it could hurt someone else" (Female, 16)

However, all of these young people clearly illustrated in their responses that they felt workers needed to be vigilant and discreet when sharing sensitive information.

"Nobody who doesn't need to know should get to know your private business, workers should be discreet and sensitive with information" (Female, 16)

"It should be confidential. Sometimes you might just be looking for information for a friend. They shouldn't be allowed to pass information without your consent unless someone is at risk" (Female, 16)

The remaining 11 young people felt that they should be able to expect complete confidentiality of a patient – doctor nature.

"Information shared should be kept between the young person and the worker and not shared with other agencies the same as doctor/patient" (Male, 18)

They felt information should be protected and maintained within the boundaries of the individual relationship between them and their worker and should not be shared with other professionals in any forum.

"It should be confidential not shared with others, they have to be able to help you themselves" (Female, 22)

Consequently the young people related their need to be able to establish and maintain a relationship of complete trust with workers and for this not to be jeopardised by the sharing of their personal information with anyone else.

"It must be confidential; it would affect trust if it wasn't" (Male, 19)

Location

Young people were asked to describe where they felt services should be located. 17 young people all commented that services should be easily located and accessible. The young people felt that ideally there should be a resource within local communities and towns and accessible via public transport. Although young people specifically mentioned how the facilities should be easy to access, they felt the purpose should remain discreet.

"They should be accessible via public transport and there should be one in every town because people can't always afford to travel. It's important they don't stand out so people don't talk about you for going in there" (Female, 15)

The young people also felt strongly that such resources must be appealing to young people and offer young people more than just information and advice relating to drugs and alcohol misuse.

"Should be local for people to get to easily, should be a 'One Stop Shop' where all services are so that people know where they are" (Female, 16)

"They should have a community centre and the building should be bright and look cool so that young people want to go in it" (Male, 18)

These young people all related how they felt that this would minimise the possibility of young people feeling stigmatised if they were seen attending the resource.

"Maybe in a local community centre, so that young people can drop-in come and go as they please" (Male, 15)

"Should be discreet so that not everyone knows what you're going in for" (Female, 15)

Atmosphere and Setting within Services

The young people were asked to contribute their views and ideas about how addiction services could promote a positive environment so that young people would be interested in engaging with services.

13 young people stated that the environment should be visually appealing to young people. It should be designed, decorated and furnished in a manner that young people should feel welcome, relaxed, and comfortable and therefore want to use the service.

"A friendly laid back idea so that you don't feel stressed and can be yourself really relaxed so you can talk. There should also be quiet relaxing private rooms with couches and pictures like a living room" (Female, 16)

"Recreational, like a youth centre or a drop-in, that's young and trendy with loads of easy to access information" (Female, 18)

Furthermore, young people emphasised the need to feel safe in such an environment and highlighted the importance of having a private space available. They were aware that young people experiencing difficulties can be upset and on occasions challenging and that there should be clear boundaries for behaviour developed and implemented with young people.

"They (the service), should be organised and have enough people to talk to everyone" (Male, 14)

"Should be friendly, a safe place to be, you should have to sign in" (Female, 12)

Young people felt that in order to maximise young people's use of the resource it should be multi-functional, not solely providing information and advice relating to drug and alcohol misuse.

"Recreational activities, it shouldn't just be all about drugs and alcohol, it should have other purposes to attract young people to it in the first place" (Male, 18)

Workers (attitudes, attributes & skills)

The young people were asked to describe what they felt were the most important qualities and skills that workers should possess when working with children and young people in relation to drugs and alcohol.

All 23 young people identified more than one point within their responses.

18 young people identified the need for workers to possess excellent communication Skills.

"Shouldn't be 'stuck up', they should be approachable, good listeners, not talk down to you or preach at you, they should spend time talking and be able to understand. Be clear and accurate with information ensuring that the young person understands" (Female, 15)

16 young people listed a variety of positive personality attributes which workers should possess these included:

- Caring
- Fair
- Non-judgmental
- Good attitude
- Committed
- Approachable
- Relaxed
- Sincere
- Funny
- Calm.

"They should be nice, have a good sense of humour, trusting, good listeners, adventurous and knowledgeable, know what they're talking about" (Female, 15)

As in previous responses the young people felt that workers should be able to build relationships based upon mutual respect and trust. Therefore, workers should be able to talk openly and honestly with young people using simple language and listen attentively when appropriate and generally promote an openness and transparency in the sharing of information.

"Someone who talks to you in a language you understand, so you trust them they have to be respectful towards you" (Male, 14)

15 young people identified openness and honesty specifically as being an important quality in any worker.

"They need to be genuine, open people so you can get to know them and trust them" (Female, 17)

Young people need to feel that they can relate to workers, but just as importantly, workers should have the ability to interact and relate positively with them.

"Listen to you and not talk at you. Someone with past or personal experience who's willing to share that, a good positive attitude and a sense of humour" (Female, 22)

The young people felt that it was easier to engage with workers when they could have fun whilst spending time with them. This was reflected by the fact that 12 young people stated that they felt an essential skill in working with young people was to have a sense of humour.

"They shouldn't ever be in a bad mood; they have to have a sense of humour" (Female, 18)

Another important aspect for the young people was that workers should be informed and knowledgeable in relation to the subject of substance misuse and addiction. 8 young people felt that workers should have experience - both professional and/or personal.

"People with personal experience who've tried it" (Female, 16)

Throughout many of the questions within the questionnaire it was evident that young people felt workers needed to be more knowledgeable and informative with regards to alcohol and drug misuse in order to be able to educate and accurately inform young people.

"Workers should have personal experience of some kind or have been doing the job for years. They should be informative, knowledgeable and educated about the issues" (Male, 17)

Summary of Section 4: Information sources & services

The young people provided clear indications of the level and format of information which they had previously received whilst evaluating the effectiveness and suitability of such information. The young people then identified and explained what information they felt would be particularly helpful to them. They also included their views and suggestions relating to how addiction service provision could be improved for all young people.

- The largest proportion of young people within this sample confirmed that they had received information relating to substance misuse at school, however when the young people were asked whom they would choose to go to for information and support, the option of school was the least likely source which young people would choose
- Young people indicated that they felt the police were not the most appropriate people to provide them with information and advice regards substance misuse. The young people felt that it was important that they be able to communicate openly and honestly with the individuals presenting this type of information. However many young people felt that they were unable to engage with the police due to previous negative experiences
- Young people specified particular individuals and practitioners which they would feel comfortable with and thus be able to communicate and engage with regarding substance misuse and related issues. These included:
 - Doctors (G.Ps)
 - Addiction workers
 - Young person workers
 - Nurses (other health professionals)
 - Care staff
 - Family
 - Other young people.
- Despite the young people in this sample having received limited information and contact from addiction services, the young people interestingly featured both addiction services along with family as being the two most significant and appropriate sources of information, advice and support for them
- The young people highlighted their need for more appropriate and ‘child friendly’ information whilst also increasing the provision of supportive and helpful services, including an irregular hours service offering support and information to those young people experiencing difficulties and requiring support during nights and weekends

- Young people identified the importance of being able to develop a relationship of trust with the practitioners or individuals they engaged with. This was crucial to the young people and their being able to sustain a positive and meaningful relationship with the individual.

Recommendations: Information sources & services

- Local authorities should ensure that information sources and services relating to substance misuse are easily accessible to all children and young people, including those who are looked after and accommodated
- A variety of age appropriate information should be easily accessible and available to children and young people, families and care staff
- Local authorities should maintain their commitment to a pro-active approach to consultation and engaging with children and young people regarding the development and production of information and services
- Local authorities should provide services and staff with whom all children and young people feel able to develop confident and trusting relationships
- Services should be developed with a view to maximising all children and young people's levels of participation and interaction
- Local authorities should establish a multi-disciplinary strategy in relation to substance misuse issues and should include representation from:
 - Children and young people including those who are looked after and accommodated
 - Health services
 - Police
 - Education services
 - Community arts & recreation services
 - other relevant professionals e.g. practitioners working with children and young people who are looked after and accommodated

The strategy should take account of issues which the young people have raised within this report including:

- Understanding and living with parental substance misuse
- Meeting new friends
- Employment
- Alternative activities and recreation
- Moving on with life after drug or alcohol addiction.

CONSULTATION WITH CARE STAFF

INTRODUCTION

This section of the report considers care staff's experiences and views in relation to managing issues, incidents and behaviours which occur as a result of substance misuse amongst the young people they care for.

Staff were also asked questions in relation to substance misuse training.

The information gained from the care staff questionnaires was divided into 4 categories, these were:

Section 1: Smoking

Section 2: Alcohol

Section 3: Drugs

Section 4: Training

Staff members also had the opportunity to record any additional relevant information and comments. Within each category the statistical data is presented followed by care staff's additional comments, which have been utilised to highlight observations which were extracted from the information.

A series of recommendations were then derived and are listed at the end of this section.

Throughout the report the recommendations derived from both the care staff and young people's information, have concluded each of the sections within the report however, it is essential that a collective consideration and response be given to all the recommendations if the issues they relate to are to be effectively challenged and addressed.

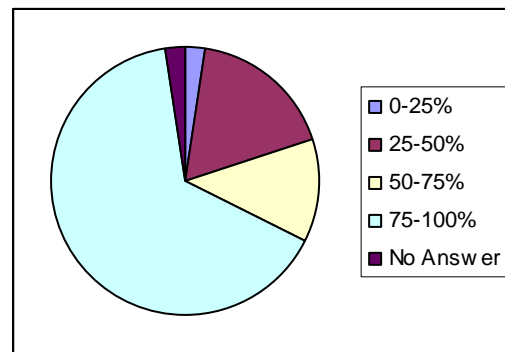
A summary of all the recommendations can be located within the Executive Summary.

Section 1: Smoking

Staff were asked to estimate, in their professional opinion, what percentage of young people they come into contact with through work smoke?

26 staff members (more than half the sample), felt that between 75 – 100% of young people they worked with smoked. 7 stated that approximately 25 – 50% of young people smoked, 5 said that between 50 – 75% of young people smoked and 1 reported up to 25% did. 1 staff member chose not to respond to the question.

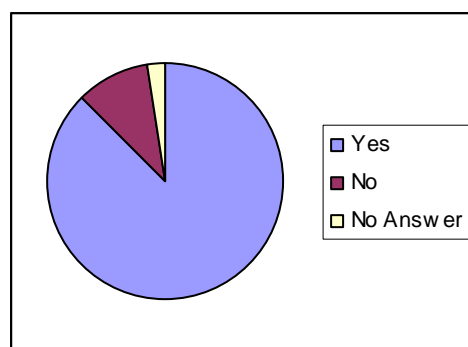
Diagram 6.1: % of young people who smoke?



Staff were then asked to indicate if they were aware of any health or behavioural problems in relation to young people and smoking?

35 staff stated yes, only 4 indicated no and 1 staff member chose not to respond to the question.

Diagram 6.2: Issues relating to smoking?



Additional comments about young people and smoking

Care staff were asked to share any additional thoughts and observations regarding young people and smoking. The following comments were recorded.

The majority of staff felt that 75-100% of young people in units smoke, with an equal split between males and females.

"Most young people in care smoke, it appears to be a social scene with them, and is one of the things that cause lots of problems."

Consequently many staff raised a variety of concerns regards the health and well being of the young people in relation to smoking.

"Regarding smoking, apart from health issues, there are issues in terms of cost of cigarettes and how it's funded. (Illegal means such as stealing)."

"Young people sometimes struggle to take part in physical activities because of smoking. I think this will be a long-term health problem."

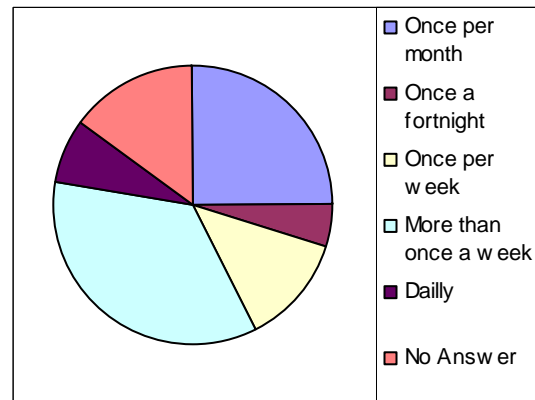
In general staff felt that smoking caused a variety of problems amongst young people.

"Nicotine addiction is a common cause of many disputes between young people."

Section 2: Alcohol

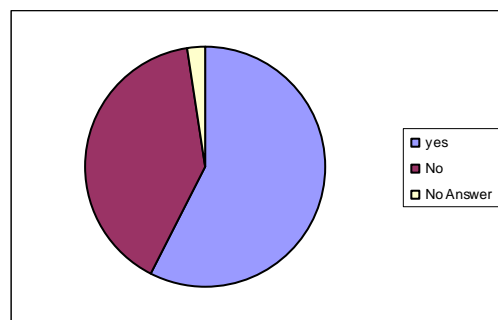
The staff were asked to indicate how often they felt they had to deal with incidents relating to alcohol. As can be seen from the chart below, 14 members of care staff stated that they dealt with such issues on more than one occasion per week, 10 staff said once a month, 5 indicated once a week, 2 said once a fortnight and 3 staff members stated that they dealt with alcohol related incidents on a daily basis.

Diagram 6.3: How often do you deal with issues?



When asked do you feel properly equipped to deal with these incidents correctly, 23 members of care staff felt they were able to deal with such incidents, 16 said no and 1 staff member declined to answer.

Diagram 6.4: Do you feel equipped?



Additional comments about young people's use of alcohol

A total of 34 staff noted having to deal with incidents relating to alcohol misuse and 16 staff felt they were not sufficiently able to deal with such incidents. The following comments were recorded:

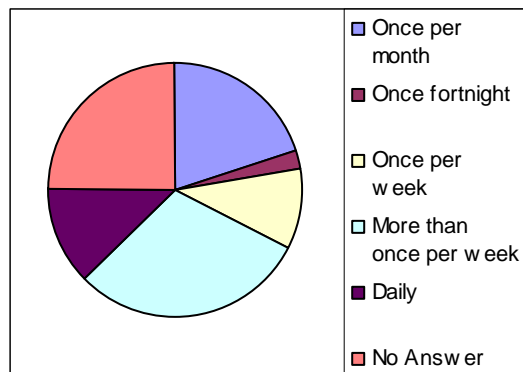
"I believe we need a complete re-vamp of society's attitude towards alcohol abuse and availability of alcohol to young people. As a residential worker I sometimes feel that I am working in isolation with these issues"

"Young people sometimes show signs of having been drinking or have the smell of alcohol on their breath. If they are intoxicated they can become verbally and physically abusive. They can also become withdrawn, upset or depressed".

Section 3: Drugs

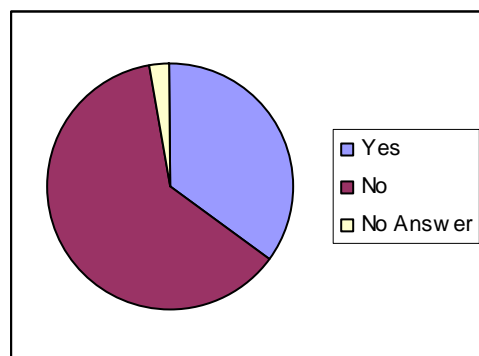
Care staff were asked to indicate how often they had to deal with incidents relating to drugs. 12 staff indicated they were dealing with incidents more than once in a week, 8 stated once a month, 5 felt that they were dealing with drug related incidents on a daily basis, 4 stated once a week and 1 indicated once in a fortnight. A total of 10 staff members chose not to respond to the question.

Diagram 6.5: How often?



Following on from the previous question, staff were asked to indicate if they felt properly equipped to deal with these incidents correctly? 25 stated that they did not feel adequately equipped, while 14 felt that they could deal with such incidents correctly. 1 staff member chose not to respond to the question.

Diagram 6.6: Do you feel properly equipped?



Additional comments about young people's use of drugs

30 staff recorded that they dealt with incidents related to drugs and a total of 25 staff stated that they did not feel able to deal with such incidents effectively. The following comments were recorded.

"It is noticeable that drug related issues and addictions have increased in the five years I have worked within the department"

"I feel it is unfair for young people who do not use drugs and have to stay with other residents who have drug problems, it's a shame there are no appropriate placements"

"More training is required in drugs detailing types, names and long and short-term effects"

Observations concerning both alcohol & other drugs

Many of the comments recorded by the care staff referred to substance misuse in general by young people and raised a variety of issues related to challenging behaviours and staff attempting to manage such situations effectively. The majority acknowledged that there are issues and incidents with young people concerning drug and alcohol misuse on a frequent basis.

"When young people are under the influence of drugs or alcohol they can be aggressive and what's more concerning is when the young person goes to sleep and has to be monitored constantly. At times I have sought medical advice or the young person has had to be admitted to hospital"

"Young people already have many problems in their lives; the fact that a lot of them abuse alcohol and drugs makes their lives more difficult to deal with. We (staff members) do not have the staff to deal with them when they return under the influence and in a state"

Some made reference to young people who required home detox for intravenous drug misuse being inappropriately placed within a children's unit rather than a more suitable resource with specifically trained staff.

"In my opinion a children's unit is not a suitable placement for a home detox from intravenous drug use"

Staff members working night shift felt that they were particularly vulnerable due to their being under staffed. They felt that, if they had one extra staff member on shift, they would be in a safer position to support and assist young people who return late at night under the influence of drugs or alcohol.

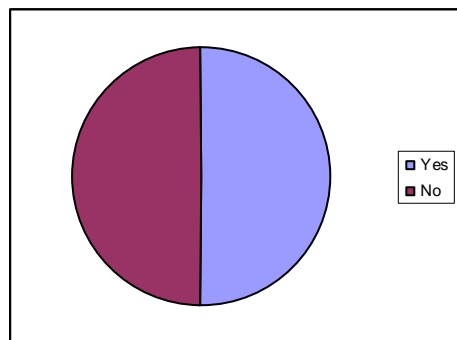
"Young people can be aggressive when under the influence of drugs or alcohol and need to be monitored through the night"

"I find it very difficult on night shift as there are only 2 staff and we have to deal with the young people who return late and under the influence of alcohol or drugs, these young people can be very challenging and demanding and sometimes request one to ones with staff. More staff members on night shift would help".

Section 4: Training

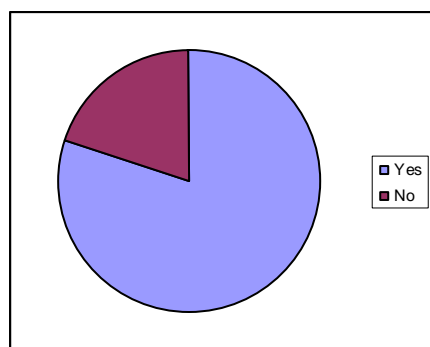
Care staff were asked to indicate if they had ever received training in issues regarding alcohol? The responses to this question indicated an equal split with 50% of the staff having already received some training and the remaining 50% had not received any training relating to alcohol misuse.

Diagram 6.7: Received training in alcohol?

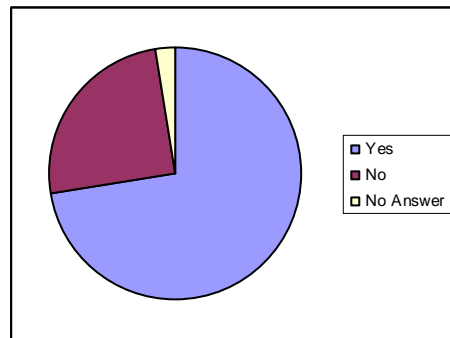


Care staff were then asked if they felt that they would benefit from further training regarding alcohol misuse. 32 felt that they would benefit from further training while the remaining 8 responded they would not.

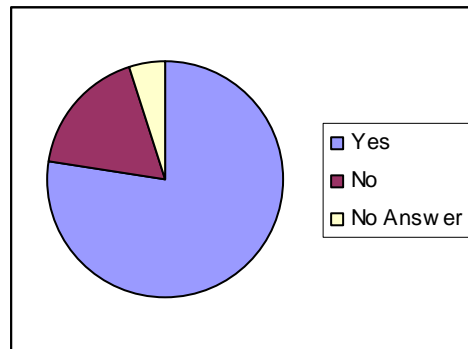
Diagram 6.8: Further training in alcohol



Asked to indicate if they had ever received training in issues regarding drugs, 29 staff stated that they had received training regarding drug misuse and 10 responded that they had not. 1 chose not to respond to the question.

Diagram 6.9: Received training in drugs?

Similarly staff were asked if they felt that they would benefit from further training regarding drugs misuse. 31 indicated that they felt they would benefit from further training. 10 felt that they did not require further training and 2 made no response.

Diagram 6.10: Further training in drugs

Additional comments about substance misuse training

Many who completed questionnaires had received some basic training in drug and alcohol awareness during their time working in children's units. However, a considerable number of staff request further training, either because they have not received training before or the training they received was a long time ago and they felt it needed to be updated/refreshed at regular intervals.

"I don't know too much about drug abuse and a drug awareness course would help."

"I have completed basic drug awareness course in 1998. I feel that drug related issues and incidents have moved on slightly and consequently would like to receive further training to increase awareness."

"Need more training regarding drugs and alcohol on a regular basis."

The majority of staff members who were questioned did not feel properly equipped to deal with incidents involving drugs.

"I would like to know what the drugs look like, the signs to look for, what help to give or what information to give the young people. Where do they get the money to buy drugs?"

"More training required gaining further knowledge on systems, signs and behaviours relating to different types of drugs."

Some believed that young people also required more information on smoking, drugs and alcohol, and suggested a joint, awareness-raising approach working with both staff and young people together within the units.

"I think that it's not only the staff that need to be educated in the dangers of drugs, but also the children as a whole. I think that group meetings would be beneficial".

Recommendations: Care staff

- Core training requirements for residential care staff should include regular sessions in relation to substance misuse including smoking, alcohol and drugs
- Core training requirements for residential care staff should incorporate regular sessions in relation to managing and de-escalating challenging and difficult behaviours specifically linked to substance misuse
- It is essential that residential care staff provide children and young people who are looked after and accommodated with information and advice which is accurate and individually tailored to their needs
- It is essential that all professionals working with children and young people have an adequate knowledge base and shared understanding of substance misuse and related issues
- It is essential that where substance misuse is a problem, all professionals provide consistent advice, information and support to both children and young people, and their families.

CONCLUSION

Young people who are looked after and accommodated have often experienced difficulties in their lives which many of us are never likely to encounter or at least won't experience until we are adults. There are many additional pressures upon this group of young people which occur as a result of their past experiences and which also develop as a result of their group living situations whilst being accommodated. The conclusions and recommendations documented within this report have been derived from the comments provided by 23 young people who are currently, or have recently experienced life, in local authority care. Throughout the report their statements reflect the complexity of their lives and provide us with an invaluable insight into their relationship with cigarettes, alcohol and other drugs.

Many important messages emerged from the young people's comments. For example, they tell us that there is a clear link between smoking and stress for them, whilst drinking alcohol was associated with socialising with their peers and a lack of recreational alternatives.

There were issues highlighted within the report such as the availability of and ease of access to illegal drugs, which do not pertain solely to young people who are looked after and accommodated. However, due to the life experiences of this particular group of young people, their levels of vulnerability are intensified with regards to such issues.

The report clearly illustrates that a pro-active, multi-agency approach is required to address the issues highlighted and implement the recommendations. The report also strongly emphasises the importance of young people's participation in such processes. It became ever more apparent throughout this exercise that, only by asking and listening to what young people have to share with us, can we learn what is required to challenge and improve upon these issues. The information collated from the care staff reflects that the inexperience and lack of knowledge on the part of some adults caring for these often very vulnerable young people detracts from their ability to assist and support young people in dealing with their problems.

The recommendations offered within this report are a series of simplified solutions which are practical and cost effective, although they are by no means intended to be exhaustive. If implemented, they would make significant progress towards addressing and challenging some of the complex issues raised.

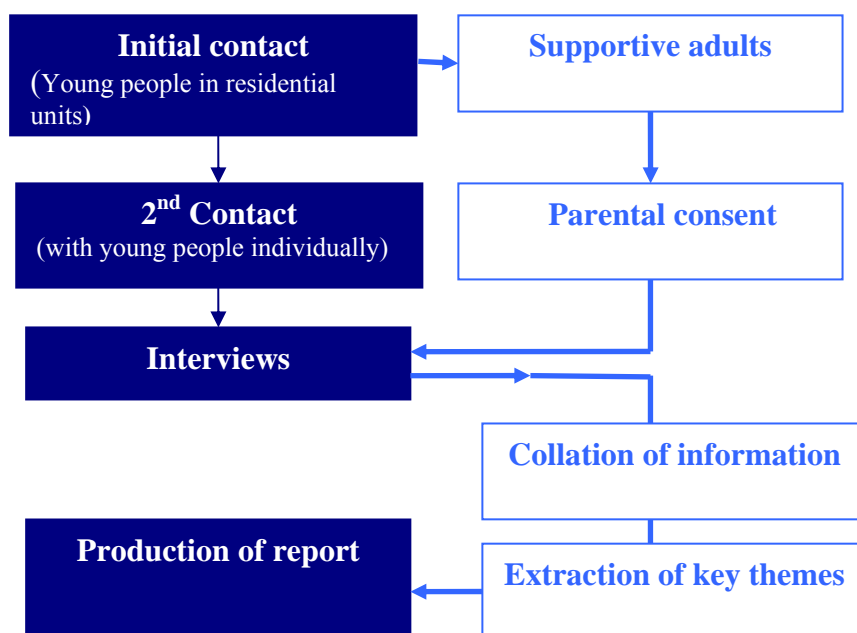
Appendix 1: Terminology

For the purpose of consistency and to aid clarification we have identified terminology which is used by the author throughout the report. These terms may have different meanings for some people or their use may differ across Scotland. Below is the list of terms and their meanings.

- Children: Those under the age of 12
- Young people: Those who are aged 12 and over
- Care Leaver: Young people who have been (but are no longer) looked after and accommodated by the local authority but are involved with the Through Care Services
- Care Staff/Staff Members/Supportive Adults: Those employed in the provision of care for children and/or young people in a residential unit (see below)
- Residential Unit/Children's Unit: Establishments which provide group living care environments for children and/or young people
- In Care/Looked After and Accommodated: These two terms are used interchangeably in this report
- Addiction Services/Professionals: Services and professionals who are involved with or provide a service to children and young people who are looked after and accommodated in relation to Smoking, Alcohol and Drugs issues
- Through Care/After Care: A statutory service provided by the Local Authority which aims to offer assistance to all young people who having previously been looked after and accommodated are of an age to live independently and require support, guidance and assistance

Appendix 2: Methodology

Young People's Interviews



Contact was initiated with each of the five children's units and the through care service, within North Ayrshire and visits were scheduled to each with the purpose of being introduced to the young people.

During each visit the researcher engaged with the young people and explained the nature of the research whilst offering those who were interested the opportunity to participate. Before agreeing to complete the consultation it was necessary to ensure that each young person understood that full confidentiality could not be guaranteed due to child protection policy.

The necessary care staff were then approached and given the opportunity to identify any possible problems or issues that the young person might experience due to the content of the consultation.

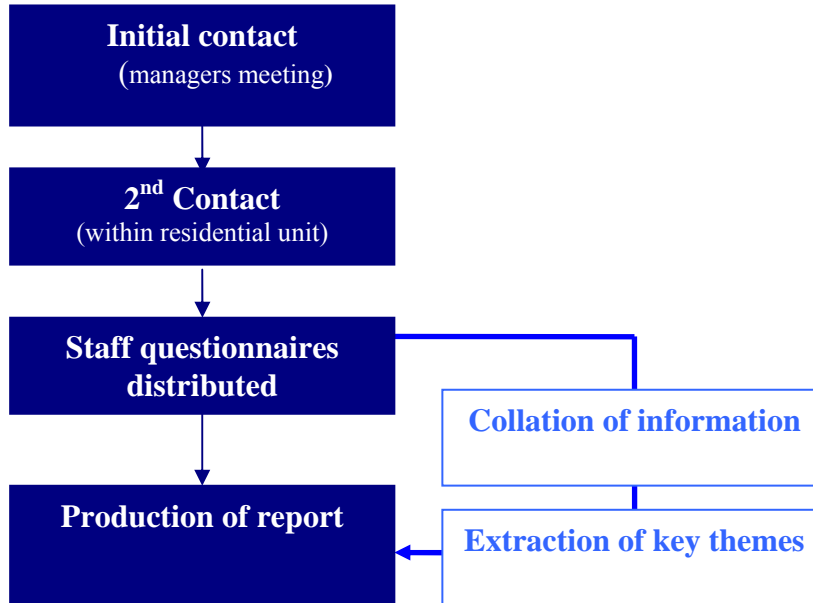
Letters were then sent to the young people's parents explaining the research and seeking their written consent to allow their child to participate. Whilst waiting for the young people's consent forms to return, a second visit to each young person was conducted. This gave the young people an opportunity to discuss any queries or concerns which they had.

Having received the necessary consent forms the interviews were then conducted with the young person and the researcher in the format of a structured questionnaire. The information from each of the questionnaires was then collated and disseminated into several databases. The key themes and issues were then identified and the numerical information extracted.

The information was then compiled and is presented within this report.

Methodology:

Young People's interviews with residential Care Staff



Contact was initiated with the managers of the children's units and a meeting between the researcher and all unit managers ensued.

The nature and purpose of the research was then related and it was explained that a structured questionnaire had been developed for residential care staff to complete as part of the information gathering process.

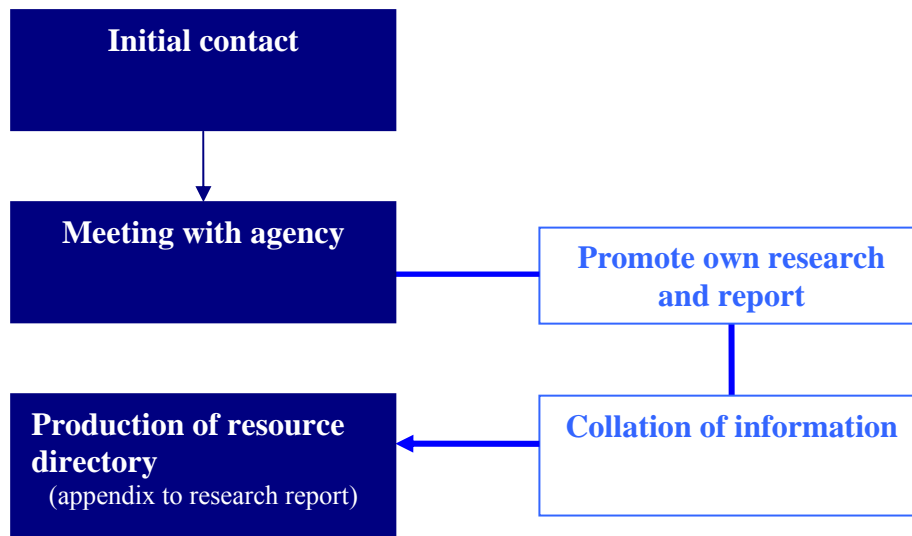
The unit managers then communicated this information to the care staff within the units.

A visit to each of the units was then facilitated whereby the researcher met with the care staff offering them the opportunity to discuss any queries or issues relating to the research or the questionnaires.

The questionnaires were then distributed to the units for the care staff to self-complete. The completed questionnaires were then returned to the researcher whereby the information was then collated into databases and the key themes and issues identified and numerical data extracted.

This information was then compiled and is represented within this report.

Methodology: Networking process



In conjunction with the research a networking process with other agencies, services and professionals was also developed.

It was necessary for the purpose of the research to identify services located within the local authority, who were working with children and young people particularly in relation to substance abuse or related issues.

Meetings with a variety of services were facilitated creating the opportunity to raise awareness of the research and also discuss the possible impact and purpose of the subsequent report. However, the principle focus of this process was to collate information regarding each of the services (their aims, objectives, client group and referral process etc). This information would then be compiled into a resource directory to be distributed and shared with other professionals, organisations and of course, children and young people.

Confidentiality:

All questionnaires were confidential, for both staff members and young people. The only exception to this was if child protection concerns had been raised, fortunately this never occurred.

No individual shall be identified within the report and this was fully explained at the beginning of each interview. Young people were reassured that their personal details would be removed from their questionnaire once the interview was complete.

None of the young people or care staff who participated in the interviews received any incentives to participate.

Appendix 3: Young people's questionnaire

Why do we want you to take part in this project?

We want to find out about young people's experiences and views on smoking, alcohol and other drugs. The information you give us will be used to produce a report to help people understand what young people think. We will also use it to produce information to help young people understand more about smoking, alcohol and other drugs.

Who will get to see your answers?

Firstly your name will not be printed in any reports which are written. Your questionnaire is confidential and will not be shown to your key-worker, carer, social worker or family. The only time that what you have to say won't be kept confidential would be if you told us something which puts yourself or another young person in danger.

An example of this might be; if you were to tell us that an adult was supplying you with illegal drugs or if you were to tell us that you might need some help to manage your abuse of substances.

Do I have to answer every question?

It would be great if you could answer each question as fully as possible but if there are any questions that you don't feel comfortable answering you can choose to leave it out and go onto the next one.

Firstly we need your name and address. This will be removed from your answers once you have completed the questionnaire.

Name: _____

Address: _____

About You

Are you: Male Female

What is your date of birth? _____

What is your ethnic origin? _____

What age were you when you first came into care? _____

How many placements have you had in:
(Please write how many next to the types below)

Residential care _____

Residential Schools _____

Foster care _____

Secure Care _____

Where do you live now?

In a residential unit

In a residential school

In foster care

Secure care

Supported accommodation

On your own

Smoking

1. Have you ever felt pressurised to smoke, if yes when, where and who by?

2. Have you ever smoked? Yes No
 (If you answered yes please answer questions 3-10. If you answered no please go straight to question 10)

3. How often do you smoke?

I tried smoking once I smoke sometimes
 I smoke regularly (once or more a week) I have given up smoking

4. When did you first try smoking?

5. How many cigarettes do you smoke a week? _____

6. How much do you spend a week on cigarettes? _____

7. Where do you normally get your cigarettes from?

A shop Friends
 A pub Brothers/Sisters
 An Adult Family

Someone else (please say who) _____

8. Do you smoke:

Because you enjoy it Because your friends smoke
 Because it makes you feel good Because it makes you look good
 When you are stressed/worried When you are feeling down

Other (please say) _____

9. Would you like to give up smoking? Yes No

If yes, what would help you to give up? _____

10. What do you think are the bad things/risks of smoking? _____

11. Have you ever been offered a cigarette? Yes No

If yes, who offered it to you? _____

12. What has made you decide not to smoke? _____

Please use this box for any other thoughts you have about smoking

Alcohol

1. Have you ever felt pressurised to drink alcohol, if yes when, what, where and who by?

2. Have you ever drunk alcohol? Yes No
 (If you answered yes please answer questions 3-12. If you answered no please go straight to question 12)

3. How often do you drink alcohol?

More than once a week	<input type="checkbox"/>	Once a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>	Once or twice a year	<input type="checkbox"/>
I have tried alcohol but didn't like it	<input type="checkbox"/>		

4. How much would you normally have to drink in that time?

5. What do you normally drink? _____

6. What age were you when you first had an alcoholic drink? _____

7. Where was this and what did you drink? _____

8. Where do you normally get your drink from?

A shop	<input type="checkbox"/>	Friends	<input type="checkbox"/>
A pub	<input type="checkbox"/>	Brothers/Sisters	<input type="checkbox"/>
An Adult	<input type="checkbox"/>	Family	<input type="checkbox"/>

Someone else (please say where/who) _____

9. Do you drink:

- | | | | |
|--------------------------------|--------------------------|--------------------------------|--------------------------|
| Because you enjoy it | <input type="checkbox"/> | Because your friends drink | <input type="checkbox"/> |
| Because it makes you feel good | <input type="checkbox"/> | Because it makes you look good | <input type="checkbox"/> |
| When you are stressed/worried | <input type="checkbox"/> | When you are feeling down | <input type="checkbox"/> |

Other (please say) _____

10. Would you like to stop drinking? Yes No

If yes, what would help you to stop drinking? _____

11. Have you ever felt unsafe/scared because you have been drinking?

(please give details) _____

12. What do you think are the bad things/risks of drinking? _____

13. Have you ever been offered an alcoholic drink? Yes No

If yes, who offered it to you? _____

14. What has made you decide not to drink alcohol? _____

Please use this box for any other thoughts you have about drinking

Drugs

1. Have you ever felt pressurised to take any kind of drugs, if yes please say what, where, when, by who etc?

2. Have you ever tried drugs? Yes No
 (If you answered yes please answer questions 2-11. If you answered no please go straight to question 11)

3. How often do you take drugs?

I have tried drugs but didn't like it	<input type="checkbox"/>	More than once a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>
Once a month	<input type="checkbox"/>	Less than once a month	<input type="checkbox"/>
Once or twice a year	<input type="checkbox"/>		

4. What age were you when you first tried drugs? _____

5. Where was this? _____

6. What did you take? _____

7. What drugs do you take and how often? _____

8. Do you take drugs:

Because you like it	<input type="checkbox"/>	Because your friends take drugs	<input type="checkbox"/>
Because it makes you feel good	<input type="checkbox"/>	Because it makes you look good	<input type="checkbox"/>
When you are stressed/worried	<input type="checkbox"/>	When you are feeling down	<input type="checkbox"/>

Other (please say) _____

9. Would you like to stop drinking? Yes No
 If yes, what would help you to stop taking drugs? _____

10. Have you ever felt unsafe/scared when you have been taking drugs?

(please give details) _____

11. What do you think are the bad things/risks of taking drugs? _____

12. Have you ever been offered drugs? Yes No

If yes, what drugs was it and who offered them to you? _____

13. What made you decide not to take drugs? _____

Please use this box for any other thoughts you have about drugs

Information sources/services

1. Have you received any information on smoking, alcohol or drugs from the following?

	Smoking	Alcohol	Drugs
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth project (please say which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you answered yes to any please say briefly what this was and what you liked or disliked about it?

3. Who would you go to for help or advice about smoking, alcohol or drugs?

	Smoking	Alcohol	Drugs
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth project (please say which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Why would you go to this particular person? _____

5. Is there any particular information which you think would be useful to you or which you would like to know more about? _____

6. Who do you think are the best people to give you information about smoking, alcohol or drugs?

	Smoking	Alcohol	Drugs
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth project (please say which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you ever used any: Alcohol services Drug services

8. If you answered yes please say what services you used and what you liked or disliked about them: _____

9. If you were going to use services what do you think is important about the following:

Making initial contact _____

Hours _____

Confidentiality _____

Location _____

Setting _____

Workers _____

Anything else which you think is important to make you feel comfortable _____

Please use this box to tell us anything else you think is important about smoking/alcohol or drugs services

Thank you!

We would like to say a BIG thank you for taking the time and effort to fill this questionnaire. It will be very helpful in letting people know young peoples views and help to make sure that they are receiving the information and support they need.

Appendix 4: Care staff questionnaire

Gender:

How long have you worked in residential childcare?

Alcohol

1. How often do you have to deal with incidents relating to alcohol?
2. Do you feel properly equipped to deal with these incidents correctly?
3. Have you ever received training in issues regarding alcohol?
4. Do you feel you would benefit from further training regarding alcohol issues?

Drugs

1. How often do you have to deal with incidents relating to drugs?
2. Do you feel properly equipped to deal with these incidents correctly?
3. Have you ever received training in issues regarding drugs?
4. Do you feel you would benefit from further training regarding drugs issues?

Smoking

1. What percentage of Young People in your experience smoke?
2. Are you aware of any issues/problems in relation to young people and smoking?

Appendix 5: Summary of recommendations

Smoking

- **Who Cares?** Scotland facilitates a partnership approach to the production of clear, age appropriate information. This should incorporate consultation with various representatives including; children and young people, social work, health and education practitioners
- The development of a pro-active campaign to raise awareness regarding stopping smoking which specifically targets children and young people who are looked after and accommodated
- Strategies should be developed and implemented (to supplement the above campaign) which support and assist the children and young people, and their families
- Further research conducted within residential children's units in relation to stress levels amongst children and young people and also their families. Particular focus should be given to how this could be addressed collectively.
- Consideration of the provision of preventative alternative therapies and additional recreational activities for children and young people who are looked after and accommodated and their families which would assist in stopping smoking
- Reinforcement of the restrictions and relevant policies which exist to limit children and young people's access and exposure to cigarettes by relevant authorities.

Alcohol

- Local authorities should identify and explore the individual interests and talents of children and young people who are looked after and accommodated
- Children and young people who are looked after and accommodated should be supported and encouraged to engage with positive alternative recreational activities
- Local authorities should explore the immediate dangers of alcohol misuse with children and young people, both those specifically looked after and accommodated and young people in general
- All consultations with children and young people should maximise their participation and interaction by creating the opportunity for them to share and discuss their experiences whilst ultimately educating young people on keeping themselves safe
- Relevant authorities should commit to the continuous development, promotion and evaluation of health education and information, in relation to alcohol misuse and its potentially dangerous and harmful effects
- There should be specific educative programmes developed by local authorities for children and young people who are looked after and accommodated, given their increased levels of vulnerability and isolation from their families
- Given the level of accessibility and the affordability of alcohol, all relevant authorities should reinforce the restrictions and relevant policies which exist to protect children and young people by monitoring and limiting their access and exposure to alcohol.

Drugs

- In recognition of the problem of drug misuse and experimentation amongst children and young people, relevant authorities should develop effective procedures which can be utilised to effectively monitor the prevalence of drug misuse amongst children and young people within the general population
- Local authority care staff should pro-actively raise awareness amongst children and young people who are looked after and accommodated regarding the real dangers and concerns relating to drug misuse
- Children and young people in general should be made more aware of resources through which they can access specific advice and support
- Those working with local authorities should be included in the relevant forums which share and exchange knowledge and information regarding the level and dynamics of drug misuse within the local communities and areas
- Strategies should be developed and implemented between local authority professionals and the police which allow for pro-active planning to effectively minimise the dangers for children and young people
- Local authorities should identify and explore the individual interests and talents of the children and young people who are looked after and accommodated
- Children and young people who are looked after and accommodated should be supported and encouraged to engage with positive alternative recreational activities
- Local authorities should explore and develop innovative methods of engaging both with children and young people, and their families in relation to drug misuse and associated issues
- Local authorities should invest in further research which investigates the trends emerging from this consultation specifically in relation to the level and frequency of young females engaging in drug misuse.

Information sources & services

- Local authorities should ensure that information sources and services relating to substance misuse are easily accessible to all children and young people, including those who are looked after and accommodated
- A variety of age appropriate information should be easily accessible and available to children and young people, families and care staff
- Local authorities should maintain their commitment to a pro-active approach to consultation and engaging with children and young people regarding the development and production of information and services
- Local authorities should provide services and staff with whom all children and young people feel able to develop confident and trusting relationships
- Services should be developed with a view to maximising all children and young people's levels of participation and interaction
- Local authorities should establish a multi-disciplinary strategy in relation to substance misuse issues and should include representation from:
 - Children and young people including those who are looked after and accommodated
 - Health services
 - Police
 - Education services
 - Community arts & recreation services
 - other relevant professionals e.g. practitioners working with children and young people who are looked after and accommodated

The strategy should take account of issues which the young people have raised within this report including:

- Understanding and living with parental substance misuse
- Meeting new friends
- Employment
- Alternative activities and recreation
- Moving on with life after drug or alcohol addiction.

Care staff

- Core training requirements for residential care staff should include regular sessions in relation to substance misuse including smoking, alcohol and drugs
- Core training requirements for residential care staff should incorporate regular sessions in relation to managing and de-escalating challenging and difficult behaviours specifically linked to substance misuse
- It is essential that residential care staff provide children and young people who are looked after and accommodated with information and advice which is accurate and individually tailored to their needs
- It is essential that all professionals working with children and young people have an adequate knowledge base and shared understanding of substance misuse and related issues
- It is essential that where substance misuse is a problem, all professionals provide consistent advice, information and support to both children and young people, and their families.

Appendix 6: Table of illustrations

Illustration Number	Title of Illustration	Page Number
1.a	Breakdown of children and young people	
1.b	Breakdown of participants	
1.c	Breakdown of care placements	
1.d	Gender of staff participants	
2.1	How often do you smoke?	
2.a	How many cigarettes do you smoke in a week?	
2.2	Where do you source cigarettes?	
2.3	Why do you smoke?	
2.4	Age first tried a cigarette?	
2.5	Who supplied your first cigarette?	
2.6	Where did you first smoke?	
2.7	Have you ever felt pressurised to smoke?	
2.8	What are the bad things/risks of smoking?	
3.a	How often do you drink?	
3.1	What age were you when you first drank alcohol?	
3.2	Where and from whom do you source alcohol?	
3.3	What do you normally drink?	
3.4	Why do you drink?	
3.5	Who offered you alcohol?	
3.6	Have you ever felt pressurised to drink alcohol?	
3.7	Have you ever felt scared/unsafe whilst	

	drinking alcohol?	
3.8	What are the bad things/risks associated with alcohol?	
4.a	How often do you take drugs?	
4.1	What age were you when you first tried drugs?	
4.b	Sources of drugs?	
4.2	Why do you take drugs?	
4.3	Where did you first take drugs?	
4.4	What did you take?	
4.c	What drugs have you been offered?	
4.5	Have you ever felt pressurized into taking drugs?	
4.6	Would you like to stop taking drugs?	
4.7	What would/has helped you to stop taking drugs?	
4.8	Have you ever felt unsafe/scared whilst taking drugs?	
4.9	What are the bad things/risks of taking drugs?	
4.10	What made you decide not to take drugs?	

5.a	Sources of advice	
5.b	Who young people would choose to source info/advice from	
5.1	Why would you go to that particular person?	
5.2	Is there any info which would be useful or you would like to know more	

	about?	
5.c	Young people identify who they feel would be the best people to source info/advice from	
6.1	% of young people who smoke	
6.2	Issues related to smoking	
6.3	How often do you deal with issues related to alcohol?	
6.4	Do you feel equipped?	
6.5	How often do you deal with issues related to drugs?	
6.6	Do you feel equipped?	
6.7	Received training in alcohol?	
6.8	Further training in alcohol?	
6.9	Received training in drugs?	
6.10	Further training in drugs?	

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