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DESCRIPTIONS OF INNOVATIVE APPROACHES INCLUDING PROFESSIONALS' AND YOUNG PEOPLES' PERCEPTIONS AND NARRATIVES

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1. INTRODUCTION

One of the key findings from the WP4 review of literature, scoping survey, and interviews with key informants, was that there is a paucity of initiatives from England and the UK more widely which have been specifically designed to address substance use prevention for those aged 15-24 who are in contact with the criminal justice system. Following on from the work in WP4 and the advice of the UK National Advisory Group for the project, two interventions were chosen to explore in greater depth. These interventions were chosen because they were willing to be case studies for the project and they also represented 'innovative approaches'. The first intervention, Project A, is specifically targeted at young people already in contact with the criminal justice system. The second intervention, Project B, is targeted at young people who are either already in contact with the criminal justice system or considered at 'high risk' of problematic substance use and offending behaviour (see fuller descriptions of the projects below and in the Appendix).

Both projects have their own websites which provided useful overviews of the interventions including aims, objectives, vision, approach, and types of service provision. The information on these websites was used to develop further questions for the interviews with the professionals and practitioners working within these interventions and the young people with experience of them. Documents produced by the projects, such as project descriptions, were also employed in the analyses. Neither of the projects had been subject to formal evaluation at the time of writing. However, Project A is currently part way through a three year pilot evaluation.

Across WP4 and WP5, a total of 16 professionals/practitioners who had developed and delivered interventions for young people in contact with the criminal justice system were interviewed either in face-to-face interviews, telephone interviews or focus groups. Themes emerging from WP4 interviews informed data collection from the chosen projects for this phase of WP5 and were relevant to this report. Interviews were conducted with the lead professionals in each of the selected projects. These were the individuals who had helped to design and develop the interventions. In Project A, two professionals were interviewed. In the case of Project B, an interview with the lead professional and a focus group was also conducted with six professionals (one manager and five Youth Offending Services (YOS) case workers) who were delivering the programme sessions with young people in contact with the criminal justice system. The interviews and focus groups were recorded and transcribed. The interviews and focus groups were analysed and coded thematically according to themes identified from WP4 and the literature. Emerging themes were also captured in the coding and analyses.

Interviews and focus groups were also conducted with young people who had been part of the project or intervention. For Project A, a focus group with six young people was undertaken. The focus group was organised by the project manager and the participants were selected by him. This was recorded, transcribed and analysed thematically. Young people who participated in the research were given a £10 voucher as an appreciation for their time and contribution to the research. The interviews with the young people were coded and analysed according to the common coding book. The focus group was coded and analysed thematically.

There were a number of challenges in accessing and interviewing the young people who were involved in the initiatives. Although the practitioners and professionals were very keen to facilitate our access to the young people, it was difficult to get concrete dates and times

arranged with the young people themselves. In one case, a focus group was felt to be the best option for facilitating access and for the young people to feel comfortable taking part in the research. We aimed to interview a diverse cross section of young people, including males and females and those from a range of ethnic and cultural backgrounds; however, this has not yet been achieved due to ongoing access challenges.

The next section of the report provides a descriptive overview of the two programmes. Section three reports on perceptions of the problem and views on the prevention approaches. This is followed by a discussion of the main challenges faced in initiating, delivering and sustaining interventions.

2. DESCRIPTION OF INTERVENTIONS

Project A

This programme is aimed at 11 to 18 year olds in contact with the CJS and considered to be high risk due to their history of offending and life circumstances. The objective of the project is to build resilience among young people and to develop effective coping strategies to deal with risk and difficult situations. The programme was developed as a schools prevention initiative but has recently been extended to youth offending services and has been accredited by the Feeling Safe Foundation. The programme covers a wide range of issues of which substance misuse is one.

The project uses a variety of mediums and activities to promote greater awareness among young people of the consequences of their risky behaviour. Two fundamental principles underpin the 'protective behaviours' approach;

- 'we all have the right to feel safe all the time' and
- 'we can talk with someone about anything even if it's awful or small'

The programme consists of a series of topic packs that include videos, activities, and discussion questions. These materials are intended to be used as ways of initiating discussion with young people about behaviours that could be risky or dangerous and to give them the skills they need to remain safe. The full programme has not yet been evaluated for use in the CJS. (for more detail, see Appendix 1)

Project B

The first intervention chosen is a relatively new (i.e. less than 2 years in operation) charity organisation based in South London which aims to keep young offenders occupied in order to prevent them from re-offending. The programme 'upskills' and trains young people (16-21 years old) to become peer navigators which culminates in accredited qualifications in peer mentoring, youth and, community work. Navigators can then undertake paid sessional work with the organisation that includes delivering group sessions to young people in schools or one to one work with young people in contact with the criminal justice system. In addition, once trained the peer navigators can sit on the Board of Directors for a year so that they make up 50% of the board alongside a range of professionals from mental health, criminal justice and local organisations. Development of these skills is thought to contribute to increased resilience, leadership and engagement with education and employment. The programme is currently part way through a three year pilot evaluation which will measure these potential outcomes.

Navigators either volunteer themselves to become involved in the programme or they are approached by one of the staff as they come through the YOS process. The objective of

creating the programme was to create a 'bridge' between the CJS and referral services (e.g. mental health services or substance misuse services) where young people are often expected to navigate their own journey through these services. The aim is to train up to 50 young people in the navigator programme in the first year (for more detail, see appendix 1)

3. DEFINING THE PROBLEM AND THE SOLUTIONS

3.1. Perceptions of the problem and its causes

3.1.1 Substance Use

All of the professionals that we spoke to identified cannabis as the most common substance used by the young people they work with, with alcohol and other illegal drugs being seen less often. Many of these young people smoked cannabis daily while still managing to maintain engagement with school or college, often leading to a failure to acknowledge any problems with their drug use. There were also concerns that young people's information about the potency of cannabis was outdated and that they did not understand how newer, stronger strains (i.e. skunk) could affect their mood, motivation and physical and mental health. Professionals reported also that young people appeared unaware of the potential long-term impacts frequent cannabis use could have on mental health. Additional challenges are evident in these scenarios where it is difficult to get young people to consider their future mental health when they are not experiencing any particular difficulties at the time;

"It takes you a long time to register the problem, to know what the problem is and then figuring out how to overcome the problem. And it takes you a couple of years, in fact it takes you even longer..." (Young person 1, Project A focus group)

Similar concerns were raised regarding trying to get young people to think more generally about the consequences of their behaviour, which is the major focus of both of the interventions chosen for description in this project;

"...it's not so much they're using cannabis, it's just that it's all the time they're using cannabis. So I say to them like if I stank of vodka sitting here what would you think of me, and they'll say like no man kind of thing, but it's like exactly the same. If I had a shot of vodka when I had my breakfast, you would think I'd got a problem, but you're quite happy to have a joint on the way to school". (YOS manager Project B Focus Group)

The influence of peers, celebrities, social media and changing trends were identified as the main factors driving the use of cannabis and other substances. For example, a number of professionals spoke about 'Dirty Sprite' (a mixture of Sprite, cough syrup and codeine) which had become popular among some young people through an American rap artist. It was felt that a lack of activity, especially for young people who may already be disengaged from education or employment was a route into greater involvement in drug use. Social media was discussed as a particular challenge because of the gap in knowledge and understanding between generations and the increasing reliance of young people on social media to access information;

"I think we are playing catch up with the materials we use generally really aren't we. We are trying to get up to speed with it, because it dawns on me that no one is providing that counter narrative to the things that they're watching themselves". (YOS case worker 1, Project B Focus Group).

"...what we got was a group of young people that were professing that they were able to make adult style decisions, because they'd watched the telly, they'd got

iPhones, they'd done this, they'd done that...but emotionally they weren't particularly mature, but also emotionally were fairly disaffected...you know very low self-esteem, very low self-worth, very sketchy understanding of empathy and why what they're doing might not be a good idea, because they didn't really understand the impact that it was having on other people". (Lead Professional, Project B).

Peer influence was cited as a contributing factor in the normalisation of cannabis use which was seen as an increasing issue with young people within and outside of the CJS with it becoming more socially acceptable and easier to acquire than alcohol for younger people. Use of cannabis within family groups was also acknowledged as an issue contributing to this normalisation process;

"...the majority of the people in the school could be smoking and then if you're the one that's not smoking then you're by yourself and have that isolation and you think I need to find people to chill with. And then the people you're going to chill with the majority are smokers..." (Young person 5, Project A focus group).

"...I mean cannabis use is so normalised by our group of young people that it would be hard to get them to completely stop unless there was a particular health issue...Even then, because I think it's normalised with adults as well in the family as well, it's not just the young people, parents, aunts, uncles, whatever are smoking as well and it's really hard to break down that". (YOS case worker 5, Project B Focus Group).

One professional identified young people who had started to use drugs, in particular cannabis, as a form of self-medication for existing mental health issues that they were not receiving support for. For others, drugs and/or alcohol were a means of coping with extensive family difficulties, such as parental substance misuse or domestic violence or a way of feeling less anxious and more confident;

"...sometimes drugs make you feel different. So someone who is insecure starts smoking drugs and it starts building that confidence and that confidence will lead them to something else like theft and then theft will lead them to the adrenalin of doing it again". (Young person 1, Project A focus group).

Drugs for some young people then were seen as a way of escaping these issues that may be outside of their control;

"...it comes with so many things because like you said being isolated...you might pick that habit up to fit in or whatever. But it also comes with like all the other dramas outside of that, like some people take up drugs for whatever problems they've got at home...just to try and fade it away and stuff like that" (Young person 4, Project A focus group).

3.1.2 Drug Supply

Involvement with the CJS could also be due to offending through drug supply, although for many young people there was considerable overlap between drug use and supply. In general, it was thought that in some areas of the country young people were more likely to be selling Class A drugs, but using cannabis.

Becoming involved in the supply of drugs was viewed by professionals as an issue of vulnerability and exploitation of young people. Younger adolescents are increasingly being used by gangs to sell drugs partly because the criminal justice responses for a first offence for this age group tend to be relatively light. A prominent issue that was raised by all of the professionals we spoke to was that of 'county lines' where young people are sent to rural and semi-rural areas to sell drugs intensively over a few days (NCA, 2017). In addition, becoming involved in organised drug supply gangs opened young people up to other

vulnerabilities of creating debts to the gangs, carrying weapons, exposure to violence, and becoming entrenched in the culture of drug use and supply through a sense of obligation to community 'elders' who they look up to;

"They want some belonging somewhere. They want someone to look up to. A lot of families we're dealing with that is what appears to be an issue, where they are looking for someone to look up to, a male role model which they haven't got within their own family setting. That's where the elders come in. Someone on the street, who is someone that's respected and can give them, not necessarily positive guidance, but a little bit of advice about stuff and then essentially exploit them" (YOS case worker 5, Project B Focus Group).

For young people who feel they have no alternative role models, the need for guidance can steer them towards inappropriate others in a desire to find someone to look up to;

"...advice and support that's the main thing and that's what I think the young people really need, because in our day...the only guidance that we had was you know...get shot or yeah here take this, smoke this...and that's what was out there straightaway from the time you got out of school, from the time you went out, let's rob a bank and make a bit of change..." (Young person 2, Project A focus group).

For some young people living in highly disadvantaged households becoming involved in drug supply could be seen as their way of providing additional income to their families in one of the only ways available to them. The attraction of the money that can be earned in supplying drugs was seen as a major factor for young people who would otherwise have no income, an issue that was seen as a barrier to engaging these young people in education or training as a way out of the drug supply market.

Some young people may become involved in drug supply through a combination of exposure to a culture of drug use and supply from their communities and peers and a lack of understanding of what is involved until it's too late to change their minds. Alongside the potential money that could be earned through drug supply, young people who may be feeling disaffected can see this as a way of gaining respect and status from others and a means of keeping themselves safe, at least in the short term;

"A lot of them, drug dealing was always seen as quite a glam thing, you know something that was a bit cool...a lot of the kids don't see it as anything now, apart from money, just earning. And it's also about respect because I know I've got a big man or a big woman backing me up, it means that I won't get beaten up on the street" (Lead Professional Project B).

"I've always been around, I always knew what was what, but selling I think was the first hand that I picked up and I was like...selling was like now I'm going to show the world what I'm about" (Young person 1, Project A focus group).

This again was seen as being largely driven by organised crime and gangs with increased amounts of drugs being sold and subsequent increased risks for young people;

"...whereas previously you'd have a lad with a few bags of whatever, whereas now we're talking about 100, we recently had a kid picked up out of borough with 150 wraps of class A. So, it's very organised and there's a lot of money involved and to get into the thinking behind that is obviously very difficult" (YOS manager, Project B Focus Group).

3.2. Solutions – prevention approaches

3.2.1 Defining prevention

Prevention can be defined very widely to include primary prevention through to treatment and harm reduction activities (sometimes called tertiary prevention). For young people seen in criminal justice settings, practitioners' comments indicated that prevention needed to be defined as widely as possible. One project manager working with young offenders suggested that what they do is:

"the middle ground between treatment and prevention.... It's certainly over and above universal but certainly not at a level of specialist treatment" (Lead professional, Project B).

A substance misuse worker described the work he undertakes with young people:

"... so, advice and information and the group work. So what I look at is if someone is using regularly every day or they're smoking quite regular and they're not engaging in school, I'll refer them to... a service which is meant to be treatment. But it's very rare that kids are given treatment to be honest" (YP Substance Use worker, Project A).

For young people it was important that youth workers focused on keeping them safe in the first instance as they did not feel that it was always possible to prevent or discourage use entirely. They also highlighted the need to replace drug use with something more constructive if the aim of intervention is to eventually have the young person stop entirely;

"Yeah, you've got to just do it like, people aren't going to stop doing it, but you have to find a way for them to do it safely" (Young person 3, Project A focus group).

"...some of it is yeah about harm reduction and minimising and looking at that, but also give them something to wake up in the morning for. I guess to do things, to minimise the time..." (Young person 2, Project A focus group).

However, preventing young people getting involved in the supply of drugs was also a key part of prevention interventions. Project workers in London told us:

"Also, talking about supplying drugs as well, which is the main thing for our borough. So I do a little bit around how do you get involved, how to people get you involved with it and stuff like the signs of it and the dangers of it really. (YP Substance Use worker, Project A).

Prevention, therefore, was seen as necessary in relation to the whole gamut of drug related activity and relevant to different stages in young people's drug using trajectories from primary prevention approaches to harm reduction for those already using or involved in supply chains to treatment approaches designed to prevent more extensive or more problematic patterns of use.

3.2.2 Universal, selective and indicated prevention approaches

Interventions in drug use may be universal (delivered to a total population) selective (delivered to identified subsets of young people) or indicated (delivered to specific individuals with identified risk). As discussed in WP4 country report, in the UK, initiatives to prevent or intervene in drug use are delivered by schools and by a range of charity (NGO) and community sources – some of them, such as Youth Offending Services, within the CJS and some within the secure estate. These interventions range from general universal prevention programmes to treatment for dependence and they are funded, resourced and

implemented in different ways. In England, universal drug prevention is a statutory part of the science curriculum for schools and can be expanded through the non-statutory personal, social and health education (PSHE) programme. Project staff felt that there was a need for universal prevention initiatives to start early at school:

“Some of them said to me they’ve been smoking weed since they’re 12 years old, so when we do work on ones who are 15, they are already 2.5 years down the line, probably in a crew, probably out of school, so I think prevention may be too late then. It’s more about damage limitation...I think we’ve got to start looking at a younger age....I think Year 6,7,8 is the time to be doing more prevention work.” (YP Substance Use worker, Project A)

This was supported by young people themselves who had experience of drug use and becoming involved in drug supply at a young age before being offered any kind of education or prevention input, it was suggested that starting to work with young people from these ages would also be more effective and useful;

“...I think some people that used to smoke at my school, started smoking from like Year 7 all the way to 11, smoking all them years...but if they’ve done it once or twice, or three or four times, from Year 7 to 9 or something then that’s not really into the system...and they are actually grafting hard to get that money to buy that as well. I think if we can work with them ages a bit more, it would make more sense” (Young person 1, Project A focus group).

However, young people with poor school attendance and poor engagement in school or other organised activities are likely to miss out on universal programmes. Some selective programmes have aimed to identify ‘at-risk’ children and families or have had a focus on ‘vulnerable’ groups, such as young offenders, looked-after children, care leavers, those not in education, employment and training, young homeless people, etc., many of whom experience multiple problems. These targeted initiatives may be drug specific or may include drugs within a more holistic approach aiming to address a range of connected problems.

3.2.3 Selective and indicated approaches: advantages and disadvantages

Few drug prevention projects have been set up specifically for young people in the criminal justice system – and very few were identified in the WP4 scoping exercise. The issue of targeting groups ‘at risk’ or ‘vulnerable’ to drug use and offending behaviour was raised in some of the interviews. This approach could be viewed as problematic in that it stigmatizes and labels young people early on in their lives. Here, the concept of ‘pre-crime’ (see work of Zedner, 2007) is useful in understanding how these groups of young people are categorized and classified. For example, being defined as ‘difficult’ by teachers could lead to referral to services outside the school:

“These are young people who are involved in behaviours that are, they are classed as risky behaviours, problematic behaviours, difficult behaviours, because they aren’t officially offending, they aren’t known to the criminal justice system, but certainly in the case of a couple of lads that was the expectation from the school staff, about where these boys were heading.” (Lead Professional, Project B)

From the point of view of the young person, contact with the criminal justice system could bring kudos and respect. But project staff were concerned that being caught up in the criminal justice system could be stigmatising:

“.. for some we know that their issues are going to be, it’s going to change the way that other people interact with them. If they’re known as an offender. If they are known as a violent person, people’s responses and reactions will be different towards

them. So when we're delivering our work, we need to modify our responses in that way basically. (Lead Professional, Project B)

For young people themselves there could also be a reluctance to engage with drug specific interventions through the YOT as it is seen as an establishment organisation that is not fully trusted by younger generations and perceived as lacking genuine understanding of young people's lives and experiences;

"I mean someone who has had experience is so much better than someone who just knows the effects because they read it in a book, because people just have that relatability. And it's kind of like people are more involved and will more want to be involved when they feel like you're the same as them" (Young person, Project A focus group).

"I think also it helps to understand their...language, the slang or whatever terminology that they are using for these things nowadays" (Young person 5, Project A focus group).

Furthermore, all our informants – including those discussing drug specific interventions in the CJS – agreed on the necessity of addressing drug use and offending as part of a young person's wellbeing which included mental, emotional and social needs:

"One of the biggest points for me is CJS workers understanding that you don't just focus on the offending and you need to look at the wider individual. You've got to look at the individual and not the offence" (Lead Professional, Project B).

3.2.3. A partnership approach

Given the complex nature of the problems presented by young clients, partnership approaches which drew on a range of mental health, physical health and social welfare services were seen as a key component of providing appropriate support for young people in the criminal justice system. Partnerships were mentioned with sexual health services, rape crisis counselling, supported housing, children's mental health services, schools, GPs, police and social services. Referrals can be made from these services to substance use services for young people. Some services worked in partnership with the police in terms of information and intelligence sharing.

However, diversity of available support services in different areas and fragmentation of services posed problems. It was felt that there is a lack of sufficient knowledge about many smaller services in local areas that could potentially support young people.

"...there are a lot of gaps because there isn't enough communication, enough promotion within criminal justice for the number of services that are available to people out there" (Lead professional, Project A).

On the other hand, multi-agency working was reported as an inbuilt feature of the youth offending service, so young people within the service would have access to a range of specialists from different sectors.

Examination of partnership approaches was not a focus of this study. However, we know from other practice areas that partnership working is not easy and often brings new issues to the fore (e.g. Hunter and Perkins 2014). Given the need to involve multiple services and workers with a wide range of skills and knowledge, this aspect of prevention approaches would benefit from further examination.

3.2.4. Finding a solution

Clearly, then, universal approaches have the advantage of avoiding labelling and stigmatisation but often fail to reach young people coming into the criminal justice system. Selective and indicated drug specific approaches may present challenges in engaging young people and in avoiding stigmatisation and may be difficult to sustain (See challenges below). Where drug use is embedded within generic approaches, a more holistic approach may benefit young clients; but there may be a risk that use and involvement in supply chains might be overlooked and drug workers may feel isolated. Projects targeting drug use – whether delivered within or outside criminal justice contexts are unlikely to address the full range of problems presented by these young people, and, therefore, require close partnership working with other agencies. A partnership approach is an important part of the solution but can, itself, impose difficulties and requires further examination of how it can be developed to help deliver an appropriate approach for the target group.

3.3 Solutions – intervention content and delivery: going beyond traditional methods

Many of the initiatives reported in WP4 used ‘traditional’ approaches – for instance, awareness raising and information provision, assessment and identification of problems using assessment tools, motivational interviewing and cognitive behavioural therapy where it was felt to be needed. There was also a mix of individual counselling and group work with the young people. However, workers delivering the two projects we focused on for this part of the study (as well as other projects reported to us) stressed how important it was to use innovative methods and to involve young people in the design and delivery of interventions. We consider three issues in particular: group work versus one-to-one counselling, the use of innovative modes of delivery, and engaging young people in the design and delivery of initiatives.

3.3.1 Group work versus one-to-one work

Most initiatives include both group work and one-to-one support. The importance of interacting with the young people on an individual basis was seen to be important:

“...that’s something that I would like to see coming from any materials and interventions that it gives that opportunity to actually interact with the individual if you’ve got a client there, talk to them, you know work with them, have a conversation with them, try and gain an understanding, because if you can understand each other, you should be able to identify what you need to do together.” (Lead Professional, Project B).

The need to be adaptable to the individual and to be able to establish a relationship in any intervention work was also re-iterated by young people;

“If a kid doesn’t do so well in a group or talking out loud, [do] one to one...if that’s best for him you know you can just sit down and have a talk. You don’t have to have a talk about something so deep. At first just have a laugh, like interact with him, you know just get to know him as a person...” (Young person 6, Project A focus group).

“...it’s a thing where whether you’re sitting with someone now, you are always going to be different, so...you can’t treat someone exactly the same as someone else, because they’re always going to be different” (Young person 1, Project A focus group).

But, on the whole, there were reservations about group work. One service, for example, worked with young people in pupil referral units. They reported the difficulties that arose when young people are with their friends; there could be disruption and failure to take the programme seriously. There may also be problems because young people participating belonged to different gangs in neighbouring areas – resulting in conflict and disruption. Where the initiatives and support sessions are delivered, required considerable thought.

Group work can also raise difficult issues around disclosure, which underlines the importance of being able to offer one to one sessions as an alternative or to supplement group work initiatives. There was also the view that group work was not effective with young CJS clients:

“I don’t think that group sessions for young people involved in youth offending, involved in probation, involved in CJS, they don’t work, there’s too much one-upmanship. There’s too much about look at me...because it’s mainly lads and they are there and they want to show you that they are the biggest dog in the yard. So again their drug use is going to be much bigger than somebody else’s – yeah well I tell you what mate you can smoke 6 spliffs, I can smoke 50.” (Lead Professional, Project B).

3.3.2 Using innovative modes of delivery

Within all the interventions, the importance of using modes of delivery that engage young people such as digital methods, drama therapy, art therapy, spoken word, song writing etc. was highlighted. Despite lack of evidence for effectiveness, these methods were endorsed by project workers, possibly because of their value in attracting and engaging young people.

Use of technology (i.e. apps, social media, and online resources) that engage young people were becoming very popular although it was recognised that sometimes it was difficult to marry technology with traditional methods and materials. The importance of using visual methods, rather than written materials was viewed as very important in many of the interventions:

“With the young people, I find that you have to make things a little bit more visual, more fun, you have to deliver it in a way that is intriguing to them...we use visual impairment goggles...we use a lot of props and interactive resources like a drug box that’s got replica drugs in it...we use Charlie which is like a human body showing them what organs are affected by different substances.” (YP Substance Use Worker, Project A).

“...the use of video is absolutely essential. Every young person that I work with now is obsessed by YouTube, is obsessed by the moving image because they’ve got smart phones and they’ve got, they don’t want writing, they want something that walks and talks and does things for them, because that’s what they’re used to when they go on their smart phones” (Lead Professional, Project B).

“It’s just the shift in the delivery and making it more relevant to them, rather than it being ground-breaking in terms of the theory...the concept and the questions are exactly the same...it’s all about the delivery and getting it to be interesting for the young people and like that it sticks more and giving them more information and stuff that they probably don’t know a lot about.” (YOS case worker 3, Project B Focus Group).

It was stressed that modes of delivery have to keep up to date with the different types of social media young people are using and keep pace with how these come in and out of fashion. This meant that project workers needed to take account of media influences and, in some instances, our interviewees had attended training:

"...music is something that's massive. And I don't think that's me being like an old man out of the loop, I think that generally is part of the problem isn't it, that they are all trying, you know post something on YouTube and then all trying to outdo each other in terms of what they're saying and like I said sort of egging on of each other and all that lot. They are all interested in music aren't they?" (YOS manager, Project B, Focus Group).

"It starts where they're at. It starts trying to be closer to their lived experience than a lot of materials and I don't get the sense that it's judgemental, which I don't think young people particularly like either...I do think it definitely might play out that some of our lads, it needs to be adapted to be relevant to some of the lads...It doesn't tell the young person not to do that, or not to do this sort of thing. Young people they don't like to hear not to do something because they get on the defence then. But it's telling them, it's just making them aware of things that can happen and if it happens to look out for this or look out for that and just to give them that sort of awareness and put the decision back on ...The onus back on them". (YOS case worker 4, Project B Focus Group).

Adapting the content and delivery to be relevant to young clients also meant being sensitive to diversity issues and local cultures. This, too, demanded innovation and creativity – although as one worker pointed out, it was difficult to produce materials which could be used with many diverse groups, however flexible the approach.

"The less reliance on written material is good. I think young people appreciate that...we've been doing a lot of work on over representation, because the national issue about too many black young men in the criminal justice system and I wonder whether that group will find this relevant to them, because the clips that I have watched, haven't necessarily been a face that they will connect with. So, what we might find is that we need to re-record some of the clips with a more credible person for them. (YOS case worker 3, Project B Focus Group).

"When you put in kind of all the diversity factors, which is not just gender and ethnicity but whether they are looked after, what their backgrounds have been, when you take special educational needs, all that lot, any material that is just inflexible just won't work now. But you word it differently for different people. You kind of know their capabilities, or, and adapt it accordingly." (YOS manager, Project B Focus Group).

"But again, in terms of the materials we use, how do you have a bank of materials that are okay for a white lad from Tipton, as well as someone who has got Roma heritage, someone who has got Caribbean heritage, someone who has only just come here from Somalia? You know we get all these lads, different lads and we can't afford to buy interventions for every single group." (YOS manager, Project B Focus Group).

Having similar experiences and understanding background, as well as culture, was also highlighted as important to be able to engage young people by the peer navigators in our selected project (Project A);

“That’s why the peer navigators are really good because we have the balance of being professionals, understanding how you need to be professional...and we can be normal and speak to the young people and understand everything that they are talking about as well...So it’s that combination that we’re using that is helping us a lot, getting a lot of information and we can help the young people” (Young person 1, Project A focus group)

3.3.3 Involvement of young people in the design, implementation and delivery

The involvement of the young people in the design, implementation and delivery of the interventions was seen to be crucial in terms of the success of the projects. Engagement with the young clients’ agenda was crucial – a priority which could clash with professional pressures and expectations:

“These young people will often tell us exactly what they need and how to kind of put it together and if you just kind of follow it and you do what they’re asking you to do, you’ve probably saved yourself half the battle”. (Lead Professional, Project B)

“...we know what we need to do that will attract these young people like we know the things. We know the material that we need to design to make sure we attract these young people...we know the thing that we need to do and we know how to do it and we know why we’re doing it...” (Young person 4, Project A focus group)

Project A ‘Navigators’ work with young people in terms of support, engagement, advocacy and ultimately guiding them through the various services available locally to support them.

“...our navigators will take you along and they will be your advocate, they can speak on your behalf and then it’s down to you how far you want to take it...so the navigators are there to offer the engagement, support and advocacy part for them and not do the mentoring.” (Lead Professional, Project A).

The navigators lived experience was seen to be very important in terms of relating to the young people they were supporting.

“What young people were saying was that the mentors that were coming in were too different from them...the young service users said they wanted someone a bit more closer to them.” (Lead Professional, Project A).

For the navigators themselves, the establishment of a routine and purpose to their days had affected their daily lives and helped to keep them away from offending and drug use and gave them a sense that they could affect the lives of other young people in positive ways;

“...I like having a routine because before I literally would just sleep all day and would wake up at a ridiculous time and go to bed at a ridiculous time, but now like I’m still going to bed late but I’m coming in” (Young person 3, Project A focus group).

“The reason why I get up in the morning to come here is because I can do a job, but also be myself. I don’t have to have a suit or professional role where I have to read this and act a certain type of way, I can be myself and still give information and get positive feedback and make a difference” (Young person 1, Project A focus group).

However, there were difficulties with involving young people in the design and delivery of interventions. From the perspective of professionals;

“The thing that I always find hard because obviously we want to really try and be informed by what the young people think in anything that we do, but getting them to say, finding a way of connecting with them, where they will give you feedback,

sensible feedback, in a meaningful way, is really difficult". (YOS case worker 6, Project B Focus Group).

Equally, the involvement of wider family members was seen to be problematic by the professionals interviewed:

"Sometimes they need education away from the family anyway. You know a lot of it is learnt behaviour anyway, so basically you are putting them somewhere with somebody who can talk to them in a different way. It's probably better than if they've got their family, who are all like cannabis users or something like that and then you're trying to get them off cannabis, it's going to be difficult" (YOS case worker 5, Project B Focus Group).

4. IDENTIFYING THE CHALLENGES

Earlier sections have described the characteristics of the young people coming into contact with criminal justice services and the range of problems they face. These individual level factors clearly pose challenges to prevention initiatives, and, as we have seen above, influence prevention approaches, programme content and modes of delivery. However, major challenges also arise at the structural level and at the contextual level. Structural level challenges related largely to the availability and distribution of resources and to service structures. In particular, we consider: 1) problems of sustainability of initiatives; 2) the nature of the client group in relation to available resources; 3) shifting from drug specific services to generic drug embedded services; 4) the transition between youth and adult service provision. Contextual factors included: 1) problems related to delivering initiatives within a criminal justice context; 2) specifically the difficulty of delivering harm reduction in this context; 3) changing patterns of involvement in the drug scene, in particular the increase in young people's involvement in drug supply and dealing. We look briefly at each of these challenges. Finally, there is the challenge to design and deliver high quality interventions based on quality standards that promote 'good practice'. This is briefly introduced as this aspect of the study is still developing.

4.1 Structural level factors:

At the structural level, the lack of adequate, appropriate resources was a major factor. Initiatives were started when a problem became topical, was seen to be on the increase, or was seen as particularly difficult but short-term funding meant that few projects survived. In addition, as more young people were diverted out of the criminal justice system, those who remained had more complex needs requiring more time and resources; but resources were being cut and drug specific initiatives were being incorporated into more generic services. Finally, the transition between child/young people services and adult services which takes place at age 18 was particularly problematic in terms of the needs of young people in touch with the criminal justice system.

4.1.1 Sustainability

A major theme emerging from work in WP4 and in the WP5 interviews was the issue of sustainability of the interventions. Some initiatives had closed after the first period of funding. Many of the current initiatives had short term funding and it was unclear whether they would continue in the medium to long term. Part of the problem stemmed from the commissioning cycle with few projects funded for more than 3-5 years at most and many for shorter periods. Short term funding means that specialist skills and the experience from

projects deemed to be successful are lost along with the learning about what is seen as effective in working with this client group. There was the perception among the professionals interviewed that it was sometimes easier to get the initial pots of money rather than securing sustained funding for initiatives.

4.1.2 'Difficult' clients, fewer resources

Due to changes in approaches to young people within the CJS, where greater emphasis has been placed on diversion and reduced focus on incarcerating young people for first or minor offences, many professionals reported seeing changes in the cases that they deal with on a daily basis. Those who are coming through to youth justice services tend to be experiencing more complex difficulties that have been present for a considerable length of time and have more entrenched and long-standing substance misuse issues;

"...now nationally, and we're no different, we have a real hard-core group of young people with incredibly complex issues, the expectations of the team in terms of how far they're having to sort of get involved in various elements of everybody's life has grown dramatically at the same time as the resources have shrunk" (YOS manager, Project B Focus Group).

Apart from the lack of funding for initiatives, practitioners pointed out the lack of time they now have to spend working with young people who present with complex, multiple needs:

"For me, the thing we're lacking now is that in the past having a lot more time, you were able to almost become a mentor, because you could see them and we simply don't get that amount of time now, so it's very difficult to get into what's going on" (YOS case worker 2, Project B Focus Group).

In addition, supportive services were also being cut. The closure of the open access youth services, for example, was seen as detrimental to picking up problems early on with young people and it was thought that this would have a detrimental effect in the long term.

Thus, faced with reduced resources and time, many professionals reported that they feel unable to provide the services needed by these young people in a way that will have lasting impact on their lives. This has brought about some changes in the approaches used by services where emphasis has moved from specific substance misuse interventions to more generalised health and wellbeing interventions of which substance misuse is one issue and may explain why many of the innovative interventions identified in WP4 for this project were set up by non-statutory bodies or charities.

4.1.3 Where services are provided

Two aspects concerning the location of service provision for young people emerged from the interviews. Firstly, the current tendency to shift drug service provision into generic services and secondly, service provision for young people at the transition stage from youth services to adult services.

Shifting from drug specific services to generic embedded services

There was seen to be a movement towards more generic services due to lack of resources and cost cutting. A philosophy of holistic care, which emphasises the need to see drug use as part of health and 'wellbeing', may also be a factor driving the shift away from drug specific initiatives. This move was generally approved by interviewees who frequently mentioned the complex needs of their clients and the necessity for a range of different services. But, the shift brought challenges. For instance, those working in generic services were at risk of being very isolated from colleagues in the drugs field. As one worked said;

“You see the problem I’ve got is, I’m the only drugs worker in the building. I’m not managed by any person who knows about drugs either...I’m a bit isolated here sometimes” (YP Substance Use worker, Project A).

The transition between youth and adult services

The relationship between young people’s services and adult services is important, especially when young people are engaged in problematic substance use (i.e. opiates, crack and alcohol etc.). Practitioners thought it advisable to keep young people out of adult services where they could be exposed to more entrenched and harmful forms of drug use. However, some services for young people are not able to offer the services they need, such as prescribing and in these cases, they may be referred to adult services.

The context of the criminal justice system also raised concerns as to how the two age groups are dealt with. For those over 18 years who have committed an offence, referral comes from the probation service whereas those aged under 18 years, the referral comes from Youth Offending Service and in this context *‘there is a different way of working’*. The question was raised as to whether there is always a need to develop separate, bespoke interventions for young people. We do not know the extent to which adult interventions may work with younger age groups. This aspect of prevention activity requires further investigation.

4.2 Contextual factors

Changes in drug markets and drug dealing networks also emerged as an important determinant of the problems seen by drug prevention workers. In particular the emergence of new drug dealing networks (*‘County Lines’*) which involved young people. Added to this, there were problems delivering initiatives in the criminal justice settings, in particular, using harm reduction approaches.

4.2.1 Dealing with supply issues – weaning young people away from the supply chain

For the most part, initiatives had aimed to prevent drug use or delay escalation of use or reduce drug related harm. However, as we discussed in the section above, there has been a significant shift towards younger groups getting involved in drug dealing, generally as part of organised crime. Clearly identifying young people engaged in this activity and carrying out preventive work was nigh impossible unless the young person came to the attention of the authorities. Some projects were responding to the problem but, even when the young person was known to workers, they faced considerable difficulties in trying to wean young people away from involvement in supply activities.

Apart from the apparent glamour and self –esteem to be gained from involvement in supply chains, earning a lot of money was a main driver and it was difficult for services to offer acceptable alternatives. There was, therefore, a gap – especially outside London - in interventions that dealt with involvement in drug supply and dealing:

“...there is definitely a gap for effective intervention around supply because to them, again going back to that lived experience. If they make loads of money, if their mum, they’re helping their mum out, they’re not really getting caught and if they do get caught, it’s fairly light touch, because that’s the whole point of trying to stop kids from becoming entrenched in it.” (YOS case worker 4, Project B Focus Group).

4.2.2. The delivery of interventions within the criminal justice/youth justice context

The criminal justice context was seen to have an impact on how young people engage with the intervention. It raises particular difficulties around issues of confidentiality and information sharing between agencies. Services have a statutory responsibility to report back to the youth offending service or probation service if the young person does not attend or fulfil the terms and conditions of their order. As one training manager suggested, engagement is affected negatively by the responsibility to share information with other agencies;

“It’s difficult for someone who’s criminally active to be able to talk about your drug use very honestly in the criminal justice system sometimes. That is a difficult one for some young people.” (YP Substance Use worker, Project A).

The non-voluntary nature of the criminal justice referrals can have an impact on the working relationships between professionals and the young people. The motivation of the young people can be low, so their active participation in the intervention may be limited. It therefore requires the development of specific skills by practitioners to work with this target group.

For many practitioners, it was felt that the best way to work with young people is when they came to the services voluntarily. However, young people with a court order to attend services for their drug use were also seen as malleable in terms of engaging with services after initial contact, as this manager suggests;

“If they want to put something in a young person’s order that they must attend a minimum of three sessions for example. So they’ll attend 3 sessions and then essentially we know we can get them in...We know after three sessions with them, they’ll come back.” (Lead Professional, Project B)

As has been pointed out in many official reports regarding the lack of continuity between prison-based and aftercare services on release from adult prisons (HMIP, 2015), the difficulties when young people are released from custody in terms of the continuity of care and services around substance use was highlighted by those interviewed. It was also seen to be difficult to deliver prevention activities in secure settings due to pressures on resources and the priority placed on security and treatment.

4.2.3 Difficulties applying harm reduction principles with young people in CJS

The youth justice/criminal justice context also impacts on the ability of drug workers to work within a harm reduction framework with the young people. Because the target group is young and the emphasis at official level is often on primary prevention and abstinence, some of those interviewed highlighted the difficulties around doing harm reduction within the context of the criminal justice setting:

“It’s more educational. Some of it could be harm reduction but I don’t think the youth offending team like the word ‘harm reduction’...I do give out harm reduction information, but I’m not sure how to you stand with that, when criminal justice are supposed to stop people...but at the same time I advise them if you’re not going to stop at least don’t be smoking on the stairways...if you’re smoking and you’ve got to go to college, don’t smoke on the way....so MI techniques and harm reduction.” (YP Substance Use worker, Project A)

However, most drug workers took a pragmatic approach and were very clear that their main aim in working with young people was harm reduction.

4.3. Quality standards

As mentioned in WP4, very few initiatives had been evaluated in any way and it is unclear whether their design and delivery were guided by any form of quality standards or 'good practice' guidelines beyond broad professional codes of conduct and guidelines or principles emerging from what is seen as evidence-based interventions. These issues will be examined in more detail in another part of the study.

Among the practitioners interviewed, there was an expressed tension between the need to be flexible and adapt to what the young person needs and to adhere to standards (in terms of consistency and quality issues). While more traditional approaches, such as counselling, motivational techniques and other one-to-one approaches had a basis for identifying principles of good practice, more innovative initiatives had less to draw on.

At the same time, the importance of high quality work and care with young people was highlighted by the projects. Professionals in the youth justice field suggested that there was a need to share good practice to avoid re-inventing the wheel:

"With our day to day work with have national standards that we work to, but in terms of interventions that we do, I think, no. In the youth justice system everyone is trying to invent the wheel and we're not very good at sharing good practice and for it being evidenced as good practice." (YOS manager, Project B Focus Group).

5. CONCLUSION

Interviews with project staff and with young people support earlier findings in WP4 that there is little preventive provision designed and implemented specifically for young people in touch with the criminal justice system. Project A and B were chosen as examples of 'innovative' approaches in that they depart from more traditional prevention/ treatment approaches and have been adapted, at least to some extent, with our target group in mind. Given the shift in the UK towards diverting young people as much as possible into community-based services rather than into prison or secure settings, it is appropriate that these interventions are community based, one aimed at 'high risk' young people in touch with the criminal justice system and the other at preventing re-offending.

Findings from this phase of the project emphasise that interventions are required to respond to clients with complex mental and physical health needs, offending issues and a range of other social needs. While drug use and escalating patterns of problem use is important, there is also an issue of involvement in drug supply, which, in the UK, is increasing among very young people. Prevention initiatives need to include this in their remit. There was general agreement that a broad definition of prevention is most appropriate when considering this target group – running from primary, universal prevention programmes (which many of these young people are likely to miss), to selective and indicated prevention, harm reduction and prevention of re-offending and relapse.

The challenges of engaging this group of young people were recognised. The need to build trust, to relate interventions closely to 'where the young people are at' and to use materials and approaches in line with young people's current knowledge and expectations was crucial. Use of good visual material and interactive project work was highlighted and, as in Project B, the value of addressing lack of training, qualifications, resilience and, general self-esteem

issues. While the young people themselves were challenging to work with, there were other challenges arising from the contexts in which initiatives were delivered (e.g. tensions between criminal justice principles and harm reduction approaches) and structural issues such as reduction in resources and funding and poor sustainability of interventions.

As mentioned, the research has also proved challenging. Project staff were supportive and willing to act as gatekeepers. But securing individual interviews with young people in these community projects has been extremely difficult.

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Appendix 1: Project Descriptions

Project A

Main aim/objective

Project A operates with the objective of ensuring young people have the necessary information to keep themselves safe and to avoid risky behaviour. The package is designed to ensure young people received 'the basics' in terms of keeping themselves safe, in an integrated way that covers a range of interlinked risk behaviours.

The programme aims to support young people to be more resilient and to develop effective coping skills to deal with issues they face in life. The main objective of the programme is to empower young people to remain safe and avoid risk.

Target group description

Primarily the programme is aimed towards young people (male and female) aged 11 to 18 years who are in contact with the Criminal Justice System (CJS) and are considered 'high risk' and subject to the Intensive Supervision and Surveillance Programme (ISSP). The ISSP is a community based programme for the most persistent and serious young offenders and is an intensive programme of supervision and surveillance aimed at managing potential risks posed by these young people and that their needs are met and continually reassessed in order to reduce or prevent their re-offending. Within the youth offending services, the service staff also provides training to Youth Offending Services (YOSs) to deliver Project A themselves and they deliver specific substance misuse interventions directly to young people within the YOS.

In addition, prevention/early intervention programmes are delivered to local schools to young people identified by teachers or school authorities who are thought to be at particular risk of becoming involved in alcohol/substance misuse or criminal activity. This arm of the programme has been accredited by the Feeling Safe Foundation.

A third strand of the programme is the Protective Behaviours mentoring programme that has recently been piloted. This programme focuses on teaching mentoring skills to a range of potential groups including young people (aged 14 years and up) and those who have been released from offending institutions (aged 21 years and up). There has also been interest from groups working with young people within or just about to leave the care system to produce a targeted mentoring intervention to help them adjust to independent living.

Where delivered – locality/venue

Outside of the schools initiative which is delivered in the classroom, the programme is delivered through a West Midlands YOS within the community. Young people are directed to the YOS via police directives or court orders and they receive the programme on planned visits with case workers.

Who delivers the intervention

The intervention is currently being delivered by case workers within the YOS to young people referred through the CJS. School based delivery of the intervention is given by trained Project A staff.

Short history of the initiative

Project A was developed for delivery through school groups focusing on a range of potentially risky behaviours and how young people can keep themselves safe through the Protective Behaviours approach (explained below). The resources were created through consultation with experts, young people and professionals and through collating some of the best materials currently in existence. These consultations were combined with academic research leading to an awareness that young people often don't appreciate the risk involved in some of their actions which could make them vulnerable. The programme consists of five sessions with materials and resources built around the concept of resilience that can be broken down in a series of shorter sessions run over a longer timeframe. The programme has not yet been adapted to work with young people in the CJS and just recently been introduced to the YOS in the local area. It is expected that some modifications may happen over time once the programme is in full use and feedback from practitioners and young people has been collected.

Funding

The project is currently funded by a Local Authority.

Theoretical basis of intervention

The programme works broadly on the principle of promoting greater awareness among young people of the consequences of their behaviour and understanding how to change that behaviour to avoid risk. The main theoretical influence comes from the Protective Behaviours approach initially described by Peg West in the 1970s. This approach identifies strategies that young people can use when they find themselves in situations that make them feel unsafe and works towards building a support network that they can use to ask for help or advice when they feel they need it. One of the aims of the Protective Behaviours approach is to empower young people to develop their own problem solving skills and to avoid risk. The second aim of the programme, as described by the Project A director is to develop young people's empathic understanding which feeds into the peer mentoring aspect of the programme.

Two underpinning principles of the 'Protective Behaviours' approach have been utilised throughout the Project A package:

- 'we all have the right to feel safe all the time'
- 'we can talk with someone about anything even if it's awful or small'

A young person, through self-discovery facilitated by participation and practice in activities based around developing key skills and understanding, will learn and understand the concepts of actions and consequences, safety and risk avoidance/minimisation and 'own' them.

The approach aims to support young people to be more resilient and develop coping skills to deal with the issues life may present them with, ultimately leading to the main aim of Project A; empowering young people's safety and avoidance of risk.

The delivery team are qualified counsellors and use a therapeutic approach to working with the young people in the programme. They offer a range of therapeutic interventions including motivational interviewing, CBT, psychodynamic therapy and transactional analysis.

Project B

Main aim/objective

The aim is to keep the young offenders purposefully occupied, 'upskill' them and provide an opportunity to 'give back', by offering support to other young people, but also to keep them in education themselves – thereby reducing their risk of reoffending. A further aim is to make services more accessible for young people by providing support through peer navigators.

The mission statement of the charity is: '...to support those on the margins of society. Supporting them to gain personal, social health education to lead purposeful, fulfilled lives to influence change for the benefit of their community. We aim to ensure that engagement participation is an inclusive holistic by ensuring the most excluded are inspired, motivated, we believe the best strategy for supporting the immediate and long-term wellbeing of the most vulnerable people is through a holistic, life-course approach.'

The approach taken is highly participative and engaging, involving young offenders in consultation processes to understand why they are using drugs, and what support they need. Providing training to young people so they can communicate and feel confident to talk to commissioners on what they can offer in the community to help address the issues. Service users can be a part of the Board of Trustees for a year.

Young adult offenders are trained to deliver mini group programmes to other young people to start discussions around their service needs and offering advocacy for government programmes (e.g. CAMHS).

Target group description

As an organisation, Project B is primarily service user led, with half of the board of trustees made up of service users or ex-offenders.

Two main groups are targeted by Project B for intervention. Peer support navigators are young adult offenders who have been through the criminal justice system and have similar life experiences to younger people using the service. Navigators are volunteers (16-21) who go through a training programme, gain qualifications and 'shadowing' experience. Once this is completed they can undertake paid sessional work. Project B also encourage and promote attendance at colleges or training for further skills or alternative employment opportunities (e.g. apprenticeships). Navigators receive accredited qualifications in peer mentoring and youth and community work.

Navigators work with service users aged between 13 and 25 years who have been involved with the CJS and have additional substance misuse problems. There is a particular focus on ensuring local people are available to offer local information and support.

Where delivered

Navigators are trained on site at the YOS offices in a London borough, they can either volunteer to become part of the training programme or may be identified by the Project B team via their involvement in YOS and invited to join.

Group sessions led by peer navigators are delivered through schools and community organisations.

Who delivers the intervention

Peer navigators are trained by one or more of the four paid staff in the organisation in aspects of mental health, trauma, personal wellbeing, speech and language and substance misuse. Young adult ex-offenders are trained to become navigators and once complete they are employed to provide support to young people in the CJS in accessing local services. Peer navigators are supported by qualified staff who are mainly ex-service users themselves.

Short history of the intervention

Project B was founded by an ex-offender and two colleagues in 2016 as a charity after being approached by the local authority to set up an intervention programme for young people involved in the CJS. The intention was to create a service that can act as a bridge between the CJS and referral services such as CAMHS or substance misuse services where usually young people are expected to navigate these services alone. The board of trustees is made up of 50% service-users and 50% representatives from criminal justice, youth offending, mental health or substance misuse backgrounds.

The current process of selecting peer navigators arose from a consultation with young service users who reported that they wanted to be mentored by others with similar, and relatively recent, experiences of the CJS to themselves.

Substance misuse educational programmes were developed in collaboration with young people who had experience of misuse and criminal activity. This led to a meeting with local commissioners, the head of the Youth Offending Service, school authorities and the police where young people shared their views and influenced the delivery of a substance misuse programme for young people in YOS.

Future visions of the service are to create a similar support network within prisons so that those who are most vulnerable, and that are often missed or unrecognised, will be able to access peer support navigators who will also be able to speak on behalf of the prison population to authorities. These navigators would be able to identify and communicate issues across the prison to the authorities (e.g. prison governor) and can be available to offer direct support to other vulnerable prisoners where needed.

Funding

The project is currently being funded as part of a three year pilot by the Local Authority (began in 2016).

Theoretical basis of the intervention

The approach focuses on a number of key factors that are thought to influence a young person's ability to develop necessary life skills that will enable them to meet challenges and respond positively in their everyday lives. The programme is built on a PSHE perspective with a holistic, life-course approach to encouraging and promoting greater resilience, engagement, leadership and transformation that has impact on not just the individual's life but also those around them.