

# FRONT LINE

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## FRANK

### Vulnerable Young People Summary Report

Main findings from six qualitative studies conducted  
with young people and support workers about the  
specific drugs information needs of VYP and the types  
of resources required

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## **I. INTRODUCTION**

### **1. BACKGROUND**

FRANK was launched in late May 2003. FRANK is the Government's campaign which aims to provide drugs information and support services for young people aged 11-21 and their parents and carers.

Prior to the launch of the campaign, a considerable amount of research was conducted with young people in the target age group and their parents and carers and also with local organisers and stakeholders in order to ensure that

- The campaign theme and the content and tone of its creative material was considered relevant and acceptable for the intended audience
- The communications channels for the campaign were considered likely to be effective in delivering the campaign to key audiences.

Following research with the general public and stakeholders, a subsequent project was conducted specifically aimed at exploring the media consumption and information needs of several categories of Vulnerable Young People. This research was conducted qualitatively and involved 24 group discussions and a small number of depth interviews with the following categories of Vulnerable Young People (VYP):

1. Care leavers (15-18)
2. Young offenders (15-17)
3. Young people sexually exploited by prostitution (17-23)
4. Homeless young people (16-21)
5. School excludees/truants (12-17)
6. Children of problematic drugs users (12-18)
7. Refugees (English speaking) (16-21)

The findings of this research suggested that the majority of VYP are fairly similar to mainstream teenagers in terms of their patterns of media consumption and their information needs in relation to drugs. Some VYP, in fact, appeared to have better-than-average support from professional youth and drugs workers involved in a range of statutory and voluntary organisations such as Pupil Referral Units, Young Offenders services, Children's Homes, specialist agencies supporting the homeless, asylum seekers and refugees and the like.

There were, however, some categories of VYP who appeared from the research to have a lifestyle which made it much less likely that the FRANK campaign would reach them. The two main groups in the research sample who seemed to have below-average exposure to many forms of media were the homeless, living primarily on the streets, and young people sexually exploited by prostitution, (many of whom are virtually homeless and also problematic drug users). The research also indicated that for most VYP there is a stage when they first start exhibiting behavioural problems (e.g. truancy, experimenting with drugs and alcohol) prior to being identified as in need of specialist care and attention when they have little access to drugs information and support except through outreach workers.

After the launch of FRANK, feedback from some local organisers and stakeholders working with different types of VYP suggested that there might be a need for some specialist support materials and services to meet the unique requirements of young people in specific 'at risk' categories. The Home Office therefore decided to commission further research to look in more depth at the type of support required by front line workers and their clients in five specific sectors:

1. Young offenders
2. Young people sexually exploited by prostitution
3. Young homeless
4. Looked-after children
5. Children of substance misusers

with a view to ascertaining what additional resources/services FRANK should be providing for these groups.

Front Line conducted separate qualitative research studies with each of the above categories of vulnerable young people between February 2003 and November 2004. The main findings from each of these studies have been presented to clients and discussed in individual reports.

This document aims to summarise the main findings from these studies and to recommend ways in which the research could feed into the Young People's National Delivery Plan.

## 2. RESEARCH OBJECTIVES

The broad objectives of the six research projects were to conduct an in-depth investigation of the extent to which front line workers involved with each of the specific categories of vulnerable young people feel that FRANK:

- Is currently providing comprehensive and appropriate support for their activities with these young people
- Needs to provide some different/additional support in order to optimise the service they are offering
- In what format any new resources should ideally be provided

and also to explore with the young people themselves:

- What type of drugs intervention they feel they need (and in what circumstances)
- In what format they prefer to receive drugs information and what visual/graphic styles of publication appeal to them
- Views of a current range of drugs resources from FRANK, HIT and Lifeline in terms of their impact, interest and potential usefulness.

## 3. METHOD AND SAMPLE

The research was conducted qualitatively and mainly involved face-to-face depth interviews with young people and support workers, although group discussions and paired depths were involved in some cases. Full details of the sample design for each project are included in the Appendix of this report.

A brief summary of the sample for each project is included below.

### A. YOUNG OFFENDERS

- 12 x 1 hour group discussions were conducted with young offenders most of whom were in custodial establishments, although two groups comprised young offenders in the community who were under the supervision of the Youth Offending Service
- 20 x 45 minute depth interviews with support workers at a wide range of young offenders establishments in England. The sample comprised a mix of specialist drugs workers, generic practitioners, psychiatric nurses, psychologists and family workers
- 6 x 30 minute tele-depths were conducted with a cross-section of YOS workers in different parts of the country.

## **B. YOUNG PEOPLE SEXUALLY EXPLOITED BY PROSTITUTION**

- **Girls/Young Women's Sample**

Support Workers

- 19 x 45 minute face-to-face depths
- 4 x 30 minute tele-depths

Sexually exploited girls/young women (majority aged 16-23)

- 13 x 45 minute face-to-face depths

- **Boys/Young Men's Sample**

Support Workers

- 8 x 45 minute face-to-face depths
- 2 x 30 minute tele-depths

Sexually exploited boys/young men (majority aged 17-24)

- 7 x 45 minute face-to-face depths

## **C. LOOKED-AFTER CHILDREN**

- 25 x 45-60 minute face-to-face depth interviews with looked-after children/young people (13 boys/young men; 12 girls/young women)
- 25 x 45-60 minute face-to-face depth interviews with support workers in children's homes, social services departments, leaving care teams, foster care organisations and looked-after charities and with foster carers themselves.

## **D. YOUNG HOMELESS**

- 30 x 45-60 minute depth interviews with homeless young people aged 16-21
- 20 x 45-60 minute depth interviews with a broad cross-section of support workers in this field.

## **E. CHILDREN OF PROBLEMATIC DRUGS USERS**

- 25 x 45-60 minute depth interviews with a cross-section of children and young people aged between 10 and 18 years (14 girls, 11 boys)
- 20 x 45-60 minute face-to-face interviews with workers at specialist agencies supporting children of PDUs and social workers involved in their care.

Fieldwork was conducted in a very wide range of urban and rural locations throughout England including Birmingham, Brighton, Bristol, Cheltenham, Gloucester, Hastings, Ipswich, Kidderminster, Lancaster, Leeds, Leicester, Liverpool, London, Luton, Newcastle, Northampton, Norwich, Nottingham, Manchester, Portsmouth, Rochester, Rotherham, Rugby, Sheffield, Stoke-on-Trent, Swinton, Wakefield, Warrington and Wellingborough.

#### 4. RECRUITMENT PROCESS

The recruitment process for each of the six projects was lengthy and complex, but involved the same basic strategy for each category of vulnerable young people.

On each project we started with a list provided by the Home Office of key organisations or individuals with experience of/responsibility for vulnerable young people (approximately 12-15 organisations/individuals in most cases) and contacted them with details of:

- The research objectives
- The numbers, ages, categories of young people and support workers we were hoping to interview.

We then liaised with these contacts and were usually required to network extensively until we finally identified individuals who could help us with appropriate recruitment.

In the case of some of the projects we were mainly dealing with government bodies or local authorities (e.g. Youth Justice Board was the initial contact in the case of the Young Offenders sample, the education departments of various local authorities were involved in the case of Truants/School Excludees). Where other projects were concerned, we were dealing with a mix of social service departments, major NGOs (e.g. Barnardo's, Centrepont, The Children's Society) and small local support agencies. A list of the main organisations who assisted with recruitment (sometimes by recommending other agencies/personnel, sometimes directly by arranging for their clients/staff to be interviewed) is included in Appendix 2 of this report.

Across all the six projects, we ensured that fieldwork was spread throughout England and involved both urban and rural areas as appropriate.

At each interviewing location on each project, the moderators asked local support workers if they were aware of any other similar organisations in their

area who were working in the same field and whether there were any key national organisations which they felt should be included in this study. The objective here was to ensure that our sample was as representative as possible of key workers in each VYP area and that no important organisations/individuals were overlooked.

Our overall feeling is that the samples for each of the six projects are as representative of their particular sectors as was reasonably possible in view of the fact that the research was qualitative in nature and, therefore, more limited in its scope than quantitative research.

## 5. **ROBUSTNESS OF THE DATA**

Qualitative research aims to provide insights into/understanding of issues rather than measurement of them. A qualitative approach was adopted for the six VYP projects which are summarised in this report because the Home Office wanted a deeper understanding of different categories of vulnerable young people in terms of:

- Their family background
- The influences on their development during childhood which put them at increased risk of experimenting with drugs and, possibly, becoming problematic users
- The extent of their drugs education
- Their information needs and support in relation to drugs
- The type of support and resources which they would find most beneficial
- The types of drugs communications they need in terms of format, issues covered, quantity and tone of text, graphic styles etc.

In the case of these six projects, we feel that the findings are as 'robust' as it is possible for qualitative output to be. We base this confidence on a number of factors:

1. Each of the projects comprised a fairly substantial sample of young people and support workers by qualitative standards.
2. The sampling within each VYP category was achieved with the help of leading organisations in each field and the scale of the sample coverage was as comprehensive as possible in terms of types of organisations and geographic spread.
3. Only two senior and experienced moderators were used throughout the entire six projects. Wendy Howard (MD) and Sue Bryant (Director)



undertook all the recruitment, moderation, analysis and reporting on these studies. The moderators worked closely together throughout every stage of every project, comparing findings and developing and testing hypotheses.

4. Front Line has been in regular consultation with the COI and Home Office throughout the course of these projects. This teamwork involving the same individuals from Front Line, COI and the Home Office over a two year period has meant that everyone concerned has been aware that certain 'findings' were emerging from each successive study in a way which confirmed their validity.
5. The analysis process for the data was extremely thorough and in line with MRS 'best practice' for qualitative research. All interviews were tape-recorded and transcribed. The two moderators analysed their own respondents' transcripts and also discussed their findings during the analysis process to cross-check and validate the results as they emerged. (For further information about qualitative research here is a link to the AQR website [www.aqr.org.uk](http://www.aqr.org.uk)).

Wendy Howard wrote all the presentations and reports, but these were also read by/commented upon by Sue Bryant and COI research prior to presentation to the Home Office. This overall process helped to ensure that issues which emerged consistently throughout the findings were highlighted as elements of 'key learning' whilst other issues which appeared likely to be important (and were definitely of interest) but were only raised by a minority of people in the sample were fed back with a lesser degree of emphasis.

Throughout this report, therefore, where findings are described in terms of 'the majority' of the sample or as being 'important' we feel that anyone wishing to implement this research could do so with confidence. We also feel that the Recommendations included in this report (along with the more detailed Summary information in the six individual reports) can be relied upon to inform drugs communications and services aimed at vulnerable young people and are based on strong qualitative evidence. This research should not, however, be interpreted from a quantitative perspective, for example in terms of gauging the precise extent to which specific numbers of VYP are using (or have used) different drugs.

When we refer to vulnerable young people (VYP) in this Summary Report we are making broad comments across the different groups based on general findings which have emerged throughout the different studies.

We would also emphasise that when creating resources for use with any specific group/category of VYP it would be important to refer to the more detailed report on the research with that target audience in order to pick up on the key issues which need to be highlighted and discussed with these young people.

## II. SUMMARY AND RECOMMENDATIONS

### A. KEY LEARNING FROM THE RESEARCH STUDIES

The key points about vulnerable young people which have emerged from these studies are as follows:

1. The overwhelming majority of vulnerable young people come from socially disadvantaged neighbourhoods and from families with multiple problems involving some combination of the following:
  - Poverty - unemployment/living on benefits
  - Parental splits/changes of partner - stepfathers/stepmothers, half brothers/sisters
  - Domestic violence (often involving frequent moves to escape from a violent father)
  - Sexual/physical abuse within the family
  - Parental abuse of alcohol and/or Class A drugs
  - Sickness/mental health problems/bereavement
  - Imprisonment of parent(s) and/or sibling(s)
  - Very poor parenting skills.

The majority of vulnerable young people appear to be aware of drugs from an early age (often as young as seven or eight years old) because drugs are widely used and sold in the neighbourhoods in which they live. In some cases, they may even have parents and/or siblings who are problematic users of drugs and it is likely that, even if family members are not regular users of drugs, they will have a tolerant attitude to drugs (particularly cannabis and alcohol).

2. The main impact of these negative family and neighbourhood influences on vulnerable young people is that:
  - a) They tend to spend a great deal of time outside the home and wandering the streets from an early age, mixing with older children from similar backgrounds and being exposed to drug-taking
  - b) They are at a much greater risk of finding themselves in other negative situations which increase their propensity to use drugs when, for example, they are taken into care, become homeless, are committed to a young offenders' institute or something similar.
3. The result of these various negative influences and experiences during childhood and their early teens is that vulnerable young people are much more emotionally damaged than the average 11-18 year old in the general FRANK

target audience and that they are, therefore, in need of special help and support involving:

- Face-to-face counselling
- Consistent support over an extended period from a trusted individual (e.g. support worker in an NGO)
- Resources designed for interactive use (VYP and support worker) which
  - relate to their specific social background and any subsequent problems which they have had to face (e.g. being in care, homeless, sexually exploited etc)
  - take account of their poor reading skills (in most but not all cases), their low attention threshold and similar factors caused by patchy attendance at school due to their problematic family life or to general learning difficulties
- Care and support beyond the age of 18 because many vulnerable young people find themselves at this age with multiple problems (e.g. poor reading skills, no educational qualifications, no family support, no job/income, housed in substandard accommodation or homeless) and desperately in need of support and care to help them avoid turning to drugs as a way to alleviate their problems and feelings of helplessness.

## **B. IMPLEMENTING THE RESEARCH FINDINGS**

The main implications of the research in the development of the FRANK services are as follows:

1. Vulnerable young people need the type of face-to-face service and support which is being very well provided by NGOs. On the basis of this evidence, there is no need for FRANK to replicate these services because NGOs appear to be filling this role effectively in most areas of the country. FRANK's role should be to work with NGOs by providing referrals from its telephone and website services and producing appropriate resources for use by NGOs.
2. Although some existing FRANK resources are well-suited to general use by vulnerable young people (e.g. Drugs: The Facts, The Score, FRANK Drug Pack) there is a need for other more specialist resources which can be used interactively by support workers and which relate more closely to:
  - The general problems which vulnerable young people have experienced/are experiencing in their lives (e.g. difficult family relationships, problems at home and at school) because the research suggests that it is important to address the issue of drug-taking in the wider context of VYPs' lives
  - The specific problems which many are attempting to cope with (e.g. being in care, sexually exploited, homeless, committed to a young offenders institute etc)

- The role which drugs play/may potentially play in their lives in helping to cause or overcome their general and specific problems.

The types of resources which are mainly required for interactive use by support workers would involve:

- FRANK cards for outreach workers from NGOs
- Paper resources (sets of cards, leaflets, booklets) designed to engage the interest of VYP by relating to their specific problems and the ways in which they use drugs (or may be tempted to use them) in order to alleviate these problems - and highlighting coping strategies in these situations, different 'choices' to be made, different 'consequences' of these choices and alternative options to using drugs as a means of escape or deadening the pain
- Videos featuring typical VYP case histories which can be discussed, evaluated, provide some useful lessons etc
- 'Cycle of Change' workbooks (e.g. as used by CARAT workers at YOIs) which allow VYP to evaluate their own behaviour and the ways in which they have contributed to their own problems or have the potential to change the course of their life and overcome their problems.

These findings suggest that it would also be useful for FRANK drugs information resources to be provided which are aimed specifically at support workers, foster carers and others who are directly involved with VYP who are not specialist drugs workers but who nevertheless feel that it is important to be well-informed about drugs and their role in the lives of VYP.

If it were possible to create an off-shoot of the talktofrank telephone service which could be dedicated to helping VYP who need to talk about their problems in some detail and off-load to some extent, that would also potentially be a very valuable addition to the basic services.

3. The research also suggests that there is a need for a comprehensive and engaging publication aimed at VYP and support workers in relation to use of cannabis since support workers (and some VYP themselves) are very concerned about the fact that cannabis is being used very freely by many young people who no longer perceive it to be 'a drug' or something which requires a degree of moderation or care. A particular concern of support workers is the fact that much stronger strains of cannabis are currently available than some years ago and that VYP who are heavy users of cannabis are developing signs of paranoia which they feel are attributable to regular and unrestrained use of this drug.

4. The evidence that vulnerable young people often start experimenting with drugs at a much earlier age than other children suggests that a way needs to be found to identify these children (or encourage them to refer themselves for help) and provide support before more serious problems develop (e.g. truancy, offending behaviour). Some schools appear to have schemes in place which are designed to ensure that vulnerable young people are supported from an early age, although the provision of this type of Educational Welfare service appears fairly patchy at the moment.
5. These findings also imply that services for vulnerable young people need to make more provision for after-care support (e.g. for young offenders, care leavers etc) well beyond the age of 18. VYP tend to be ill-equipped for independent adult life and employment and require considerable help to move forward and not lapse/relapse into offending/drug-taking behaviour. NGOs are currently attempting to provide this service and, once again, it seems preferable for FRANK to adopt the role of supporting NGOs in this area rather than to attempt providing after-care services under the FRANK umbrella.
6. The few specialist resources which have been developed for vulnerable young people (e.g. Uncle Bob and Me) have been produced by a network of NGOs and local authority departments with the involvement of vulnerable young people themselves. In order to ensure that the tone and content of FRANK resources aimed at specific groups of VYP are found engaging, relevant and credible by the target audiences for whom they are developed, we feel that it would be very beneficial to pre-test material with these groups prior to widespread distribution.

### **III. MAIN FINDINGS**

#### **1. CONTEXT: WHO ARE VULNERABLE YOUNG PEOPLE?**

##### **1.1 Family background**

These research studies reveal that the overwhelming majority of vulnerable young people come from socially disadvantaged neighbourhoods and from families with multiple problems involving some combination of the following:

- Poverty - unemployment/living on benefits
- Parental splits/changes of partner - stepfathers/stepmothers, half brothers/sisters
- Domestic violence (often involving frequent moves to escape from a violent father)
- Sexual/physical abuse within the family
- Parental abuse of alcohol and/or Class A drugs
- Sickness/mental health problems/bereavement
- Imprisonment of parent(s) and/or sibling(s)
- Very poor parenting skills.

The indications are that poor parenting, neglect and abuse of children passes from one generation to the next unless some type of intervention takes place which breaks this cycle. Many young people in each of these studies described the difficulties which their parents had experienced in childhood and support workers who had worked with vulnerable groups for many years (e.g. in the looked-after service) said that they were now involved with the children of some of their past clients.

##### **1.2 Neighbourhood influences in childhood**

The majority of vulnerable young people appear to be aware of drugs from an early age (often as young as seven or eight years old) because drugs are widely used and sold in the neighbourhoods in which they live. In some cases, they may even have parents and/or siblings who are problematic users of drugs and it is likely that, even if family members are not regular users of drugs, they will have a tolerant attitude to drugs (particularly cannabis and alcohol).

The first drugs 'education' which vulnerable young people tend to receive is usually on the streets from the age of seven onwards. Vulnerable young people spend a lot of time drifting around with groups of local children who are in a similar situation and they are liable to see older children taking drugs and

possibly to be encouraged to experiment themselves. Even if they are not drawn into experimentation with drugs, it is likely that they will hear about the positive and negative effects of different drugs from older local children. It is clear from the research that many vulnerable young people (VYP) feel that the real information about drugs is to be obtained from users and dealers who have had first hand experience of drugs rather than from their teachers and the police who, they feel, tend to deliver drugs education from a theoretical rather than a practical standpoint.

Attitudes to the use of drugs nevertheless vary across the spectrum of VYP, although a high proportion of those interviewed for this research appear to consider some use of drugs (particularly cannabis) as 'normal' and only perceive 'hard' drugs such as heroin and crack as being completely off-limits.

### 1.3 Involvement in education

These research projects involved vulnerable young people with a wide range of intellectual abilities from those with learning difficulties at one end of the spectrum to those with university places at the other. The research findings suggest, however, that the majority of VYP have very poor school attendance records and few, if any, educational qualifications.

The pattern for many VYP is to drop out of school for much of the time due to problems at home and also to the feeling that education is not really relevant to people from their background who seldom obtain any worthwhile qualifications in any case.

Many VYP clearly find it difficult to concentrate when they are at school due to factors such as:

- Serious discord in the home
- Worries about parents/siblings and their drug-taking or violent behaviour
- Poor nutrition as a result of poverty or their parents' allocation of their limited resources to drugs and alcohol rather than food.

Vulnerable young people are frequently excluded from school and educated in Pupil Referral Units (PRUs). Some seem to get their behavioural problems sufficiently under control whilst attending a PRU to re-focus on their education, but many have such deeply-ingrained problems that they are incapable of getting back on track and mastering many of the basic educational skills. Consequently, many VYP reach their mid to late teens with low levels of literacy



which limit their access to certain types of drugs information resources which do not have sufficiently simple vocabulary for them to understand the text.

The risks for VYP of becoming involved with drugs at a relatively young age are increased by the fact that problems in the home and truanting from school often result in these young people spending much of their childhood (both day and night) on the streets mixing with older children in similar situations.

The research suggests that young boys (aged 7-11) particularly enjoy being accepted as 'one of the gang' by older boys and are more than willing to join in the group's activities which invariably involve:

- Drinking alcohol/getting drunk
- Smoking cigarettes
- Smoking cannabis
- Popping pills when these are available (usually ecstasy, but also other 'pills' if these are on offer).

When VYP start dropping out of school on a regular basis and mixing with others in a similar situation, it is clear that they often have a lot of time on their hands but limited funds and also limited options for enjoying themselves. In this situation, teenage boys in particular seem to get a buzz from acting in an anti-social way, taking risks and taunting authority figures or simply adults in general by doing things such as:

- Drinking to excess and taking drugs in public places
- Confronting the public and the police
- Shoplifting
- Spraying graffiti.

The following comments are typical of the feedback from disaffected boys aged 12-15 years when describing the ways in which they occupied themselves in their free time and when truanting.

"I'm not allowed in the cinema at Bexleyheath because I went in there and got pissed in there and start wrecking it, and I got kicked out. I'd just take a big bottle of Jack Daniels in there and sit up front and have a laugh." (School excludee - 13 years old)

"I just hang around on street corners, just standing there abusing people as they walk past - about 15 or 20 of us. I am barred from all the cinemas, from

most of the shops in town and the youth clubs where I live. So I just walk around, go in the arches with my friends and have a smoke (i.e. cannabis)."

(Young offender - 14 years old)

"I go up the Children's Home and smoke shitloads of dope and then go out and wind people up - the police, anyone. There are normally about 10 or 15 of us in our group. We drink and smoke. The police just take your name down and do checks but they don't usually arrest you."

(School excludee - 15 years old)

"Blazing, graffing and surfing. We go and have a drink - get pissed on vodka and orange - and then go down the station. There's no one there at night. We smoke (cannabis) and then go graffing and surfing. We do graffiti and we surf the trains - we jump on the outside of them and travel up the line. We don't pay nothing and when we get to the next station we do some more graffing. It's a laugh."

(School excludee - 14 years old)

VYP in all areas of the country described participating in similar types of activities to those outlined above once they started to truant. This finding underlines the importance of appropriate intervention once a pattern of truancy is noted, partly because this behaviour is an indicator of problems in the child's background which need to be identified and addressed, but also because children who miss a lot of their education severely limit their options for the future and risk falling into offending behaviour and a pattern of drug-taking due to association with people who are a bad influence on them.

## 2. ATTITUDES TO/EXPERIENCE OF DRUGS

### 2.1 Drugs education

The research findings indicate that many VYP already have some knowledge of drugs before they receive any drugs education at school.

Some may see local children smoking cannabis and popping pills. Some may have parents and/or siblings who smoke cannabis or take other drugs. Some will be aware of problematic drugs users in their neighbourhood when they see them

and hear them referred to as 'skagheads' or 'smackheads' by others in the neighbourhood. Some may even have tried cannabis or ecstasy themselves.

Most of the VYP who participated in this research reported having received some 'brief and basic' drugs education at school, although those who were frequently absent tended to have missed this. Many scathing comments were made about the quality of drugs education which VYP said they had been given because this was usually undertaken by the form teacher or, in some cases, the police and did not seem to reflect the type of information which they had gleaned about drugs from their local neighbourhood. The tone and content of much of this drugs education was felt to amount to a stern warning along the lines of 'Drugs are illegal, so don't take them' which seemed too simplistic an approach to adopt and one which was unlikely to impress most vulnerable young people.

Nevertheless, many of the young people interviewed in the course of this research said that they had initially taken note of such drugs education as they had been given and tried to avoid becoming involved with drugs, but had found as time went on that the appeal of drugs was greater than the fear of them. On the one hand they felt that they were being warned to avoid drugs because of many potential problems involved in drug-taking, but on the other hand they saw other people in similar situations to their own using drugs as a way of coping with the stresses in their lives and finding that nothing else filled this 'need' (for a buzz, for escape, for deadening the pain) in the same way as drugs. Typical comments about the role of drugs in the lives of many VYP are included below.

"It's fine to say 'Don't do drugs' but some people have so much crap in their lives that they use the drugs to escape." (Young homeless person)

"When you are in a kids home and everything is getting on top of you and you are so miserable then drugs are your friends, drugs are always there for you to make you feel better. There is nothing you can rely on like drugs in that situation, I don't care what anyone says." (Care leaver)

"Where I lived everyone was doing drugs - heroin, crack, everything. It's easy to get into drugs when everyone's doing them. You don't think you'll become a smackhead. You have things in your head, you are in a depressed state of mind and everyone is walking

around depressed so you can't expect nothing but drugs to be in that area."

(Young homeless person)

The main suggestion which VYP made for increasing the impact and relevance of drugs education was that recovered problematic users should be involved in the programme because they would be able to share their experiences in a way which would potentially hit home to a greater degree.

"The only thing I think would have made a difference would be, like, someone coming into the school who had been, like, big into drugs and had had a terrible life but got clean. Someone like that would be interesting. You'd think they had something worth saying."

(Young homeless person)

"It don't work when a teacher or a policeman comes in and tells you about drugs because they haven't took them. They don't really know about drugs. What kids would listen to would be someone who had done a lot of drugs but had got over it and done something better."

(Care leaver)

Two factors which some VYP felt should be taken into account when drugs education is delivered at schools are:

- 1) That there will possibly be some children in the audience whose parents are problematic users of drugs and who may be very embarrassed during these lessons. Some respondents said that they had found themselves in this situation where they had not only been embarrassed but also found themselves feeling even more isolated and a potential target for bullying.

"They were on about drugs and I didn't want to look at anyone in case they were looking at me thinking 'He already knows about drugs because his mum and dad are druggies'."

(14 year old son of PDU)

"They would call out 'There goes the druggie's daughter' or 'Your mum's a skaghead'."

(15 year old daughter of PDU)

- 2) That some children in the audience may already be experiencing problems as a result of their own or their parents' use of drugs and, therefore, advice needs to be provided about how and where to seek help if you need it

"When they had someone in to talk about drugs it was all aimed at us, like we knew nothing about them. They sort of said 'Drugs are bad. They are dangerous' but there was nothing about where to go if someone you knew was already addicted. It was just for kids. I thought 'I bet I know more than you do'."

('Looked after' 13 year old)

## 2.2 Attitudes to drug-taking

It is very difficult to generalise about the attitudes of vulnerable young people to drug-taking because these qualitative research studies revealed a wide variation in attitudes which related to a number of factors including age, experiences of the impact of drugs on peers and family members and personality traits.

This research was only designed to identify the scope of attitudes and behaviour towards drugs rather than to be definitive about the use of drugs by these groups. Nevertheless, the impression which did emerge from these studies was that the VYP category (as defined in this research) includes:

- A very small number who are anti-drugs and strong enough to resist peer pressure
- Large numbers who regularly use cannabis and alcohol plus a variety of other drugs when these are available/when they fill a need
- Some who become problematic users for a while but are helped through this by support workers and usually give up drugs completely
- A small number who develop a serious drugs habit and find it very difficult to become 'clean'.

One important point which emerged very clearly from the research was the extent to which cannabis is almost universally excluded by vulnerable young people from the list of drugs which they feel should be avoided and the extent to which many VYP no longer perceive cannabis to be 'a drug'. As the comments below and overleaf reveal, when asked which drugs they had taken or still used, most young people in these studies made no mention of cannabis because they simple did not see it as a drug any more than tobacco or alcohol, both of which were considered to be in 'normal' everyday use by many people.

"Cannabis ain't a drug. It is natural. It is better than tobacco."  
(Looked after young person)

"What I have noticed over the time I've been working with young offenders and their families is the near universal acceptance of cannabis. They (i.e. parents) talk about 12 and 13 year olds and say 'They just smoke a bit of puff' like that doesn't matter."  
(Practice manager - YOS)

"Consistently we see within the Youth Offending Service the family background is pro drugs. So you go out to a young person and you are trying to give a message about cannabis and trying to explore their use and what it means to them, and in the background you have got a parent that is sort of quite happily supporting the use of cannabis."  
(Psychiatric nurse - YOS)

On the whole, most of the vulnerable young people who took part in these research projects seemed to perceive only heroin and crack cocaine as drugs which should be avoided because they could result in a dependency which had wide-reaching implications. Many respondents had seen problematic users of heroin living in very difficult circumstances and felt that this was a way of life which should be avoided at all costs.

"Heroin is addictive. I know someone that takes heroin and crack cocaine and it is a whole different thing to cannabis. It is like some people end up...They can't come off it anymore and they end up living on the streets, and stuff like that, and they do whatever they have to do to get the money to get the drugs and in the end they don't know where to go for help, and they need help because you see them on the street all scruffy and trampy but no one wants to help them at all."  
(Young offender: 17-18 - YOI)

Even in the case of some hard drugs like heroin and crack, however, it was evident that some young people did not totally rule out their use in all

circumstances because they made distinctions between 'controlled' and 'uncontrolled' use.

"Everyone I speak to, when I ask them 'What drugs wouldn't you consider taking?' the top one they say is heroin and I say 'Why is that?' and they say 'It is a dirty drug' and they associate it with being a smackhead. But they have a very strange view of what a smackhead is. A lot of the heroin users we see don't identify themselves as smackheads because you have to be stealing from your parents, you have to be dirty, and they very much distance themselves from that stereotype. 'I am not addicted because I don't do these things that you do when you are a smackhead' and they don't see there is a continuum where they could be working their way up to that."

(Drugs misuse worker - YOS)

### 2.3 Experience of drugs

On this qualitative evidence, the two categories of vulnerable young people who seemed to have least experience of using drugs were:

- Children of problematic drugs users
- Young refugees (although only 16 of these were included in the overall sample).

Children of problematic drugs users seemed to have a fairly anti-drugs attitude on account of the problems which drugs had caused within their families. The young refugees interviewed also seemed to have little interest in experimenting with drugs because they seemed bent on pursuing their education, finding a job and establishing a new life in the UK and considered that drugs might hamper these ambitions. All these young refugees were fairly fluent English speakers (a requirement determined by the need to limit costs and adhere to a tight timetable, thus ruling out the use of translators) and they may consequently have been better-educated than the average.

In all the other VYP categories, many young people admitted experimenting with drugs from a fairly early age (7-8 in some cases) and having experienced a wide range of drugs by the ages of 9-11

"I was brought up around drugs. It was just one of the things you did. Don't know when I started...Maybe 7 or 8?"  
(Young offender: 15-16 - YOI)

"It was like curiosity killed the cat. I wanted to experience it for myself and, because I liked it, I wanted a bit more, and then as soon as I got addicted that was it. I was addicted to heroin by the time I was 13." (Young offender: 18-21 - YOI)

Support workers and many young people themselves tended to feel that early experimentation often resulted in the use of a wider variety of drugs in mid to late teens. The comments below are typical of those which emerged from these studies.

"A lot of young people that I work with will have experimented with cannabis at the age of 10 and maybe alcohol. By the ages of 13 and 14 they will have started to use ecstasy and speed. They may well have done prior to that age. Maybe also they have been using volatile substances like glue and gas. From 14 upwards, really, it could be any number of them (i.e. drugs). That wouldn't be unusually young either. That would be quite young, but one of my first questions is 'What did you first start to use and when was it?', and more or less 9 times out of 10 it will be alcohol and cannabis and it will have been between 9 and 12 years old." (Practice manager - YOI)

"I just learnt off my mates when I was about 12 or 13. I took cannabis, ecstasy, amphetamines, and that, a bit of coke...Then I got onto heroin and crack cocaine. I just wanted to know what the buzz was like." (Young offender: 18-21 - YOI)

"I didn't like school and I took drugs to block out things. I started using coke when I was 14. I have always been in care since I was a baby, since I was about 6 months old. When I was like 18 and I was just leaving care they said that if I didn't go into detox I would be sectioned. I was snorting and smoking coke, smoking crack, smoking weed, doing pills, drinking...everything apart from heroin really." (Care leaver)



Care obviously needs to be taken when drawing wide-ranging conclusions from any qualitative research, but the impression which emerged was that the two categories of VYP comprising the highest proportions of problematic drugs users were:

- Young offenders
- Young people sexually exploited by prostitution

In both cases young people and support workers implied that it was problematic use of drugs which had probably been responsible for the youth offending sentence or the slide into sexual exploitation, although sexual exploitation seems to involve a 'chicken or egg' situation in which some exploited young people were introduced to drugs via the 'grooming' process and became problematic users in an attempt to block out the anguish and distaste they felt for their lifestyle.

#### 2.4 Times when the risk of drug-taking intensifies

The research highlighted various events and stages during the childhood and teenage years of vulnerable young people when their emotional state is particularly likely to put them at risk of using drugs or when they are particularly susceptible to negative influences from others to take drugs. The main indicators of these 'at risk' stages are detailed below.

- When there is intense discord within the family this results in children spending more time outside the home (on the streets, in parks, hanging round shopping centres) and feeling depressed. At such times they are highly susceptible to the influence of older disaffected vulnerable young people who may encourage them to experiment with drugs.
- Truancy/exclusion from school is another sign that a child is experiencing stress, loss of respect for authority and at risk of adopting an alternative lifestyle involving drugs and possibly crime.
- Being taken into care is a particularly stressful experience for children of any age. Many of the children/young people interviewed reported that social services had effected this transfer in a very heavy-handed and unfeeling way with the emphasis being placed on the child's protection in the eyes of the law rather than its own wishes and mental welfare. Children said that the process of being parted from their parent(s) was often effected with
  - little or no warning
  - very little explanation pre or post being taken into care of the reasons for this move
  - a fairly brutal disregard for their feelings and their (frequent) desire to maintain contact with parents, siblings and their extended family.

The mix of negative emotions surrounding being taken into care (e.g. anger, loneliness, depression, feeling that no one really cares for them) makes them very susceptible to drug-taking.

- Being 'in care' was generally perceived to be such a negative experience for many children that many of the support workers interviewed felt alternative options should be considered wherever possible.

"I will also go as far as to say that there are in my personal opinion some young people that are taken away from their families by social work departments who are done no favours at all because the care system itself is extremely abusive and the abuse they receive in care is probably going to exceed the abuse they were having at home and have a longer and more damaging effect on them."

(Care leavers' support worker)

"Many parents are inadequate and are a bad influence, but they aren't necessarily abusive to the children - just neglectful. But that's sometimes a much better option than taking that child and putting him or her into a children's home or foster care."

(Support worker in children's home)

Drugs are not, however, the only risk for children in care. Many workers in agencies supporting young sexually exploited people had the impression that a high proportion of their clients had been in the care system and had responded to advances from paedophiles or pimps on the mistaken assumption that they were being offered love/affection because they had a desperate need for someone to care about them.

- Leaving 'care' and leaving a Young Offenders Institute both involve losing a degree of support and continuity and having to face up to a new 'adult' life often with few friends, no job, no academic qualifications, possibly a criminal record and the prospect of grim housing conditions.

Support workers feel that in these situations VYP are highly likely to slip into/return to problematic use of drugs partly due to loneliness and depression but also to the fact that (particularly in the case of Young

Offenders) they are housed together with other depressed and unemployed youngsters in accommodation which compounds their unhappiness.

"It's sad because a lot of them do leave here fired up and determined to change but they find it very hard outside without the same support network they've got used to in here. They either go back home and mix with the same people who led them astray in the first place, or they might move area but then they often find themselves in a sort of ghetto with other social misfits on some awful housing estate and they get lonely and depressed and the drug-taking and the offending cycle starts again."

(CARAT worker - YOI)

- Becoming homeless creates considerable stress and unhappiness for young people and is often a crisis point at the end of a lengthy period of family strife throughout their childhood. It seems that many resort to some use of drugs at this time to overcome their depression and feelings of loneliness.

"I guess that the dependency on drugs for a lot of homeless young people is part survival, part escape. If you're having to sleep rough, I've heard some of them say that heroin made them feel warm and it made the pavement feel like cotton wool."

(Support worker - hostel accommodation)

"I was OK when I was at school. I didn't take drugs because I listened to what they said about how drugs was bad for you and that. But then as soon as I left school it seemed to me that I had a really lonely life anyway and without school - without going into that social place every day and seeing people - well, as soon as I left it was like it was a slap in the face. It just seemed like you were on your own. Completely alone. So alcohol and drugs became my friends, in a way."

(Young homeless person)

"Now I have been given anti-depressants and I am trying to give up drink because I'm sick of wasting my life. But when I was taking other drugs it was just

trying to escape. I felt so lonely and so hurt inside that I just want to blot it all out and drink and drugs did that." (Young homeless person)

In many cases, it is not necessarily a crisis situation which prompts vulnerable young people to turn to drugs but a prolonged period of unhappiness during their childhood and into their teens which makes them generally susceptible to risk taking and being careless about their health and future. This general feeling of being unloved and having no one who really cares about them results for many in a general slide into drug-taking.

"I was taking everything. I didn't care. I hated my life and my family and I didn't care even if I died. I didn't think about it. Whatever anyone had I would take." (Young homeless person)

"My attitude was that you only live once and I wanted to experience everything so I took loads of drugs. If I had had parents who cared about me they might have stopped me, but they didn't give a shit. When I took drugs it was the excuse they'd always wanted to kick me out." (Young homeless person)

"I was slicing my wrists, overdosing and stuff and that was due to what happened at my parents' place. My parents beat me up and all that. I started taking drugs and my dad beat me up even more. So the start of the depression was when my dad beat me up and stuff. Then it got even worse because of me taking drugs. Now I am clean again it's starting to get better for me." (Young homeless person)

This research suggests that neglect or abuse at home combined with normal teenage feelings involving lack of self confidence and low self-esteem may well result in attachments (particularly in the case of girls) to unsavoury characters who prey on their insecurities and deliberately introduce them to drugs and encourage them to become heavy users in order to make them more vulnerable still and prone to exploitation.

"They befriend them. We have had them hanging around schools in big smart cars and they are terribly charming and awfully friendly. The girls approach them on the street. They will say 'Go and get me a packet of fags and then keep the change' and give them £20. So they kind of pull the kids around them. You get these silly little girls and they start absconding from home and, of course, they give them crack. They get them addicted. They rape them, share them around their friends and then put them on the streets. And some of them are just so pathetically thin. I think they take them to massage parlours, they ship them to Swindon, Italy, all over."  
(Social worker - Bristol)

"There have been young men who have offered drugs. 'Oh I don't want anything for it. Just give it a try. No problem. Have it'. £50 worth or whatever. The next thing the girls know they are involved. The girls think that they are in a relationship. They don't see it as being exploited. 'This young man loves me. He cares for me. He gives me this. It don't matter that I have to go out and do whatever for him because I love him and I will do that (i.e. work as a prostitute)."  
(Support worker - Rotherham)

### 3. EXPERIENCES OF SUPPORT AGENCIES

#### 3.1 Life for VYP prior to involvement of support agencies

The research indicates that the worst time for VYP is when they are experiencing problems and have no one they feel they can turn to. A very small minority use telephone helplines (e.g. Childline, FRANK) but the majority struggle on until their problems come to the attention of teaching staff, social services or outreach workers from an NGO.

There seems to be a widespread reluctance to talk to 'outsiders' and seek help amongst VYP because:

- They feel their problems are too complex, too embarrassing/shameful to discuss with a faceless stranger on a helpline
- There is great concern about potential repercussions if problems are revealed to helpline staff (i.e. how confidential are these services? What obligation do they have to report certain types of problems?)
- Parental pressure persuades them not to 'spill the beans' because this could result in the family being broken up (e.g. parent(s) imprisoned, children taken into care).

### 3.2 Experience of NGOs

The work of NGOs was very highly rated by the majority of VYP in these research studies. When evaluating the feedback from VYP about their experiences of various support bodies/agencies we have been mindful of the fact that NGOs, in particular, have been active participants in recruiting VYP for these studies and that there has, therefore, been the potential for them to present their 'successes' rather than their 'failures'. However, the two researchers who undertook all the fieldwork for these six studies feel confident that a typical cross-section of clients was recruited and that NGOs are, in fact, providing the type of service which is best suited to the needs of VYP and most valued by them.

Some of the NGOs who were involved in these studies were part of national networks (e.g. The Children's Society, Barnardo's, Stonham Housing) whilst others were independent local agencies. The feedback from VYP about the large majority of these NGOs was very positive and these types of agency are mainly valued because they are:

- Felt to be on the young person's side with no hidden agendas
- Able to provide face-to-face service on a regular basis with the same support worker
- Able to help with a wide range of issues including family problems, health/sexual health, drugs advice and referral to treatment.

In fact the only real disadvantage of NGOs was perceived to be the need to ration their provision of services in some situations due to limited resources.

### 3.3 Experience of social services

Many of the VYP who were interviewed in these studies had a very poor opinion of social services and related a catalogue of bad experiences with them. Only a minority seemed to feel that their social workers had treated them with care and concern.

The main criticisms of social services fell into the following categories:

- A widespread feeling that social services are not always honest in their dealings with children ("They lie for their own ends")
- Impressions that social workers have little interest in/concern for the children who are part of their caseloads ("It's just a job to them")
- Bad experiences over handling of information which children had felt was being treated 'in confidence' but found had been entered into their records and, in some cases, resulted in some type of repercussions/negative consequences for them
- A major role of social services is perceived to be that of splitting families up (and often intervening to ensure that lack of contact is maintained) instead of attempting to get children to cope with their problems and overcome them.

The contrast between the attitudes of VYP to NGOs and to social services was discussed with a number of support workers in both camps and the impression of the relatively upbeat atmosphere throughout NGOs and the low morale within many social service departments was largely confirmed. Many of the support workers at NGOs had, in fact, migrated there from social services and were appreciating the relative freedom from red-tape, the lighter case-loads and their increased ability to work with VYP and help them to meet their perceived needs in a way which satisfied worker and client.

"There needs to be a culture change so that child protection issues are balanced more against children's emotional needs. Despite everything that happens to them, most of these children really love their parents and want to stay with them. If they are taken off into care that should be very much a last resort. The priority should be to support the children in the home as far as possible, but that would involve facilitating a lot more home visits. Agencies like Barnardo's currently have the freedom to do more stuff like that, but in social services morale is very low, a lot of

staff are agency staff and the priority is on paperwork and targets. Things have lost the personal touch. Paperwork seems to have taken over because people want to protect themselves now."

(Ex-social worker now in an NGO)

### 3.4 Other support services

- Youth Offending Service

In the main study which was conducted with Young Offenders (and in the smaller sample which was involved in the initial exploratory study of VYP) views of the Youth Offending Service and its support for VYP was fairly mixed.

On the whole, VYP dealing with their local Youth Offending Teams (YOTs) rated these services very highly because they felt that they provided the type of consistent face-to-face contact and support with all types of problems (including use of drugs) which young people needed,

Young offenders at six custodial centres (2 YOIs, 2 STCs, 2 LASCHs) were involved in the main study and they provided mixed feedback on the quality of support which they felt these institutions were providing for them. To some extent, it appeared that:

- VYP at the two Young Offenders Institutes visited were positive about the range of support services provided by CARAT teams and the quality of help available to address their offending behaviour and drugs problems
- VYP at the two STCs and LASCHs seemed less convinced that staff were there to support them and help them turn their lives around than to restrain and discipline them, although these VYP were mainly younger than those in the YOI sample and possibly less co-operative with staff and therefore in greater need of control.

As far as researchers could judge, there appeared to be little consistency throughout the Youth Offending Service in the priority given to employing specialist drugs workers. In some establishments these services were highly developed whilst in others they were barely in evidence.

- Looked-After Service

Children's Homes were very poorly rated by the majority of VYP who had spent any time in them, although there were one or two shining exceptions.



On the whole, most children's homes in different parts of the country - and the staff running them - were heavily criticised for:

- Having absolutely no interest in the children in their care
- Imposing rules for the sake of it
- Allowing weaker, more vulnerable children to be bullied and pressurised by stronger characters.

Many VYP commented angrily on the fact that to describe their situation as being 'in care' was laughable when it was so evident that many workers in children's homes cared little or nothing for their charges.

Children's homes were said by many VYP and support workers throughout the overall sample to be key targets for drug dealers, paedophiles and men out to sexually exploit boys and girls for money because it was widely known that these VYP were particularly unhappy and starved of care and attention and likely to be responsive to approaches from adults who appeared to be showing an interest in them.

Foster care had also resulted in mixed experiences for many VYP. Where good foster carers had been encountered they had been found 'better than real parents' by many children and young people, although there were said to be many bad foster carers who were felt to be 'only in it for the money' and to have no interest in the children allocated to them.

#### 4. THE ROLE OF NGOS IN WORKING WITH VYP

##### 4.1 Strengths of the service they are providing

- Face-to-face service

It is very important for most vulnerable young people to be able to see and talk to a person because their problems are complex and they are emotionally damaged to a greater or lesser degree.

Helplines (e.g. FRANK) are generally perceived by VYP to be appropriate for emergencies but not for dealing with people who require in-depth support.

The majority of VYP are looking for an on-going relationship with one specific support worker who they feel they can trust and depend upon and who understands/empathises with them and their problems.

- **Confidential and flexible service**  
NGOs are trusted to treat information in confidence. This perception contrasts with the general view of social services departments who are felt to have a duty to report any behaviour or situations which contravene "the rules" in any way and who are also felt to be motivated by a need to protect themselves and their jobs.
- **Continuity of service**  
VYP feel that NGOs tend to have fewer changes of personnel and switches of responsibilities than social services. This places them in a much better position to build up longer-term relationships between VYP and their support workers.
- **Wide range of services**  
NGOs are generally capable of meeting a wide range of needs including:
  - Listening to problems
  - Offering advice
  - Recreational/respice facilities
  - Health/sexual health
  - Information/referral about use of drugs
  - Drop-in centres.

#### 4.2 **NGOs' role in providing drugs information and support**

The majority of NGOs in this research appear to aim to provide basic information and advice relating to VYP's use of drugs (or that of their parents/siblings) but are not equipped to deal with problematic users. These are referred on to treatment agencies.

Most NGOs are using a combination of existing resources from FRANK, Lifeline and HIT and adapting these for their own particular client groups.

All the NGOs involved in these research studies commented on the dearth of specialist drugs resources for specific categories of VYP focusing on their particular problems (e.g. homelessness, parents who are problematic users of drugs, sexual exploitation). Some NGOs appear to be starting to work with networks of local agencies to produce more targeted resources (e.g. 'Uncle Bob and Me' relating to the grooming of young boys by paedophiles). HIT and Lifeline are also starting to publish material aimed at specific VYP groups (e.g. 'On The Beat' and 'Up 4 Rent' aimed at prostitutes - but not necessarily young, sexually exploited people - of both sexes).

There seemed to be general agreement among support workers and VYP themselves that interactive resources work best. On the whole, VYP have limited interest in reading much about drugs. Many are, in any case, poor readers and have low levels of concentration. The most popular types of resources appear to be those which serve as a focus for discussion about the role of drugs in young people's lives, the range of consequences of using drugs and the Cycle of Change which can come into play to help young people alter the course of their lives.

To some extent, support workers consider that the source of material used with VYP is fairly unimportant because HIT, Lifeline and FRANK are all perceived to be reliable suppliers who understand the needs of VYP and support workers and have a good track-record in this area. Some felt, however, that FRANK resources potentially had the added advantage of being 'evidence-based' (i.e. following well-researched government guidelines and being officially approved) and also of being free. The cost of resources can be a real consideration for NGOs who are often struggling to make the best of limited resources.

## 5. COMMUNICATION NEEDS OF VYP

### 5.1 At primary school level

These research studies indicated that VYP tend to experiment with drugs at a much earlier age than other children (e.g. possibly as young as 7-8 in some cases). If the Blueprint Drugs Education pilot is successful and is eventually extended throughout the country, this will nevertheless only affect children aged 11+ and will still leave most children of primary school age with no more than 'a talk about drugs from their form teacher or a policeman' when many VYP will clearly be in need of more than this.

The research suggests that, ideally, primary schools should, at the minimum, be geared up to recognise children who:

- May be experimenting with drugs themselves
- May be missing school/unable to concentrate due to problems at home and to refer them to appropriate support services.

Some type of basic introduction to drugs and alcohol and the fact that these are used by many different types of people would also be useful, particularly if children could be provided with details of a helpline to call and reassurance

about its confidentiality and the fact that its role is to provide support. They need to feel that there will not be any immediate repercussions in order to have the confidence to talk to a teacher or call a helpline.

Problems at home, truanting and peer pressure would be other issues to cover because it is the combination of these which increases the likelihood that VYP will become involved in experimentation with drugs.

## 5.2 Years 8/9 (secondary school) and upwards

The Blueprint Drugs Education programme should (if extended from pilot areas) eventually provide 12-13 year olds with comprehensive information about most drugs including cannabis and alcohol. The problem remains, however, that VYP who have already started experimenting or who live in neighbourhoods/families where use of drugs is regarded as 'normal' and part of the local culture are likely to disregard much of this information because they perceive it to be the 'official line' coming from people who 'don't know what they're talking about because they haven't ever tried drugs'. The research suggests that there is a tendency in these cases still to rely on information from users and dealers and the risks of problematic use, therefore, still remain. This confirms the need to identify VYP as early as possible and to create specialist drugs resources for use with them.

## 5.3 Specialist resources needed for VYP

These research studies suggest that there is a need for a range of resources aimed specifically at vulnerable young people over and above the type of drugs information which is being provided at primary schools and even via the Blueprint Drugs Education programme. The 'resources' which are needed should not only cover use of drugs but also bring in much wider issues relating to the circumstances and pressures which lead VYP into experimenting with drugs and, in some cases, becoming physically or emotionally dependent on them. The type of issues which should be covered in these resources (in addition to basic information about drugs) are:

- Dealing with problem relationships in the family, amongst peers, with the opposite sex
- The specific problems faced by different types of VYP and how to deal with/overcome them (N.B. These are detailed in the series of reports on each of these research projects)
- The role of drugs in creating problems/seeming to overcome them and alternative options.

This research implies that resources aimed specifically at VYP should mainly be designed for interactive use on a one-to-one or group basis. They should aim to stimulate discussion between VYP and support workers. Formats could vary and include:

- Videos illustrating case histories (e.g. showing 'choices', 'consequences' etc)
- Booklets containing cartoon-style visuals which are easy to read and engaging
- Workbooks including exercises for VYP to complete which would later be discussed with support workers (e.g. Cycle of Change workbooks used by CARAT workers in YOIs).

In general terms, the type of communications which have the best recall amongst VYP (and also many other teenagers) tend to be those involving drama/tragedy. The campaigns with the highest spontaneous and detailed recall in all these studies were:

- Anti-smoking (dying adults talking to camera)
- Belt up in the back
- Cancer campaigns
- NSPCC.

They enjoy dramatic storylines and 'real life case histories' which reflect many of the things which they have experienced in their own lives. They are also very interested in hearing first-hand experiences of problematic drugs users who have overcome their abuse of drugs and moved on to a better way of life.

Support workers tended to feel strongly that the government should make more money available to NGOs in order to expand the range of services which they are able to provide. The main suggestions were that VYP services should be improved to include:

- Drop-in centres
- More help for/recognition of grandparents acting as carers
- 24 hour service for children needing emergency counselling
- Creation of peer monitoring groups in schools
- Availability of counsellors in schools
- Funding for social events for VYPs and their families.

These suggestions are outlined below in more detail in verbatims from support workers.

### **Drop-in centres**

"They need more drop-in centres to keep them off the streets and away from all the dealers and other bad influences."

### **More help for/recognition of grandparents acting as carers**

"A real bone of contention that I have in this area is that grandparents who are struggling to support these children get very little support. Without them the kids would go into residential care which is hugely more expensive and more emotionally damaging. Something should be done to recognise and reward the role these grandparents are taking on."

### **24 hour service for children needing emergency counselling**

"They need something which is more 24/7. At the minute, if a kid rings up saying 'I desperately need some help' they could be told 'Right, in your area there is Turning Point which is open 9.00-5.00 every Monday to Friday. Why don't you pop in?' The kid has made that initial step to speak to someone and open their heart about how they're feeling, but there's nothing available immediately. And nine times out of ten that child won't go wherever they have been referred. They will lose their nerve."

"A 24 hour telephone helpline would be a key thing. If a young person is on their own with a mum or dad who is spaced out for half the night on drugs they are lonely and feeling vulnerable and having someone to talk to would be good. Someone where you could go into another room and just pick up the phone and say 'I am here. I am all on my own...'. "

### **Creation of peer monitoring groups in schools**

"Outreach workers going into schools to set up things like peer monitoring groups would be good so that kids can get together and say 'Sometimes I feel a bit crap because my mum does this and I am sat there on my own' and another young person says 'Well, actually, that is what happens to me, so why don't I give you a ring or you give me a ring'."

### **Counsellors available in schools**

"Set up something in schools where there is a counsellor available. Someone they can build up a relationship with, develop some trust. Educational Welfare support workers do this sort of thing, but not all schools have them."

### **Social events for children and families**

"You really need someone to talk to. You need other things to take your mind off it. It's good to be able to communicate with people who have been in similar situations and know how you feel. And if they could have schemes during the holidays...Schemes during the summer holidays like arranging picnics for families and things. We used to do that here, have a big picnic so mums can talk to other mums who are going through the same thing because that did help."

(11 year old child of PDUs)

## **5.4 VYP After-Care Services**

Support workers also feel that many services provided for VYP are curtailed too quickly with the risk that the young people concerned will relapse due to a lack of appropriate support. Typical examples of a lack of adequate after-care facilities which were cited are outlined below:

- Young offenders are returned to the community to live in squalid housing ghettos without a job and surrounded by others in a similar position
- Care leavers are left unsupported and without family back-up

- Sexually exploited young people who overcome their problematic use of drugs but have no educational qualifications or training to fall back on.

"The only friends they have are all on the game and heavy drugs users so the temptation to fall back on the only life they know is very great."

(Support worker)

## 5.5 Other gaps in VYP resources

There were some other gaps in general resources for VYP which support workers felt needed to be filled.

- 1) Cannabis: Comprehensive and engaging resources (for VYP themselves and for interactive use by support workers) which help to explain that cannabis is not a substance which should be used casually and frequently without some awareness of the potential negative effects.

These studies suggest that cannabis is currently being used by large numbers of VYP who consider:

- It is harmless
- Does not count as a drug
- Can be used freely with no ill-effects.

Some heavy users are, however, said (by support workers and VYP themselves) to be noticing ill-effects including paranoia and a complete lack of motivation to take control of their lives. This concerns support workers because they feel that the frequent and casual use of cannabis is creating more widespread problems for VYP than almost any other drug and that this situation may get worse as more potent types of cannabis appear on the market.

- 2) A booklet on the effects of mixing drugs  
The FRANK Fruit Machine covers this, but many VYP do not have internet access on their computers or the privacy to spend time using this program. Many VYP are recklessly taking any drugs available to them (combined with alcohol) without considering how these might interact and it is felt by support workers that a paper resource is required which explains the potential hazard of this behaviour.



3) Interactive resources which explore the role of drugs in each young person's life and alternative actions

Many support workers feel strongly that use of drugs by VYP cannot be dealt with in isolation. They feel that drugs are often used by young people as a solution to their problems, rather than being the cause of them, and they consider that young people don't necessarily lack information about drugs but understanding of why they are using them and how to substitute other actions for use of drugs.

Typical comments along these lines are quoted below.

"If you pick any issue with our young people whatever it may be - drugs, alcohol, sexual health - often the young people we deal with you have to look at their lives in a much more holistic way. Where are they living? How much money have they got? How much support have they got? Health? How confident do they feel about themselves? All of those things affect how motivated they will or won't be. You can't isolate drugs from all these other things. Drugs are often seen as a solution rather than a problem by our young people and we have to help them with their real problems in order to get to their drug taking."

(Care leavers' support worker)

"We are always concerned to give young people information, but the idea that they are all ignorant is probably wrong. I actually think they are reasonably clued up. When we first meet young people they fill in a whole load of stuff about where they are at and they fill it in amazingly honestly. So I think the issue is 'Do young people actually know a fair amount about drugs?' and if that is the case then it becomes a question of 'In what circumstances do they go on to take them?' and 'In what circumstances does that become harmful or adversely affect their lives?' So I don't think they are short of information. I think that what is needed is help in understanding why they

are using drugs and in seeing that in many cases drugs are a substitute - and then it's those other things we need to help them put in place if that's at all possible." (Care leavers' support worker)

## 6. RESOURCES: STYLE AND CONTENT WHICH APPEAL TO VYP

In the course of all these research projects vulnerable young people were shown a wide range of leaflets and booklets about drugs. Many were dismissed on the basis that they:

- Looked boring
- Had far too much text.

A high proportion of VYP appear to be poor readers and to have a limited attention span. This means that resources should ideally:

- Have plenty of colourful visuals
- Not contain too much text
- Be engaging/absorbing
- Use street language
- Employ a 'magazine' approach and include cartoon-type stories, Agony Aunt columns, Problems Pages, quizzes etc
- Comprise an element of humour, although this will depend on the audience (e.g. Children of PDUs who have had their lives blighted by misuse of drugs don't feel this subject is a laughing matter).

The research illustrates that, although poorly educated and emotionally damaged in many cases, VYP are nevertheless often sophisticated in their tastes. They like designer labels and they recognise 'cool' design style. They are also sensitive about being patronised and being stereotyped (e.g. very few young homeless are actually rough sleepers). All these factors need to be borne in mind when designing resources for them.

The reports on each of the six research projects discuss the reactions of specific categories of VYP to a very wide range of drugs resources. It would be helpful to refer to this detail when designing resources for particular audiences.

The comments overleaf constitute only a brief synopsis of reactions to specific resources and the reasons why some appealed and others did not. (N.B. All The resources mentioned in this section were given to the FRANK Campaign Team at the debrief on 15<sup>th</sup> February 2005.)

## A. RESOURCES WHICH HAD A UNIVERSAL APPEAL

- **Drugs: The Facts (FRANK)**
  - Very familiar publication
  - Widely distributed in schools and many local authority establishments for many years
  - Still very popular with young people and support workers
  - Handy size (slips into pocket)
  - Easy-reading magazine format - can dip into it, there are quizzes, stories in cartoon format, scratch card sections etc
  - Ideally it needs to be updated pictorially (beginning to date) but still a useful and engaging publication
  
- **The Score: Facts About Drugs (FRANK)**
  - This has the same positive qualities as Drugs: The Facts, but contains more detailed information about individual drugs
  - Seen as a useful booklet for young people who want more in-depth information about drugs but in an accessible format
  - Researchers received frequent requests from VYP and support workers for copies of both the above-mentioned booklets
  
- **FRANK: Drug Pack**
  - This pack was designed specifically with young people with learning difficulties in mind. Since many of the VYP in the sample were poor readers, the contents of this pack had considerable appeal for them
    - amusing illustrations
    - small amount of text
    - very colourful pack in general
    - shows what drugs look like
    - lists street names of drugs
    - provides advice on where to go for help
  
- **FRANK Advice Leaflet: When your parents have a drug problem**
  - This 'leaflet' only consists of two sides of A4 paper but it seems to cover all the relevant issues in a very straightforward way
  - There seems to be the potential for this to be developed into an engaging booklet if the information were to be illustrated and presented in a more interesting format

- **Drug Myths (Lifeline)**
  - Aimed at parents but the format appealed to wide range of VYP and support workers (i.e. Similar to a Q&A format)
  - Children of PDUs felt a similar booklet could be produced to explain to them why their parents misuse drugs and alcohol
  
- **Uncle Bob and Me (Lifeline)**
  - Interesting, easy to read leaflet about grooming (developed by Child Protection Committee in Nottingham with help of sexually exploited young men)
  - N.B. Support workers feel there is an urgent need for a similar publication explaining the grooming process to girls
  
- **Up 4 Rent/On The Beat (Lifeline)**
  - Both found engaging and realistic by young people working as prostitutes and perceiving selling sex to be their 'job'
  - Style/content too 'in yer face' for younger sexually exploited boys and girls who are probably more in need of a publication to help them resist 'grooming' including resisting offers of 'free' drugs
  
- **Young Carers (Lifeline)**
  - Leaflet appealed to children of PDUs and support workers
  - Style and tone make for easy reading and are not offensive
  - Lists organisations who can help
  
- **A New Direction (HIT)**
  - Useful publication for young offenders going back into community
  - Could be more colourful/engaging but it covers the right issues
  
- **Cannabis (HIT)**
  - Very 'cool' cover design
  - General design (black and white photography) also 'cool' and size makes it portable
  - Content not easy to read - most would not bother with this
  
- **Cocaine (HIT)**
  - Similar comments about design as were expressed for Cannabis booklet
  - However, less interest in cocaine amongst VYP due to expense

## B. RESOURCES WHICH FAILED TO APPEAL

- Hayzy Dayz (Mentor/FRANK)
  - Appears text-heavy and many young people can't be bothered to read it
  - Fold-out format useful as a poster but less appealing than a booklet
  - Content seldom discussed because few read much of the copy
  - Minority did find it amusing due to its tone and content
  
- Talk about Cannabis (FRANK)
  - Colourful but not 'cool'
  - Not easy to read white text on coloured backgrounds
  - Content found interesting but design should ideally be changed to booklet format and text made more legible
  
- Polishing Your Nails (Lifeline)
  - Too sophisticated and text-heavy for the age group associated with the use of solvents (i.e. pre-teens)
  - Cartoon style looks easy to read but isn't
  
- Lifeline Series: Frequently Asked Questions
  - Size of booklets appeals - handy to slip in pocket
  - Each booklet covers a specific drug in detail but provides more detailed information than average VYP required

## 7. FRANK: AWARENESS, ATTITUDES AND USE

### 7.1 Awareness

These six research studies were conducted over nearly a two year period starting just before the launch of FRANK in May 2003. The increase in awareness of FRANK over that period has been very marked. By the end of 2004 there appeared to be almost universal awareness of FRANK amongst most groups of VYP and their support workers. Most of those interviewed had seen at least one TV ad, heard a radio execution and seen a press ad or poster.

Virtually all the VYP and support workers were also very familiar with Drugs: The Facts and The Score but, since both publications had been in circulation for many years, neither was readily associated with FRANK (i.e. FRANK is 'new' and these publications are 'old' and re-branding has not been noticed).

## 7.2 Attitudes to FRANK

### i) Campaign material

Most of the FRANK campaign material (e.g. TV ads, press/poster executions) was developed for the FRANK launch in May 2003 and aimed at a mainstream audience of 11-18 year olds rather than at groups of vulnerable young people.

The purpose of these research studies was to ascertain the extent to which the content and style of the FRANK campaign was on the right lines for VYP or would require some changes.

The research revealed that, although the majority of VYP found much of the campaign material interesting and amusing, few identified with the types of young people featured in the press ads and posters because they appeared to be:

- too happy and carefree
- too 'clean' and well-dressed.

Support workers, in particular, felt that the young people shown in the FRANK ads were not very similar to the stressed-out young individuals which they saw in their agencies. VYP were said to have a tendency to:

- Avoid eye contact with people
- Dress in 'layered' clothing, often involving a baseball cap and hoodie in the case of young males
- Congregate in groups rather than sitting alone in a park or walking alone along the street.

The campaign's tongue-in-cheek style appealed to the majority of VYP, although some were irritated by it because they felt that drugs seemed to be being treated in a light-hearted way whereas some of them had had first hand experience of the damage drugs caused to young people and their families when use became problematic.

### ii) Likelihood of using the FRANK service

Once young people have been brought under the wing of an NGO they have very little need of FRANK because they usually receive exactly the type and quality of help they need.

The situation in which VYP need help is prior to contact with an NGO. This is potentially when FRANK could be of most benefit to them, although the

majority seemed unconvinced that FRANK's service would be useful except as a source of referrals to an NGO.

The FRANK helpline, for example, had little appeal to them because it did not provide a counselling service. VYP's perceptions of the FRANK helpline is that it provides information about drugs and could be used in an emergency if they or a friend/family member required referral to medical help/advice.

This research strongly suggests that if a vulnerable young person is in need of help in relation to drugs and/or personal problems his/her main need is for a person to talk to face-to-face rather than a disembodied voice at the end of a telephone line. Most of the VYP in these research studies seemed unconvinced that a telephone service would have been much use to them in the months/years when they were having problems prior to being introduced to an NGO. Most felt that their problems were too personal, too complex and too embarrassing for them to feel comfortable talking to a faceless stranger on the phone. There was also considerable concern about the confidentiality of the FRANK telephone service because VYP were worried about the potential repercussions which might result from talking openly about their own or their parents' problematic use of drugs or any other types of abuse.

The talktofrank.com website was not felt to be particularly relevant for the majority of VYP because it would require the young person to be able to access the internet in private and many did not live in circumstances which made this possible (e.g. residents of young offenders' establishments, those living in children's homes/foster care, young homeless etc). The impression of talktofrank.com is also that it mainly provided information about drugs whereas the main need of VYP is for access to face-to-face support on an ongoing basis. VYP need to make contact with a person who understands and empathises with them when they are in a crisis situation.

### iii) Use of FRANK

Only very small numbers of VYP and support workers had made use of FRANK, although where this had happened the feedback was very positive.

On the whole, VYP and support workers felt that the standard FRANK service was not ideal for vulnerable young people except for the purposes of referring them to a local NGO who could provide more hands-on support.

#### iv) Opportunities for FRANK with VYP

Overall, on the basis of this evidence, the main opportunities for FRANK in supporting vulnerable young people appear to be as follows:

- Providing a referral service to local NGOs
- Providing special resources for different groups of vulnerable young people which relate to their particular problems (e.g. offending behaviour, homelessness, sexual exploitation etc) but also more generic resources for vulnerable young people in general since many VYP have the same sets of problems in childhood and during their teenage years (e.g. poverty, neglect, parents who are PDUs etc) which result in greater problems (e.g. use of drugs, offending behaviour, being taken into care etc) as time goes on.

The types of resources which are mainly required would be for interactive use with VYP by support workers and would involve:

- FRANK cards for outreach workers from NGOs
- Paper resources (sets of cards, leaflets, booklets) designed to engage the interest of VYP by relating to their specific problems and the ways in which they use drugs (or may be tempted to use them) in order to alleviate these problems - and highlighting coping strategies in these situations, different 'choices' to be made, different 'consequences' of these choices and alternative options to using drugs as a means of escape or deadening the pain
- Videos featuring typical VYP case histories which can be discussed, evaluated, provide some useful lessons etc
- 'Cycle of Change' workbooks (e.g. as used by CARAT workers at YOIs) which allow VYP to evaluate their own behaviour and the ways in which they have contributed to their own problems or have the potential to change the course of their life and overcome their problems.

These studies also suggest a need for FRANK drugs information resources to be provided which are aimed specifically at support workers, foster carers and others who are directly involved with VYP who are not specialist drugs workers but who nevertheless feel that it is important to be well-informed about drugs and their role in the lives of VYP.

Finally, in order to address the perceived need for more in-depth counselling, an off-shoot of the FRANK telephone service could possibly be dedicated to helping VYP who need to talk in more detail about their problems.



## **APPENDIX I**

### **DETAILS OF SAMPLE DESIGNS FOR THE PROJECTS**

#### **1. INITIAL EXPLORATORY PROJECT (7 categories of VYP)**

The initial project involved a total of 24 group discussions and 4 depth interviews. The sample design was as follows:

<b>Vulnerable category</b>	<b>Sample details</b>
1. Looked-after children (15-18)	2 groups living in Children's Homes 2 groups living independently
2. Young offenders (15-17)	2 groups living in Secure Units 2 groups living with their families
3. Homeless living in hostels (16-21)	2 groups in hostel accommodation
4. School excludees/truants (12-17)	4 groups living with their families
5. Children of problematic drugs users (12-18)	2 groups living with their families
6. Refugees (16-21)	2 groups living independently
7. Young people sexually exploited by prostitution (17-23)	2 groups (plus 4 in-depth interviews) with mix of homeless and living independently
8. Young people fitting several of the above categories (12-17)	4 groups living with their families

Recruitment was undertaken via an extended network of Government departments, local authorities and NGOs. Many of the initial contacts had been involved in the FRANK stakeholder research in November 2002.

The total sample involved 188 young people. It also comprised a wide cross-section of black and minority ethnic groups and mixed races. With the exception of the sexually exploited, the homeless living in hostels and a minority of refugees, all respondents were still in full-time education.

Recruitment criteria focused solely on the specific vulnerability category and age of respondents and did not involve their attitudes to or use of Class A drugs since this was one of the issues which the research was designed to explore.

Fieldwork was conducted from 10<sup>th</sup> February to 13<sup>th</sup> March 2003 in the following areas:

Thamesmead/Abbey Wood	Northampton
Bexley/Slade Green	Nottingham
Kings Cross	Salford
Soho/West End	Liverpool
Oxford	Portsmouth

## 2. YOUNG OFFENDERS PROJECT

The overall sample involved:

- 12 x 1 hour group discussions with young offenders
- 20 x 45 minute face-to-face depth interviews with support workers
- 6 x 30 minute tele-depth interviews with support workers.

The sample design was as follows:

### Representation of custodial establishments

Sample of young offenders and support workers drawn from:

- 2 local authority secure children's homes [LASCHs] (London, Liverpool)
- 2 secure training centres (Rochester, Rugby)
- 2 young offenders institutes (Lancaster, Warrington)
  
- 9 x 1 hour group discussions with young offenders ranging in age from 11-21 (ages appropriate to different custodial establishments)
- 12 x 45 minute face-to-face depths with a range of support workers at the above establishments.

### Representation of Youth Offending Service teams and young offenders in the community

Sample of young offenders and support workers attached to YOS in Brighton and Gloucester

- 3 x 1 hour group discussions with young offenders aged 11-18 years
- 4 x 45 minute face-to-face depths with main drugs workers attached to YOS teams
- 4 x 45 minute face-to-face depths with generic practitioners attached to YOS teams
- 6 x 30 minute tele-depths with YOS workers in Lambeth, Liverpool, Leicester, Leeds and Birmingham

The young offenders sample comprised roughly two-thirds young men and one-third young women. The balance towards males rather than females was designed to reflect the greater numbers of young men in the care of the youth justice system. The sample of support workers comprised roughly equal numbers of men and women and reflected the proportions involved at the range of establishments visited.

Fieldwork was conducted between October 2003 and January 2004.

### 3. YOUNG PEOPLE SEXUALLY EXPLOITED BY PROSTITUTION

The research was conducted qualitatively and involved 47 x 45-60 minute face-to-face depth interviews and 6 x 30 minute tele-depth interviews.

Roughly two-thirds of the project involved young females and their support workers and a third involved young males and their support workers since it was felt that sexual exploitation probably affects girls/young women to a greater extent than boys/young men - although there is little or no statistical evidence of the scale of the overall problem or the relative risks for the different genders.

The breakdown of the sample was as follows:

- Girls/Young Women's Sample

Support Workers

- 19 x 45 minute face-to-face depths
- 4 x 30 minute tele-depths

Sexually exploited girls/young women (majority aged 16-23)

- 13 x 45 minute face-to-face depths

- Boys/Young Men's Sample

Support Workers

- 8 x 45 minute face-to-face depths
- 2 x 30 minute tele-depths

Sexually exploited boys/young men (majority aged 17-24)

- 7 x 45 minute face-to-face depths

Fieldwork was conducted in London, Nottingham, Bristol, Manchester, Rotherham, Liverpool, Stoke-on-Trent and Hastings between November 2003 and April 2004.

#### 4. LOOKED-AFTER CHILDREN/YOUNG PEOPLE

The research was conducted qualitatively. The sample is outlined below:

- 25 x 45-60 minute face-to-face depth interviews with looked-after children/young people (13 boys/young men; 12 girls/young women)

<u>Looked-after status</u>	<u>Depths</u>
Living in children's home	
- aged 11-13	5
- aged 14-16	5
Living in foster care	
- aged 11-13	5
- aged 14-16	5
Care Leavers	
- aged 17-18	5

- 25 x 45-60 minute face-to-face depth interviews with support workers

<u>Organisation/employment status</u>	<u>Depths</u>
Workers in children's home	5
Social services specialists (including Leaving Care team members)	5
Foster care organisations	5
Looked-after charities	5
Foster carers	5

Fieldwork was conducted in London, Leeds, Manchester, Portsmouth, Northampton, Wakefield, Swinton, Rotherham, Ipswich, Norwich and Cheltenham between 19th July and 10th September 2004.

#### 5. YOUNG HOMELESS

The research was conducted qualitatively and the sample is outlined below:

- 30 x 45-60 minute interviews with homeless young people aged 16-21
- 20 x 45-60 minute interviews with a broad cross-section of support workers in this field.

There were slight discrepancies between the sample outlined in the research proposals and the sample achieved. The sample design which was proposed initially is set out below.

<b>Homeless Status</b>	<b>Depths with 16-21 year olds</b>	<b>Support workers</b>
Roofless	5	5
In hostel accommodation	5	2
In bed and breakfast accommodation	5	2
Squatting	5	2
Sofa surfing/dossing on floors	5	2
In temporary housing	5	2
11-15 year olds temporarily homeless (runaways/throwaways)	N/A	5

Once recruitment began, however, it was realised that it would be preferable to adopt a less rigidly structured sample design because young homeless people tend to form a fairly fluid population and often move from one type of 'homeless' status to another in a fairly short space of time. The majority appear to experience all the different types of homelessness outlined above until most eventually become settled and permanently housed.

The sample design which, therefore, seemed likely to provide the most accurate reflection of the young homeless population was based on the length of time which the young people in question had been homeless and the various agencies which dealt with young people at these junctures in their lives. The young people and support workers recruited for this project therefore fell into the following categories:

	<b>Young People</b>	<b>Support workers</b>
Newly homeless* (i.e. less than one month)	8	6
Short term homeless (i.e. 1-6 months)	12	7
Longer term homeless (6 months - several years)	10	7

(\* 'Newly homeless' category included some homeless for the first time but also some who have been in hostels/supported temporary housing but failed to comply with regulations and lost their right to this accommodation)

Fieldwork was conducted in London, Portsmouth, Bristol, Gloucester, Sheffield, Northampton, Birmingham, Kidderminster and Newcastle between 16th August and 14th September 2004.

## 6. CHILDREN OF PROBLEMATIC DRUGS USERS

The sample involved a total of:

- 25 x 45-60 minute face-to-face depths with young people aged 10-18 years
- 20 x 45 minute face-to-face depths with workers involved with children of problematic drugs users

The young people's sample involved:

- 10 x 10-13 year olds
- 10 x 14-16 year olds
- 5 x 17-18 year olds.

There were 14 girls and 11 boys included in the sample.

The support workers' sample involved:

- 14 workers in specialist agencies (e.g. Barnardo's Action with Young Carers, STARS Project, Oasis in Brighton, COSMA in Liverpool and many others)
- 6 social workers

Fieldwork was conducted in Liverpool, Birmingham, Leeds, Brighton, Luton, Nottingham, Bristol, Wellingborough and London between 26<sup>th</sup> October and 26<sup>th</sup> November 2004.

## **APPENDIX II**

### **ORGANISATIONS WHO WERE CONSULTED ABOUT RECRUITMENT AND WHO ASSISTED WITH THE PROCESS**

- Addaction
- Adfam
- Alone in London Service (ALS)
- A National Voice
- Ashley Copse Rehabilitation Unit (Andover)
- Barnardo's Policy Unit
- BAWYC (Barnardo's Action With Young Carers)
- BASE (Barnardo's Against Sexual Exploitation)
- Big Issue
- Brighton Oasis Project
- CAN (Northampton and Wellingborough)
- Centrepoint
- Childline
- Connexions
- COSMA (Children of substance mis-using adults)
- CRISIS
- Federation of Drugs and Alcohol Professionals (FDAP)
- Foyer Federation
- Get Connected
- Get Real Team (Rotherham)
- HEAT (Leeds)
- HIT
- Homeless Link
- KeyChange
- Lifeline
- MASH (Manchester)
- Motiv8 (Portsmouth)
- National Children's Homes
- National Homeless Alliance
- New Horizon Youth Centre
- ODPN Homeless Unit
- Potteries Housing Association
- POW (Nottingham)
- STARS Project
- Shelter
- Southern Focus Trust
- Stonham Housing
- SW5 (Young Men's Project)
- The Children's Society
- The Connection at St Martin's
- The Fostering Network
- The Linx Project (Liverpool)
- The Prince's Trust
- The Who Cares? Trust
- University of Central Lancashire
- YMCA/YWCA
- Youth Justice Board
- Wide range of social services throughout England
- Wide range of local authority childcare and education services