

A person with curly hair, seen from behind, wearing a red shirt and looking out a window. The window has a wooden frame and a metal handle. The background outside the window is a bright, hazy landscape.

USER VOICE

**NITTY DRUGS &
BROKEN TRUST**

**Young people talk
Spice and the Secure Estate**

NOVEMBER 2018



THANKS

User Voice would like to thank all the children and young people who chose to share their personal stories with us. This report is dedicated to their efforts to help create better support for future generations.

We would also like to express thanks to NHS England for valuing the voice of service users in their efforts to improve support for children and young people in the secure estate; and to all the secure estate staff who took part.

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DEFINITIONS

NEW OR NOVEL PSYCHOACTIVE SUBSTANCES (NPS)

Substances synthetically created to replicate the effects of illegal substances such as cannabis, cocaine and ecstasy. These substances were formerly known as 'legal highs', but manufacturing and distribution became illegal in May 2016.

SPICE

The brand name of a synthetic cannabinoid, which is a form of NPS.

NITTY

A negative term used to describe a type of drug considered 'dirty' or 'cheap'. It can also be used as a name for someone who is addicted to drugs. This term was used frequently by the children and young people involved in this consultation.

CHILDREN AND YOUNG PEOPLE SECURE ESTATE (CYPSE)

Children and young people can be placed in the secure estate on either welfare grounds¹ or because of their involvement in the youth justice system.²

There are three kinds of establishment in the CYPSE:

YOUNG OFFENDER INSTITUTION (YOI)

15 to 17-year-olds³ involved in the youth justice system

SECURE TRAINING CENTRE (STC)

12 to 17-year-olds³ involved in the youth justice system

SECURE CHILDREN'S HOMES (SCH)

10 to 17-year-olds involved in the youth justice system or placed in the secure estate on welfare grounds.

ADULT SECURE ESTATE

For the purposes of this report, the adult secure estate refers to the prison estate across England for over 18s.

COMMUNITY

People or space outside the secure estate.

THE YOUTH ADVISORY GROUP

A group of young people living in the community with similar life experiences as those in the secure estate.

¹ Young people can be placed by local authorities under a Secure Welfare Order for the protection of themselves and/or others under Section 25 of the Children Act 1989.

² Young people can be sentenced to either a Detention and Training Order (DTO), imprisonment under section 90 or 91 of the Powers of Criminal Courts (Sentencing) Act 2000, or imprisonment under section 226 or 228 of the Criminal Justice Act 2003.

³ YOIs and STCs should only hold children and young people up until their 18th birthday. However, in practice young people can experience transfer delays, and we did speak to some 18-year-olds in the YOIs and STC during this consultation. For more information about the demographics of participants please see Annex 3 – Detailed Methodology.

FOREWORD

While a small group in number, the young people in secure settings in England are some of our most vulnerable, and deserve the highest levels of care we can offer.

NHS England, looking to understand the realities of these young people's lives, commissioned User Voice to help build a picture of their experiences of Spice and life in the secure estate. By collaborating with staff from the secure estate, we got access to their stories and their views on what works and what doesn't.

User Voice uses former service users as researchers to get 'horse's mouth' views, and on this occasion the results make for difficult reading, particularly to those of us who have had similar experiences down the years.

Eighty-five per cent of young people surveyed said they used drugs – a third of these said it was a way of coping with their lives. This is a frightening number – why are so many children using chemicals to change how they feel?

It did emerge that only a relatively small number used Spice in the secure estate (1%), saying it was viewed as a "dirty drug"; 8% said they used it in the community - it is definitely viewed with suspicion by the majority of those User Voice spoke to.

This report started as a look into Spice but revealed a shocking theme: a lack of trust. Seventy-five per cent of those surveyed said they didn't trust any professional involved in their care – a result of broken promises and a lack of confidentiality and transparency. Some said they felt information could be misused. Why do they feel this way?

The children and young people described lives on hold - they felt they were just being managed until they were 18, and then they would be someone else's problem: "I'm just existing, not really living" was how one put it.

It is startling to find such synergy with my own story and those of many other members of User Voice staff, volunteers and Council members: young people feeling they have few people they can trust, and widespread use of drugs as a way of coping. It feels that, 30 years on, we are still unable to interrupt the cycle of mistrust and drug use.

This lack of trust, set against a background of using drugs to cope, leaves these young people on their release at the mercy of the chaotic and negative environments that put them in the secure estate in the first place.

While we struggle as a society to enable enough of these vulnerable young people to live lives free from drugs, this consultation does give young people the opportunity to put forward their own solutions.

The report may be uncomfortable reading, but it is really important.

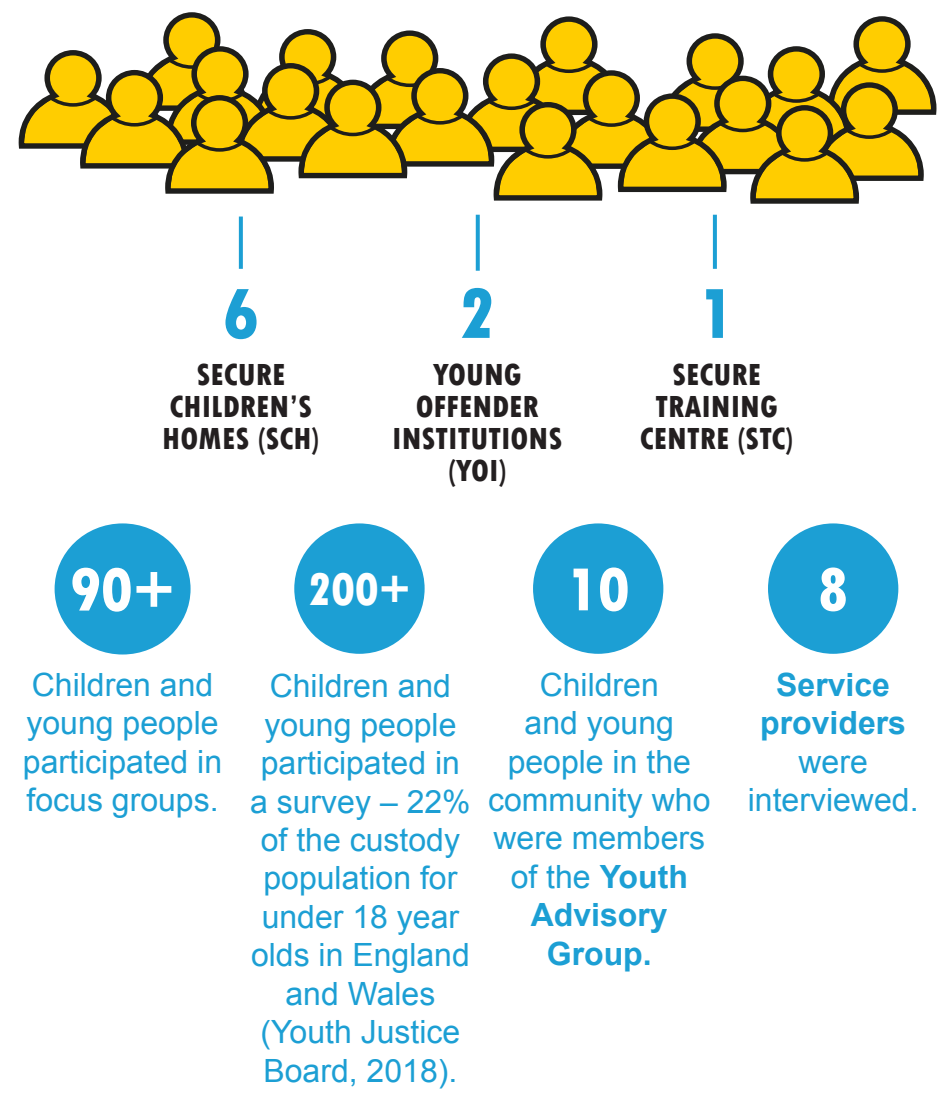
MARK JOHNSON

**CEO/FOUNDER
USER VOICE**

SUMMARY

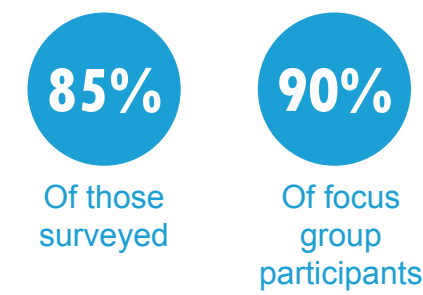
As exposed by User Voice in 2016, New or Novel Psychoactive Substances (NPS), predominantly Spice, use is endemic in the adult secure estate in the UK, and has had a significant and devastating impact. However, due to limited research from within the Children and Young People Secure Estate (CYPSE), NHS England commissioned User Voice to engage with the young residents to find out their views and experiences of NPS and their insight into how to improve support. What we found was a generation still turning to drugs to cope but turning their backs on ‘nitty’ Spice; and an enduring mistrust of professionals and services.

WHO WE SPOKE TO

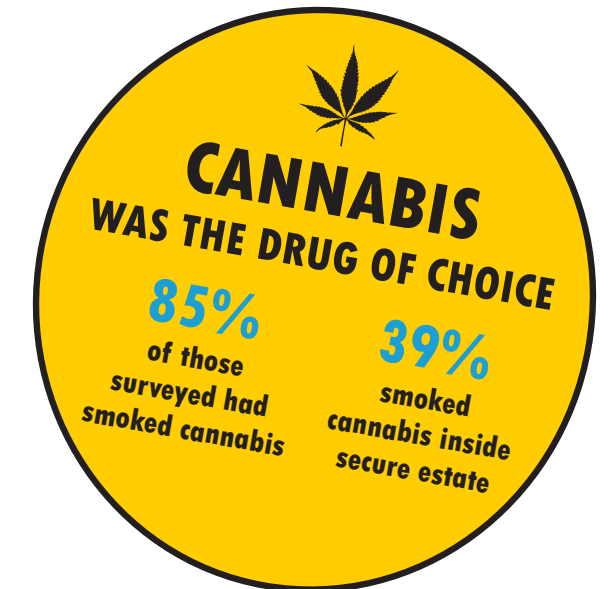
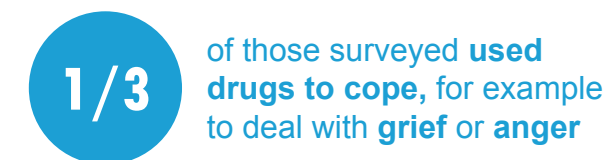


YOUNG PEOPLE TALK DRUG USE AND SPICE

The vast majority of young people who took part in this consultation had **taken drugs**:



Of the young people who use drugs,

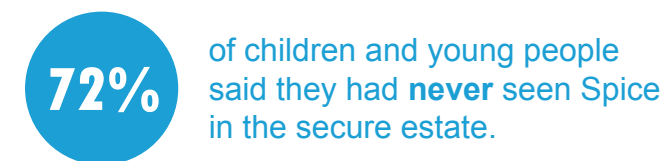


SPICE

However, Spice use is **rare** among children and young people in the secure estate.



Access to Spice is **limited** in CYPSE. Of those surveyed,



Those who had used Spice were often **spiked** the first time they tried it, believing it was cannabis or tobacco.

Young people viewed Spice as ‘**nitty**’ or ‘**dirty**’, and there was a **stigma** attached to those that took it. This stigmatisation is important to note when seeking to improve support for young Spice users.

The majority of young people feel they are aware of the dangers of taking Spice – largely from watching videos online, seeing others take it, or hearing stories from friends.

Other New or Novel Psychoactive Substances (NPS) – minimal use:



YOUNG PEOPLE TALK SUPPORT

With so many young people using drugs as a means to cope, participants were asked their views on the other types of support available to them:



The size and type of the secure setting affected young people’s experiences of support:



Young people and service providers both expressed concern around the **gaps in support** when young people transitioned from the secure estate back into the **community**.

Young people also expressed concerns around **gaps in support** as they become **adults**.



YOUNG PEOPLE SHARE THEIR SOLUTIONS

The young people who participated in this consultation shared the following advice for services looking to improve support for young people:

- DON'T LEAVE IT TOO LATE – EARLY INTERVENTION IS KEY.**
- FIRST IMPRESSIONS COUNT – ONCE A SEED OF DISTRUST IS PLANTED IT'S VERY DIFFICULT FOR A YOUNG PERSON TO REBUILD FAITH IN THE SYSTEM.**
- TRUST AND TRANSPARENCY ARE ESSENTIAL.**
- SHOW YOU WANT TO HELP – BE CONSISTENT AND DON'T GIVE UP.**
- EMPLOY STAFF WHO KNOW WHAT IT IS LIKE – INVOLVE THOSE WHO HAVE BEEN IN SIMILAR SITUATIONS TO SHARE THEIR STORY WITH YOUNG PEOPLE.**
- DON'T LOOK DOWN – BE SUPPORTIVE NOT PUNITIVE.**
- SHOW YOUNG PEOPLE WHAT THEY CAN DO – TAKE A POSITIVE APPROACH TO SUPPORT.**

YOUNG PEOPLE'S PRINCIPLES OF SUPPORT

We established a Youth Advisory Group in the community to guide this project and ensure it remained peer-led. After reflecting upon the stories of their peers in the secure estate, this group of young people put together the following guiding principles of support for services:



UNDERSTAND

Try to really understand what we are going through and how this affects our decisions.



LISTEN

Give us the space and time to tell you what is really going on.



TRUST

If we open up, don't break that trust and be straight with us.



BE RESPECTFUL

We are experts of our own experience – respect what we have to say.



BE APPROACHABLE

Get on our level and be genuine.

MORE WORK NEEDS TO BE DONE

18 TO 24-YEAR-OLDS AND THE TRANSITION TO ADULTHOOD:

Will cannabis be a gateway drug to Spice for these young people, like it has been for many Spice users in the adult secure estate (User Voice, 2016)? Or has there been a shift in how this generation views Spice? This consultation was only focussed on sites housing those under 18-years-old. Further peer-led consultation should take place with young people between the ages of 18-24 to explore these questions in further detail.

BROKEN TRUST:

Our research has shown that children and young people's trust in professionals has been broken – a marker of a broken system. There are efforts being made to improve support, for example the development of a framework for integrated care in the CYPSE (SECURE STAIRS⁴). There are also advocacy services available for children and young people who feel let down by the system. To protect and support children, further peer-led research is needed to evaluate this provision, and to inform new and innovative ways to help rebuild trust.

PRIVATISATION AND OPEN COMMUNICATION:

In the service provider interviews, concerns were raised about the quality of communication between independent and state provided services. There were concerns that miscommunication between these services could impact substance misuse support. This is an area for further peer-led research which could not be covered by this consultation due to its focus and sample size.

INTRODUCTION

ABOUT USER VOICE

User Voice is a user-led charity founded in 2009. Eighty-five per cent of User Voice staff have lived experience of the youth or criminal justice system, and many have experience of the care system and substance misuse. Our lived experience and relatability makes us experts at gaining honest, authentic insight into the lives and views of the most marginalised and vulnerable people in and around the youth and criminal justice system, and experienced in engaging children and young people involved in the care system. Utilising this user-led model of engagement can be a powerful way of supporting children and young people who often feel alienated from society and services. This model also enables service providers and wider society to hear the perspectives of groups often deemed hard-to-reach.

For more information about User Voice please see *Annex 1 – User Voice's Experience*.

⁴ For more information visit: <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/>

‘THE WHY’ - THIS CONSULTATION

As exposed by User Voice in 2016, New or Novel Psychoactive Substances (NPS), predominantly Spice use, is endemic in the adult secure estate in the UK, and has had a significant and devastating impact. However, due to limited research from within the Children and Young People Secure Estate (CYPSE), NHS England commissioned User Voice to engage with the young residents to find out their views and experiences of NPS; and their insight to help improve support.

At its heart, User Voice is about giving voice to those in the system who are seldom heard, and enabling them to be part of the solution. Listening to the honest, unfiltered voices of children and young people in the secure estate is of great importance. Their mistrust of professionals and the system, as illustrated in this report, is of real concern and demonstrates the urgent need to find solutions.

‘THE WHAT’ - NEW PSYCHOACTIVE SUBSTANCES AND SPICE

New or Novel Psychoactive Substances (NPS) are synthetically created to replicate the effects of illegal substances such as cannabis, cocaine and ecstasy while formerly remaining legal – hence their previous name ‘legal highs’. However, manufacturing and distribution was prohibited under the blanket legislation of the Psychoactive Substance Act, which came into force in May 2016.

The category of NPS covers a broad range of drugs, and includes Spice, also known as Black Mamba. Spice is a synthetic cannabinoid marketed as being similar to cannabis. However, it can have a much more powerful effect on the brain and cause significant harm and even death (Newcomen, 2016). Spice has had a significant and devastating impact within the adult secure estate (User Voice, 2016). Public Health England data suggests that in 2016/17 children and young people were eight times more likely to access substance misuse treatment for a cannabinoid than any other type of NPS (2017, p.40). In light of the broad categorisation of NPS and these other factors noted, this report primarily focuses on Spice.

For more information about previous research into NPS and CYPSE please see *Annex 2 – What Was Already Known*.

‘THE WHO’ - THE CHILDREN AND YOUNG PEOPLE SECURE ESTATE

The capacity of the Children and Young People Secure Estate, for which NHS England commission health services for, is approximately 1,200 beds. The average population of children and young people in custody in England and Wales for April and May 2018 was 917⁵ (Youth Justice Board, 2018). The Children and Young People Secure Estate is made up of three types of establishment, which vary in size, by age of resident, and the reasons for residing there. Children and young people can be in the secure estate on welfare grounds or due to their involvement with the youth justice system.

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISHMENTS IN ENGLAND	POPULATION RANGE	AGE RANGE	REMIT
YOUNG OFFENDER INSTITUTIONS (YOI)	5	64-336	15 TO 17 YEARS-OLD*	YOUTH JUSTICE
SECURE TRAINING CENTRES (STC)	3	67-76	12 TO 17 YEARS-OLD*	YOUTH JUSTICE
SECURE CHILDREN’S HOMES (SCH)	15	7-38	10 TO 17 YEARS-OLD	YOUTH JUSTICE AND WELFARE

* YOIs and STCs should only hold children and young people up until their 18th birthday. However, in practise young people can experience transfer delays, and we did speak to some 18-year-olds in the YOIs and STC during this consultation.

For more information about the participants and sites involved in this consultation please see *Annex 3 – Detailed Methodology*.

‘THE HOW’ - OUR METHODS

As a user-led charity, User Voice engagement staff are able to quickly and effectively build trusting relationships with the children and young people in the secure estate because of our shared experience. Through this user-led approach to research, we have developed a unique methodology to gain the perspective of service users which

- is service user-led
- generates honest and authentic insight
- enables mutual service user and service provider collaboration
- provides a positive experience for children and young people involved

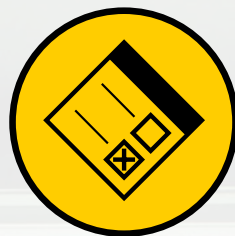
⁵ However, this consultation only engaged with sites in England as NHS England has no jurisdiction in Wales. There is also no publically available live data on the population of CYPSE on welfare grounds.

During this consultation we have:



FACILITATED 16 FOCUS GROUPS WITH 93 PARTICIPANTS, ACROSS 9 SECURE SITES

6 x SCH,
2 x YOI
and 1 x STC



CONDUCTED A SURVEY WITH 201 CHILDREN AND YOUNG PEOPLE ACROSS 3 SITES

1 x STC and 2 x YOI
22% of the custody population for under 18 year olds in England and Wales (Youth Justice Board, 2018)



CONDUCTED 3 INTERVIEWS WITH CHILDREN AND YOUNG PEOPLE

1 x community,
1 x SCH
and 1 x STC



CONDUCTED 8 INTERVIEWS WITH SERVICE PROVIDERS INCLUDING OPERATIONAL, HEALTHCARE AND SUBSTANCE MISUSE STAFF ACROSS SHCS, STCS, AND YOIS.



ESTABLISHED A YOUTH ADVISORY GROUP IN THE COMMUNITY TO GUIDE THE PROJECT AND TO ENSURE IT IS PEER-LED.

This group was made up of young people living in the community with similar life experiences as those in the secure estate. The group met three times throughout the project, and had 10 members.

For more detail about our methods, the participating sites, and the demographics of those involved please see *Annex 3 – Detailed Methodology*.

KEY FINDINGS

YOUNG PEOPLE TALK DRUG USE AND SPICE

HIGH LEVELS OF DRUG USE

The vast majority of young people who participated in this consultation had tried some form of drug

85%

Of those surveyed

90%

Of focus group participants

DRUGS USED AS A COPING STRATEGY

The young people involved in this consultation have faced significant challenges in life, and drug use was a key coping strategy for many of them.

– Of the young people who use drugs,

1/3

of those surveyed **used drugs to cope**, noting grief and anger as emotions they use them to deal with

"Isn't that why all people take drugs, to suppress feelings and escape the real world! Easy way to cope with reality."

(Focus Group Participant, YOI)

"I'll try anything, but K [ketamine] got me through the peak of times. Like, when my Ma died... that was hurtful... I literally used ketamine for everything."

(Focus Group Participant, YOI)

SPICE USE IS RARE AMONG CHILDREN AND YOUNG PEOPLE

Of the 201 children and young people surveyed:

8%

had used in the community

1%

within the Secure Estate

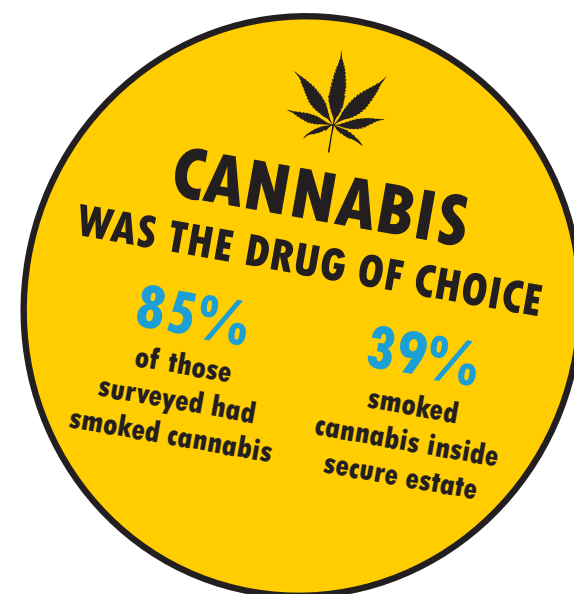
"People are after a high but not that [Spice] kind of high."

(Focus Group Participant, YOI)

SERVICE PROVIDER VIEWPOINT

"There has been nothing at [YOI] that I've known of, and I have worked here for 8 years."

(Operational Staff, YOI)



ACCESS TO SPICE IS LIMITED IN THE CHILDREN AND YOUNG PEOPLE SECURE ESTATE

72%

said they had never seen Spice on the Secure Estate

11%

said they had only seen it 1-3 times

Among focus group participants, the overwhelming majority of the participants in Secure Children's Homes stated they had never seen Spice in their current placement.

When asked why they thought there was so little Spice in the CYPSE compared to the adult secure estate, young people shared the following insights:

LIMITED ROUTES IN

"Families don't want to bring anything in as they stop you from seeing your kids – not worth it."

(Focus Group Participant, SCH)

NO MARKET FOR IT

"None of these lot [other residents] can get money – I can get bare stuff in here but what am I going to do with it?"

(Focus Group Participant, SCH)

"It's hard to get drugs in here and if you do bring drugs in here, it's not going to be Spice."

(Focus Group Participant, YOI)

MANY FIRST TIME USERS WERE SPIKED

Of those children and young people who had tried Spice, many stated they had been spiked – either thinking it to be tobacco or cannabis.

54%

of the focus groups

38%

in the surveys

"Took off from my care home and asked someone for a fag and gave me a roly and it was Spice... felt like I was falling when I took Spice... I was on street until about 5am."

(Focus Group Participant - SCH)

SERVICE PROVIDER VIEWPOINT

"There is such a stigma attached to it, that a lot of them wouldn't want to admit that they have used NPS... they say they've been spiked with it usually."

(Substance Misuse Worker, STC)

SPICE USERS AND TAKERS OF HARD DRUGS

Of the focus group participants who had tried Spice more than once, the majority disclosed that they had also tried numerous other hard drugs such as heroin, speed, coke, ketamine, solvents and crack. The majority of these young people stated that Spice was not their drug of choice, but they had used it as a cheap substitute for other drugs. However, there was one participant for which Spice was their drug of choice – see Abby's Story on page 27.

SPICE SEEN AS A 'NITTY' OR 'DIRTY' DRUG

78%

Of those surveyed categorised Spice as a 'dirty' drug

Example descriptions of Spice from the focus groups included:

“
NITTY
TRAMPY
DIRTY RAT POISON
DISGUSTING
WEED KILLER
NASTY”

“Spice is disgusting. It used to be legal but too many deaths have been happening. Bang nitty.”

(Focus Group Participant, SCH)

“Na, none of my bredrin sells Spice. It's such a dead drug. No money in Spice! Dry buds - no one sells. You're just a nitty if you sell or smoke Spice.”

(Focus Group Participant, SCH)

This often led to a sense of stigma being attached to those who regularly took Spice:

“People think I'm a smackhead”

(Focus Group Participant, SCH)

This stigmatisation could have prevented participants feeling able to disclose Spice use. Despite this, the number of those that disclosed Spice use in a group setting was higher than the anonymous survey. Given this, we do not think this has affected our findings, although this stigmatisation is important to note when seeking to improve support for young Spice users.

CHILDREN AND YOUNG PEOPLE FEEL THEY ARE AWARE OF THE DANGERS OF SPICE

80%

surveyed categorised Spice as a 'dangerous drug'

66%

surveyed said they were aware of what the dangers of taking Spice were

HOW ARE CHILDREN AND YOUNG PEOPLE AWARE OF DANGERS?



45%

stated they were aware by watching videos online.



34%

saw others taking it



34%

hearing stories from friends



21%

stated they were aware of the dangers through any form of formal drugs education

“Show them a video of a rice attack [Spice overdose] and they'd never take it again.”

(Focus Group Participant, STC)

“I've seen someone nearly die from it, my own boy. He thought it was weed, they [drug dealers] used to lie to him.”

(Focus Group Participant, SCH)

SERVICE PROVIDER VIEWPOINT



“They are quite knowledgeable about it as they have seen media reports and things. And it is something that they express not to want to get involved in, not to want to use it. It is kind of seen as dirty... it's almost taken the place of heroin.”

(Healthcare Staff, SCH)

OTHER FORMS OF NPS – MINIMAL USE

As previously mentioned, this consultation has largely focused upon Spice use in light of the epidemic use within the adult secure estate. However, children and young people were also asked about other NPS use in the survey:

9%

Disclosed using other forms of NPS in the community.

<1%

had tried other forms of NPS within the secure estate.

Other drugs favoured by focus group participants included MDMA and cocaine. However, cannabis was overwhelmingly described as the drug of choice, and alongside tobacco, as the most likely form of contraband within the secure estate.

“For our generation – if you can get weed, why do Spice?”

(Focus Group Participant, YOI)

SERVICE PROVIDER VIEWPOINT



COMPETING PRIORITIES AND LIMITED RESOURCES:

“A lot of focus is put on education by the residential staff and managers... sometimes it feels like we get forgotten about... it is hard to get them out of school to do our sessions and get that quality time with them.”

(Substance Misuse Worker, SCH)

“We do struggle with getting rooms available for young people and we also struggle with getting [security staff] to run groups.”

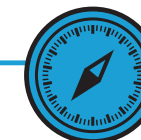
(Substance Misuse Worker, STC)

One staff member expressed concern that neither the children residing at this particular site, nor the staff there, had received adequate education in regard to NPS –

“The opinion of some young people, they really haven’t got any idea of how dangerous it is for them... they have no knowledge. I mean, our staff team because it is quite a new subject it has been difficult to gain.”

(Managerial Staff, SCH)

POINTS FOR FURTHER EXPLORATION



Will cannabis be a **gateway drug** to Spice for these young people, like it has been for many Spice users in the adult secure estate (User Voice. 2016)? Or has there been a **shift** in how this generation views Spice?

“People thought it was a cheaper legal version of cannabis.”

(Focus Group Participant, SCH)

“My cousins smoke it every day because they got addicted to it in jail.”

(Focus Group Participant, SCH)

“Sometimes people go from weed to other drugs to the next and then try Spice and can’t get off of it because it’s the strongest one, I’d say.”

(Focus Group Participant, SCH)

Cannabis as a Gateway to Spice?

– A number of young people who had tried Spice, said at first they were spiked, having thought it was cannabis.

“My mate asked me if I wanted a spliff – it was not a spliff! My heart was hitting my chest.”

(Focus Group Participant, STC)

– 17% of those surveyed viewed Spice as a soft drug like cannabis.

“They start smoking Spice because they cannot afford weed.”

(Focus Group Participant, SCH)

Generational shift?

– 63% of those surveyed viewed spice as a hard drug like crack.

“It’s nothing like cannabis; it’s a synthetic opioid.”

(Focus Group Participant, SCH)

– Of the focus group participants who had tried it – many said they would never use it again.

“Just the once, yeah. Honest to god, mate. One of the worst feelings you’ll ever have. You feel like you’re genuinely going to die. Never again.”

(Focus Group Participant, YOI)

“This generation has changed – I would never take those drugs, I’ve seen all those crackheads – no way.”

(Focus Group Participant, SCH)

“Different reality now – no one does it.”

(Focus Group Participant, SCH)

Further Research – 18 to 24-year-olds and the Transition to Adulthood

This consultation was only focussed on sites housing those under 18-years-old. Further peer-led consultation should take place with young people between the ages of 18-24 to explore these questions in further detail.

YOUNG PEOPLE TALK SUPPORT

With the vast majority of young people using drugs, and **1/3 of those using them to cope**, it is essential to explore children and young people's views on the support available to them when looking to provide alternative means of coping with the difficulties they face.

TRUST – THE BIGGEST BARRIER TO SUPPORT

Many of these children and young people have spent years in the system, surrounded by professionals. Yet, for most, their experiences have only deepened their mistrust of others.



75%

of those surveyed **did not trust** any type of professional



ONLY 17%

stated they **DID** trust healthcare staff



ONLY 16%

stated they trusted substance misuse workers



ONLY 15%

stated they trusted YOI/STC staff



ONLY 11%

stated they trusted social workers



ONLY 10%

stated they trusted trusted teachers

"I have been let down in the care system so many times it's hard to trust."

(Survey Participant, YOI)

SERVICE PROVIDER VIEWPOINT

"I would say the level of trust with me is higher than with the residential staff. I still don't feel it's at the very top of what it could be because, at the end of the day, they are very aware, because we tell them at the beginning, that information does sometimes need to be shared with professionals... obviously in terms of safeguarding we could never make that promise that we are not going to share the information they provide."

(Substance Misuse Worker, STC)

"Healthcare isn't confidential, so no."

(Focus Group Participant, STC)

SERVICE PROVIDER VIEWPOINT

"The boys that don't trust the staff, they are more stand-off-ish and they won't go to staff with any issues or problems – you find them out via different sources, they may have spoken to teacher, somebody that is impartial, rather than a discipline member of staff."

(Operational Staff, YOI)

Lack of confidentiality, transparency and broken promises were the main reasons children and young people felt they could not trust professionals.

"Can't go anywhere for help because all they will do is write stuff down and use it against you."

(Focus Group Participant, SCH)

Of those surveyed:

73% said they could **TRUST** their family.



60% said they could **TRUST** their friends.

However, there were examples of **peer support being actively discouraged** in some secure estates:

"You can't share personal information [between residents] – they risk assess and then you have to be away from each other."

(Focus Group Participant, SCH)

And issues were flagged in the larger estates in relation to **bullying** and **gang-related conflicts**:

"In prison I came in alone and I leave alone – I don't trust other prisoners."

(Survey Participant, YOI)

Of those surveyed,



13%

stated they **TRUSTED NO ONE**

"Trust gets you killed."

(Survey Participant, YOI)

SERVICE PROVIDER VIEWPOINT

"We are very, very tight on confidentiality, and what we will and we won't inform people of, and I'm forever getting horrible looks from case managers [for not sharing information without young person's consent]... The problem is there is this general lack of understanding because they get referred to as young people or children or whatever, and people think I've got children and I know all about their medical problems, and it's a different situation; they are over 15 so they are entitled to the same confidentiality as anyone else is."

(Healthcare Staff, YOI)

SERVICE PROVIDER VIEWPOINT

"It's really difficult for them to all trust each other because 'oh he is from one area of Manchester' or 'he is from a different area in Birmingham'. I think they are all very weary and probably quite scared they may be a target for other young people who have got a problem, maybe a gang, the gang problems are difficult to manage in any YOI."

(Operational Staff, YOI)

"I haven't got no one to speak to, the only thing I ever put faith in was my knife."

(Focus Group Participant, STC)

"I got family members I can't trust so why would I trust anyone else."

(Survey Participant, YOI)

NUMEROUS INTERVENTIONS BUT LIMITED SUCCESS

Many of the children and young people involved in this consultation have experienced countless interventions from services – yet:

40%

of those surveyed said they had **NEVER** received any form of support that they feel has worked.

Most of the young people who participated in the focus groups were well versed with the services available and could readily reel off the places they ‘should’ turn to for help – for example, CAMHs, YOT, and drugs services. But most had little positive to say about the quality and depth of the support they were likely to receive.

“Would use it because it’s better than nothing – it’s shit because they can’t deal with big problems.”

(Focus Group Participant, YOI)

“I don’t know, they always say ‘we’re here to help you blah blah blah’. They’re actually not – they’re just doing their job.”

(Focus Group Participant, YOI)



SOME STAND-OUT STAFF AND POCKETS OF GOOD PRACTICE

There were, however, a number of children and young people who made reference to particular members of staff who had helped them on their journey, and some examples of good practice. Participants often struggled to articulate the detail of what good support looks like, which is perhaps of little surprise if they’d rarely encountered support they felt had worked.

However, for those that did, often the key factors were:



An established and **trusting relationship** with a named member of staff



Drugs workers who **explained the long-term effects** of drug taking



Readily available and consistent **mental health support**



Strength-based or more **positive** interventions. For example, one survey participant praised the work of his YOT worker for getting him involved in sports; and another noted “opportunities” as a key component of what good support looks like.

“Social worker gave me someone to talk to.”

(Survey Participant, YOI)

“Drugs workers helped me realise the bad effects of drugs.”

(Survey Participant, YOI)

“[What works:] Health and wellbeing team [mental health team within YOI] – I have one to one sessions”

(Survey Participant, YOI)

DISPARITY IN SUPPORT – SIZE AND TYPE OF ESTABLISHMENT

The sites involved in this consultation ranged in population from 8 to over 250 residents. The **bigger the setting the less likely the young people were to share positive experiences** about their relationships with staff or the support they were receiving. Participants also described a **perceived difference in the motivations of staff** from Secure Children’s Homes and the larger settings, and between staff within the same site.

SMALL:
SECURE
CHILDREN’S
HOME



LARGE:
YOIs
STCs

Young people were **MORE LIKELY** to trust staff, and feel that staff were there to look after them.

Young people were **LESS LIKELY** to feel supported or feel able to build trusting relationships with staff.

SECURE CHILDREN’S HOMES

“Staff are not just paid to watch us but also to look after you.”

(Focus Group Participant, SCH)

“We’ve got plenty to do – we can socialise with each other all day and do activities... Yeah, it is a lot different to jail so you’re not in a cell all day because you’re getting constant interaction.”

(Focus Group Participant, SCH)

“They need to go into a place like this [Secure Children’s Home], and to create a bond with that person.”

(Focus Group Participant, SCH)

YOUNG OFFENDER INSTITUTIONS AND SECURE TRAINING CENTRES

“There are too many kids for the staff to watch every second of the day so it [drug use] is not so easy to catch.”

(Focus Group Participant, STC)

“Certain people care and some people just do it because they’re being paid.”

(Focus Group Participant, YOI)

SERVICE PROVIDER VIEWPOINT



A number of staff discussed the value of having a substance misuse team based on site in order to meet the needs of the young people, and to build that trusting relationship.

“We’re a service that’s always here and I know not all Secure Children’s Homes have that. Some have an ad hoc service, who kind of do in-reach every now and again. We’re based here so they know if they need help around any sort of thing, we can provide that... I think it’s just our presence a lot of the time... we just make an effort... so we wouldn’t just spend our time in the office doing whatever we need to do. We would be over with young people so we’re there and we’re letting them know that we’re actually here, not just when we’ve booked appointments.”

(Substance Misuse Worker, SCH)

POINTS FOR FURTHER EXPLORATION

PRIVATISATION AND OPEN COMMUNICATION

In the service provider interviews, concerns were raised about the quality of communication between independent and state provided services. There were concerns that miscommunication between these services could impact substance misuse support. This is an area for further peer-led research which could not be covered by this consultation due to its focus and sample size.

“As far as I’m aware I don’t think any NPS has taken place [on site], although after talking with the young people they think that some has, but we don’t get told generally if there is an issue with substances here unless the young people tell us, we don’t receive referrals... For their own private reasoning, at which we can only assume, security departments/ operations departments are not having clear or open communication with substance misuse teams or healthcare around the true use of substance abuse in custodial placements, as confessed by young people, or the availability to drugs test young people despite being recommended to by substance misuse teams and healthcare teams.”

(Substance Misuse Worker, STC – privately run)



GAPS IN SUPPORT – INTO THE COMMUNITY

A number of young people shared a level of anxiety over the uncertainty they faced when returning back to the community, and the differences in support available in the secure setting versus what they could access back out in the community.

THE LANDSCAPE – CUTS CUTS CUTS



Between 2010/11 and 2015/16, there has been a real terms **decrease of £2.4bn** in central government funding for children’s services provided by local authorities (Children’s Society et al, 2017.)

Specific early intervention **funding has fallen 55%** between 2010/11 and 2015/16. (Children’s Society et al, 2017.)

Around **1,660 youth work jobs were lost** between 2014 and 2016, following the loss of almost 2,000 posts between 2012 and 2014 (Unison, 2016.)

Between 2012 and 2016, **600 youth centres were closed** (Unison, 2016.)

“They kept dropping me off different places so couldn’t settle anywhere so no one to talk to as I can’t get to know anyone.”

(Focus Group Participant, SCH)

“But if they’ve got the same pressures when they get back outside, they’ll probably go back to it.”

(Focus Group Participant, SCH)

“Mental health support in here [YOI] is better than outside.”

(Survey Participant, YOI)

GAPS IN SUPPORT – INTO ADULTHOOD

Young people also shared fears that once they reached adulthood, services would no longer need to care about their wellbeing, and were unclear what this would mean for them. (Please also refer to *Points for Further Exploration – Transition to Adulthood* on page 19.)

SERVICE PROVIDER VIEWPOINT



The young people’s concerns around gaps in support when transitioning back into the community were echoed by service providers:

“It is very variable to be honest, it depends on how much notice we have about where young people are going so we can make links with services in the community, it depends how well resourced that particular community is, because obviously we take nationally. So it is very varied. What we are finding with a lot of our young people is we’re not finding out their placement until very near until when they leave, and that does cause problems with transition.”

(Healthcare Staff, SCH)

However, one Secure Children’s Home shared a positive development in this regard as they were about to employ a Transition Worker to support their residents through that difficult period.

“Yeah, they’re waiting until I get to 18 so I’m out of the care system completely.”

(Focus Group Participant, SCH)

“Once I’m 18 I’m not their problem anymore, they haven’t got all these people asking why are you not helping this kid.”

(Interview Participant, SCH)

YOUNG PEOPLE SHARE THEIR SOLUTIONS

YOUNG PEOPLE SHARE THEIR SOLUTIONS

After sharing their views on drugs and experiences of support, focus group participants reflected upon how support could be improved for them, their peers and future generations. These lessons are outlined by Abby* – who participated in one of our focus groups in a Secure Children's Home, and was later interviewed as a key expert by experience, being one of the regular young Spice users involved in this consultation.

*Not her real name.

ABBY'S STORY

Abby was 12 when she first tried spice. She was in a park with an older girl from her school who was smoking what she thought was a cigarette or joint. From her first drag, Abby said she was hooked.

Abby has since spent the last 5 years in the care system, in and out of the secure estate, and has spent time sleeping rough.

"I just loved it... an unexplainable buzz... just not in control... and I've got a really addictive personality so the next day I just wanted more, and I did it every single day and was addicted within 3 weeks."

"I had no self-worth... it gave us really bad mental health – really paranoid."

"It cuts off your emotion cords, I had no emotions... my mam was heartbroken... my friends pretty much disowned me."

Abby describes her upbringing as "great"; she had a loving family and was doing well at school. But her addiction to Spice led her to steal and beg to secure her next fix, and had a significant impact on her relationships, mental health and confidence.

Abby's experience of care started badly, describing her first foster carer as "nasty". She was then placed at numerous non-secure children's homes but would often run away, stating that she "felt safer" living on the streets of her hometown than in care.

"Going out of my care home I was constantly looking over my shoulder and that. I think when I was on the streets it was my home – I'd been going to town for 5 years, I knew everyone, I knew all the back alleys and everything, I knew where I was and felt at home."

"In a meeting they've got to ask 'how do you feel, do you think you're ready to leave?' but it's not your say, they've got to ask because they've got to ask you. But they've got their mind set on what they are doing."

"Why lock the kid away for so long... don't think 'oh no, they are going to run away if we let them go to the shop' – let them take a chance, if they fuck it up then, right, they are not going out for a few weeks... you're working with us, it works both ways, it takes two to tango."

Abby now has, however, a social worker she feels she can relate to and trust, which has had a significant impact on her motivation to engage with support.

"I think I will be anxious [when she leaves secure] purely because in here I can't get Spice, when I'm out and you see people who will have it... [but] I thought about the world a bit more and I thought how much of a beautiful place it is without drugs... I want to go to uni and that, I want to be a dentist – I like teeth, when someone smiles, it makes you happy."

Abby has since been placed in the secure estate three times – but feels that she is just there to keep her "alive for the time being", and feels in care "you're just existing, you're not really living". And in many of her placements, Abby felt that her views were not taken on board, and that staff were too risk averse.

"She is a really good social worker... I don't think I'd work with another social worker... she is just very genuine... she is not a typical social worker... we will negotiate... she is very up front with us, honest... I wouldn't run away from carers because I wouldn't want to let her down... with other social workers I couldn't care less."

Abby is unsure about her future and is still wary that she might go back to using Spice, but she is trying to focus on the positives.

WHAT CAN WE LEARN?

1. DON'T LEAVE IT TOO LATE – **EARLY INTERVENTION IS KEY.**

"I think with me they just got to us a bit too late, I've been doing this [taking Spice] since I was 12... If someone had come to me at 12 and done it, I might have been more like 'oh my god'... once you've done it a while you stop caring."

3. **TRUST AND TRANSPARENCY ARE ESSENTIAL.**

"I lost a lot of trust when I was in secure... they would sort of like set us up a little bit so they could keep us here for longer so I had no trust at all for no workers."

5. **EMPLOY STAFF WHO KNOW WHAT IT IS LIKE – INVOLVE THOSE WHO HAVE BEEN IN SIMILAR SITUATIONS TO SHARE THEIR STORY WITH YOUNG PEOPLE.**

"We've had people come in and talk to me who've never took a drug in their life, but they are telling me 'oh no, well, this will happen', but mate I've lived this for 5 years, I know what is going to happen and you don't."

7. **SHOW YOUNG PEOPLE WHAT THEY CAN DO – TAKE A POSITIVE APPROACH TO SUPPORT.**

"I thought about the world a bit more and I thought how much of a beautiful place it is without drugs... why am I not appreciating how lovely it is, it was more about that... I like helping people, I love it. But when I'm on drugs I can't do it."

2. **FIRST IMPRESSIONS COUNT – ONCE A SEED OF DISTRUST IS PLANTED IT'S VERY DIFFICULT FOR A YOUNG PERSON TO REBUILD FAITH IN THE SYSTEM.**

"The first time I went to care was foster care... my foster carer wasn't a nice woman, she was really nasty... called us names and that."

4. **SHOW YOU WANT TO HELP – BE CONSISTENT AND DON'T GIVE UP.**

"When I came here 95 placements had refused us... My paperwork isn't bad, it's not violent or nothing, it's just drugs... they are like 'there is no helping this kid'."

6. **DON'T LOOK DOWN – BE SUPPORTIVE NOT PUNITIVE.**

"I think drug addicts aren't supported, they are just treated like they are criminals. I think everyone looks down on drug addicts."

Finally, we want to conclude with words from the young members of the Youth Advisory Group who, after reflecting upon the stories of their peers in the secure estate, put together the following guiding principles for services in the hope that it may improve support for young people in the future:

THE YOUTH ADVISORY GROUP'S PRINCIPLES OF SUPPORT



UNDERSTAND

Try to really understand what we are going through and how this affects our decisions.

"Because they know me and what I've been through and understand me."

(Survey Participant, YOI)



LISTEN

Give us the space and time to tell you what is really going on.

"It's sad because everyone is running from something – kids in here are running but they never ask what you're running from."

(Focus Group Participant, SCH)



TRUST

If we open up, don't break that trust and be straight with us.

"Trust, care about me, and don't speak behind your back."

(Survey Participant, YOI)



BE RESPECTFUL

We are experts of our own experience – respect what we have to say.

"They've got to ask you because they've got to ask you [what you want] – but they've got their mind set on what they are doing."

(Interview Participant, SCH)



BE APPROACHABLE


Get on our level and be genuine.

"You can talk to him [a staff member with lived experience] on a level."

(Focus Group Participant, YOI)

"She is just very genuine... she is not a typical social worker."

(Interview Participant, SCH)



POINTS FOR FURTHER EXPLORATION

BROKEN TRUST

Our research has shown that children and young people's trust in professionals has been broken – a marker of a broken system.

There are efforts being made to improve support, for example the development of a framework for integrated care in the CYPSE (SECURE STAIRS⁶).

There are also advocacy services available for children and young people who feel let down by the system.

To protect and support children, further peer-led research is needed to evaluate this provision, and to inform new and innovative ways to help rebuild trust.

⁶ For more information visit: <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/>

ANNEXES & REFERENCES

ANNEX 1

USER VOICE'S EXPERIENCE

Since 2012 User Voice has consistently heard about the use and abuse of Novel Psychoactive Substances (NPS) through its prison and community councils (for those involved with Community Rehabilitation Companies and the National Probation Service). As a result, User Voice was commissioned by NHS England to undertake a consultation in adult prison with both users and non-users of Spice and other NPS. The final report, *Spice: The Bird Killer – What prisoners think about the use of Spice and other legal highs in prison*, was published in 2016.

User Voice put the service user at the heart of this consultation as both researchers and participants. The aim was to examine service users' views on the nature and extent of NPS use and problems inside adult prison. The consultation involved a survey of 684 service users in 9 prisons, and separate focus groups (120 participants) with user and non-users.

The main findings included:

- 1 in 3 participants reported use of Spice in the last month, making it the most popular drug.
- The majority of survey participants estimated that between half and nearly all of their fellow residents had used Spice in prison.
- When asked about the harmful consequences of using Spice, the majority of participants indicated addiction, debt, violence, bullying and mental health problems, with up to half indicating physical health problems and self-harm.
- Participants made reference to the positive effects of using Spice, with the most common being relief from boredom and coping with bad feelings such as anxiety and depression.
- The top three reasons for using Spice were reported to be ease of access, lack of drug testing and alleviating boredom.
- Many participants believed that there was an urgent need both for more harm-reduction services and peer-led interventions.

User Voice's knowledge of NPS is kept up to date through its Councils and through a number of substance misuse consultations for the NHS England South East Health and Justice Team.

Furthermore, since its foundation in 2009, User Voice has engaged approximately 16,000 service users in consultations, of which over 2,500 were children and young people (CYP). These consultations with CYP include:

- HM Inspectorate of Probation Full Joint Inspections as part of the inspection team in Bromley, Cardiff, Doncaster, Greenwich, Leicester, Lambeth, Lewisham, Manchester, Newcastle, Stafford, Swindon and Wolverhampton

- *Who Cares? What people with convictions think about care in custody*: A service user response to the Department of Health’s consultation on The Care Act
- *Safety First: What service users think about vulnerability and safety in custody*: service user response to the Ministry of Justice’s Harris Review into self-inflicted deaths in NOMS Custody of 18 to 24-year-olds
- *Young People’s Perspectives on Complaints*: Commissioned by the Office of the Children’s Commissioner to seek the views of CYP about their experiences of the complaints system
- *August Disturbances*: Commissioned by the Youth Justice Board to talk to CYP who were involved in the 2011 disturbances
- *Young People’s Views on Safeguarding in the Secure Estate*: Consultation for the Youth Justice Board and Children’s Commissioner
- *A User Perspective on Service Provision for Young Offenders in Manchester*: Consultation for Manchester Youth Offending Service with young offenders in custody and community to inform development of service provision
- *Does Social Work Care?* Consultation with young offenders and drug and alcohol service users for the College of Social Work
- *Excluded Youth project*: a national annual consultation with CYP in youth offending services between 2010-2013.

ANNEX 2

WHAT WAS ALREADY KNOWN – NPS & CYPSE

New or Novel Psychoactive Substances (NPS) are synthetically created to replicate the effects of illegal substances such as cannabis, cocaine and ecstasy while formerly remaining legal – hence their previous name ‘legal highs’. ‘Legal highs’ is still commonly used to describe NPS but is a misnomer as NPS use, manufacturing and distribution was prohibited under the blanket legislation of the Psychoactive Substance Act, which came into force in May 2016. Possession of psychoactive substances has become an offence inside secure settings, punishable by up to two years imprisonment.

One of the most harmful forms of NPS (Newcomen, 2016) marketed as a synthetic cannabis and categorised as a Synthetic Cannabinoid Receptor Agonist (SCRA), goes under the street name Spice or Black Mamba. Since 2011, there has been growing evidence that Spice use has become a serious problem in the adult secure estate in the UK (User Voice, 2016). Research shows that drug-related problems and many other problems inside (for example, assaults and suicides) have risen to record levels, and there is evidence these are inter-linked (User Voice, 2016). This epidemic emerging from the UK penal system led to NHS England commissioning User Voice’s 2016 report *Spice: The Bird Killer*.

However, research into the Children and Young People Secure Estate (CYPSE) and the use of NPS is still relatively rare when compared to similar research projects looking into NPS use across other sections of the criminal justice system. Little is known about the mechanisms of NPS use among young people within the youth justice system, with important questions about the demographics, who is taking it, why it’s taken and what provisions can be introduced to tackle it in the CYPSE still lacking in detail. There is existing literature surrounding its use outside of the secure estate, alongside statistics capturing substance misuse within the CYPSE, but also a lack of understanding of the effective service provisions available to young people and what could be required to intervene in NPS use.

Addaction’s NPS *Insight Report* (2017) looked at the views of young people between 14-25 years old, trying to capture the reasons why and where people take NPS. According to the Addaction research, 45% of NPS users have taken it for less than 6 months, while 15% said they’d been using for over 2 years. The majority of usage was divided between ‘rarely’ and occasionally ‘such as at parties’ with 42% and 43%, respectively. The vast majority (73%) said the reason they took Spice was to ‘have fun’, while 20% took it for escapism. The majority said they took Spice at ‘home’ or ‘at a friend’s house’ (65%), while some took it in public, for example, parks (39%). However, Addaction found young people are less likely to use Spice as they think of it as a

‘dirty drug’ used in prisons, and dislike the connotations linked to its use (Addaction, 2017).

In regard to the prevalence of NPS use among children and young people, the National Drug Treatment Monitoring System (NDTMS) illustrates the low number of those in treatment for NPS use in 2016/17 (Public Health England, 2017, p.19):

AGE	NUMBER OF YOUNG PEOPLE IN TREATMENT FOR NPS	PERCENT
UNDER 13	10	3%
13-14	21	2%
14-15	75	3%
15-16	142	3%
16-17	164	4%
17-18	173	4%

This data set also provides a breakdown of the types of NPS most commonly used by children and young people – illustrating the prominence of cannabinoids and supporting the focus of this consultation on the use of Spice (Public Health England 2017, p.40):

TYPE OF NPS	NUMBER OF YOUNG PEOPLE IN TREATMENT
NPS – PREDOMINANTLY STIMULANT	50
NPS – PREDOMINANTLY HALLUCINOGENIC	18
NPS – PREDOMINANTLY DISSOCIATIVE	20
NPS – PREDOMINANTLY SEDATIVE/ OPIOID	UNDER 5
NPS – PREDOMINANTLY CANNABINOID	407

In regard to the CYPSE, Public Health England (2018, p.43) provides a breakdown of NDTMS data of those children and young people in the secure estate and in treatment in 2016/17, again indicating minimal NPS use:

SUBSTANCE	NUMBER OF YOUNG PEOPLE IN TREATMENT IN THE SECURE ESTATE 2015/16	PERCENT	MEDIAN AGE
CANNABIS	1238	91%	16
ALCOHOL	658	48%	16
COCAINE	286	21%	17
NICOTINE	227	17%	16
ECSTASY	97	7%	16
NPS	72	5%	17
AMPHETAMINES	70	5%	16
OTHER	53	4%	17
OPIATES	38	3%	17
CRACK	26	2%	16
SOLVENTS	12	1%	15.5
TOTAL	1362	100%	16

It is, however, important to note that this data gleaned from NDTMS is in regard to young people in treatment programmes – not the population as a whole, nor those stating that they are currently using the specified substances inside the secure estate.

ANNEX 3

DETAILED METHODOLOGY

As a user-led charity, User Voice has developed a unique methodology to gain the perspective of service users which:

- is service-user led
- generates honest and authentic insight
- enables mutual service user and service provider collaboration
- provides a positive experience for participants involved.

This consultation was conducted between March and July 2018. Sample selection and engagement methods utilised are outlined below.

SITE SELECTION

The 9 sites selected to take part in this consultation were chosen by NHS England to cover a geographical spread; a combination of welfare and youth justice placements; and to be representative of gender in the secure estate.

SITE	REMIT	SERVICE PROVIDER	GENDER	AGE RANGE	POPULATION
SECURE CHILDRENS HOMES 1	WELFARE	LOCAL AUTHORITY	MIXED	10-17 YEARS OLD	12
SECURE CHILDRENS HOMES 2	WELFARE AND YOUTH JUSTICE	LOCAL AUTHORITY	MALE	10-17 YEARS OLD	24
SECURE CHILDRENS HOMES 3	WELFARE AND YOUTH JUSTICE	LOCAL AUTHORITY	MIXED	10-17 YEARS OLD	38
SECURE CHILDRENS HOMES 4	WELFARE AND YOUTH JUSTICE	LOCAL AUTHORITY	MIXED	10-17 YEARS OLD	18
SECURE CHILDRENS HOMES 5	WELFARE	VOLUNTARY SECTOR	FEMALE	10-17 YEARS OLD	12
SECURE CHILDRENS HOMES 6	YOUTH JUSTICE	LOCAL AUTHORITY	MALE	10-17 YEARS OLD	24
SECURE TRAINING CENTRE	YOUTH JUSTICE	PRIVATE CONTRACTOR	MIXED	12-17 YEARS OLD*	87
YOUNG OFFENDER INSTITUTION 1	YOUTH JUSTICE	STATE PROVIDED	MALE	15-17 YEARS OLD*	178
YOUNG OFFENDER INSTITUTION 2	YOUTH JUSTICE	STATE PROVIDED	MALE	15-17 YEARS OLD*	272

* YOIs and STCs should only hold children and young people up until their 18th birthday. However, in practice young people can experience transfer delays, and we did speak to some 18-year-olds in the YOIs and STC during this consultation. For more information about the demographics of participants please see below.

FOCUS GROUPS

The focus groups were conducted by two members of the User Voice team within each secure setting between March and April 2018. The vast majority were conducted independently, with no other professionals present (please see challenges below for exceptions).

Focus Group Sample:

Focus group participants were selected by different means based on site requirements, which often related to the different security challenges encountered when mixing young people in a group setting.

7 x focus groups were based on pre-existing educational groups

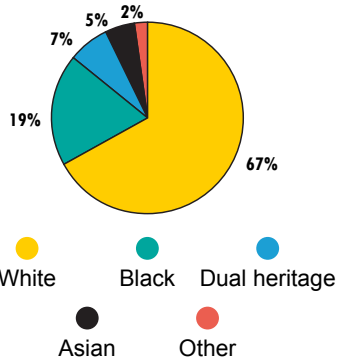
6 x focus groups were formed on the basis of those residents who self-selected to take part, followed by security clearance on who could be in a group setting together

3 x focus groups were based on selection by in-house Substance Misuse Teams.

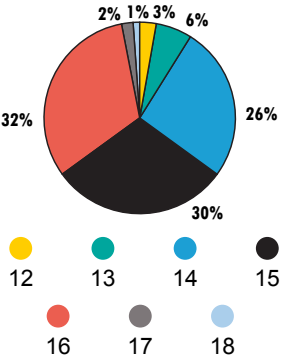
TYPE OF ESTABLISHMENT	NUMBER OF SITES	NUMBER OF FOCUS GROUPS	NUMBER OF PARTICIPANTS
SECURE CHILDREN'S HOME	6	9	45
SECURE TRAINING CENTRE	1	4	23
YOUNG OFFENDER INSTITUTION	2	3	25
TOTAL	9	16*	93*

Focus Group Demographics:

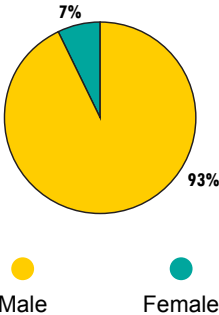
ETHNICITY OF FOCUS GROUP PARTICIPANTS



AGE OF FOCUS GROUP PARTICIPANTS



GENDER OF FOCUS GROUP PARTICIPANTS



Focus Group Challenges

Access

User Voice encountered access challenges at a number of the secure sites. The majority of which, with the support of NHS England and in discussion with the sites, we were able to overcome. However, one Secure Children’s Home would not permit User Voice staff to conduct the 3 focus groups at this site without security staff present. This impacts the independence and authenticity of the information collected during these sessions, as children and young people may not have felt safe enough to disclose information in front of them. In light of these compromises, any numerical data gleaned from the focus groups used in this report (for example percentage of those who have tried drugs) has discounted the numbers recorded at these compromised groups ie minus 3 groups and 14 participants.

Recording equipment

User Voice was not permitted by 3 of the sites to use recording equipment during the focus groups. Therefore a member of User Voice staff took detailed notes during these groups, and participants were supported to write down some of their reflections to ensure we still captured the authentic voice of young people.

SURVEYS

User Voice staff conducted a survey with children and young people across three sites. The survey questions were developed in light of the key themes emerging from the focus groups and the parameters of NHS aims for the consultation. The questions were also co-produced with members of the Youth Advisory Group to ensure the direction and language used was peer-led. The survey was anonymous but User Voice staff were present to support participants with any difficulties completing the form.

Survey Sample:

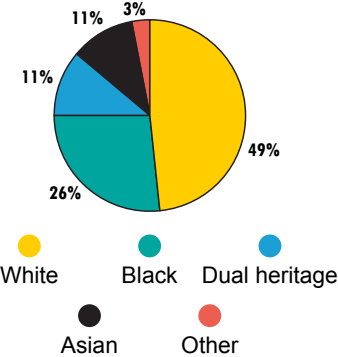
User Voice was given access to engage any willing young person to complete a survey during education time across two of the sites, and during association time in the third site. There were, however, limitations to our access (see challenges). Nevertheless we still engaged over a third of the population across the three sites.

SITE	NUMBER OF SURVEYS	% OF POPULATION
YOI 1	93	34%
YOI 2	69	39%
STC	39	45%
TOTAL	201	38%

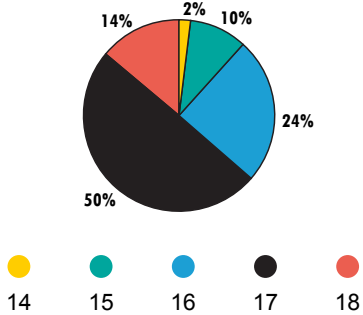
Furthermore, when cross referenced with the statistical information available from the Youth Justice Board covering the period from April to May 2018 (Youth Justice Board, 2018), the survey sample is broadly representative of the youth justice CYPSE population as a whole.

Survey demographics:

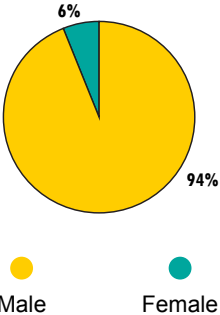
ETHNICITY OF SURVEY PARTICIPANTS



AGE OF SURVEY PARTICIPANTS



GENDER OF SURVEY PARTICIPANTS



Survey Challenges:

Omission of Secure Children’s Homes

The decision not to conduct surveys in the Secure Children’s Homes was made in agreement with NHS England following an increase in the number of sites involved in the consultation. This meant that the number of days available to conduct engagement at each site had to be reduced, and resources for the surveys were focused on the STC and two YOIs as the population sizes are much greater and provided greater opportunity to engage more CYP.

Access

User Voice experienced difficulty accessing the young people at one of the YOIs as User Voice staff were not permitted to engage with them during education time, and due to security difficulties a large number of the young people were locked in their cells during association time.

INTERVIEWS

CHILDREN AND YOUNG PEOPLE INTERVIEWS:

Interviews with children and young people were conducted by User Voice engagement staff, all of whom have lived experience of the custodial setting. The information collected during one of these interviews formed the case study included in this report (17 year-old, female). The interviewees were selected based on their more extensive experience of Spice use. One interviewee (15 year-old, male) was scheduled to take part in a focus group, however, he was prevented from doing so due to last minute security difficulties. We therefore followed the focus group topic guide on a one-to-one basis with this participant, and his insights were collated with the focus group findings.

LOCATION	AGE	GENDER	ETHNICITY
COMMUNITY	20	FEMALE	WHITE
SECURE CHILDREN'S HOME	17	FEMALE	WHITE
SECURE TRAINING CENTRE	15	MALE	WHITE

SERVICE PROVIDER INTERVIEWS:

Service provider interviews were conducted by a member of the User Voice research team, and interviewees were selected to cover the range of roles and types of establishments relevant to the consultation.

SERVICE PROVIDER	AREA OF WORK	TYPE OF SITE
1	HEALTHCARE	SECURE CHILDREN'S HOME
2	HEALTHCARE	YOUNG OFFENDER INSTITUTION
3	SUBSTANCE MISUSE	SECURE CHILDREN'S HOME
4	SUBSTANCE MISUSE	SECURE TRAINING CENTRE
5	OPERATIONAL STAFF	SECURE CHILDREN'S HOME
6	OPERATIONAL STAFF	YOUNG OFFENDER INSTITUTION
7	MANAGEMENT LEVEL	SECURE CHILDREN'S HOME
8	MANAGEMENT LEVEL	SECURE TRAINING CENTRE

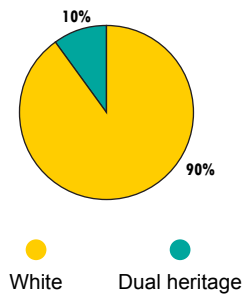
YOUTH ADVISORY GROUP

A Youth Advisory Group was set up in the community to help guide the project and ensure it was peer-led. Participants for this group were recruited through support services based in the North West, including substance misuse services, youth services, and educational settings for those excluded from mainstream school.

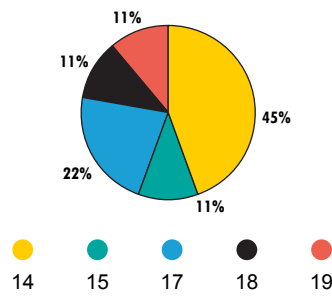
User Voice facilitated three meetings with this group: one scoping exercise at the start of the consultation to help guide our approach; one session reflecting on the findings from the focus groups; and one co-production session where members developed recommendations for the final report.

YAG DEMOGRAPHICS

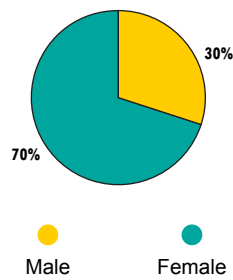
ETHNICITY OF YAG MEMBERS



AGE OF YAG MEMBERS



GENDER OF YAG MEMBERS



DATA ANALYSIS

The focus group transcripts and notes, the service provider interview transcripts and the qualitative data from the surveys have been analysed and themed utilising qualitative data analysis software. The quantitative survey data has been collated and analysed using Excel.

FUTURE RESEARCH

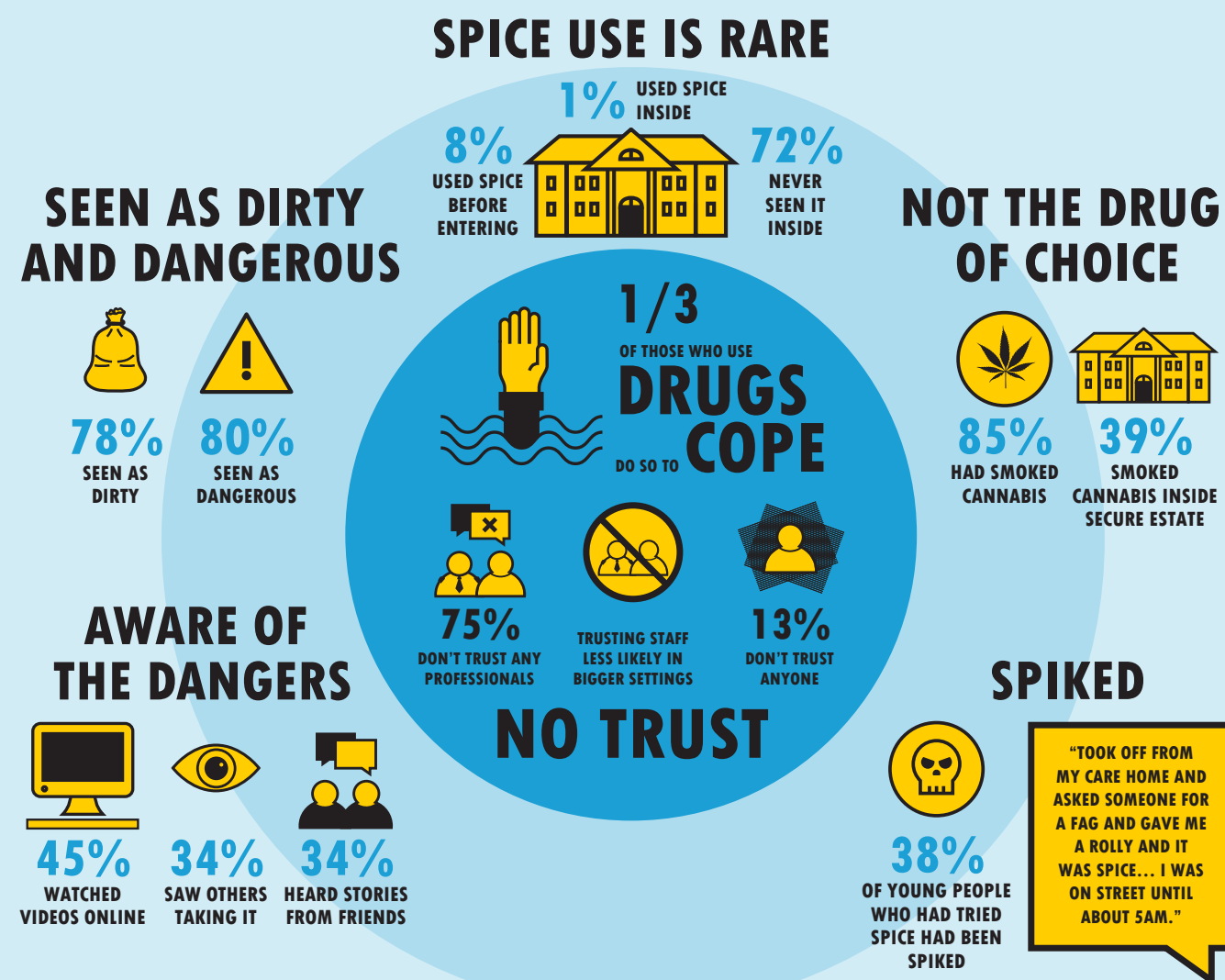
User Voice’s unique user-led methodology enabled us to gain the perspectives of young people often deemed hard-to-reach. We are a learning organisation, and the challenges experienced during this consultation will inform future research practice, and will enable us to continue to give voice to those seldom heard.



'NITTY' DRUGS & BROKEN TRUST

USER VOICE

Young people talk Spice and the Secure Estate



SOURCE: OVER 200 YOUNG PEOPLE SURVEYED + 90 FOCUS GROUP PARTICIPANTS. CONDUCTED BY USER VOICE 2018. COMMISSIONED BY NHS ENGLAND. WWW.USERVOICE.ORG

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