Children and Young Person's Substance Use Health Needs Assessment

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Authors:

Bethan Bowden, Consultant in Public Health, Aneurin Bevan Gwent Local Public Health Team

Rhiannon Hobbs, Principal Practitioner in Public Health, Aneurin Bevan Gwent Local Public Health Team

Heidi Anderson, Substance Use Lead Officer, Gwent Area Planning Board

Steering Group members:

Chesney Chick, Youth Offending Service Manager, Monmouthshire/Torfaen Youth Offending Service

Alison Dally, Healthy Schools and PSE Officer, Torfaen CBC

Sam Heatley, Offending Services Manager, Gwent Police

Daniel Jones, Head of Children and Family Services, Torfaen CBC

Lisa Meredith, Regional Lead, Gwent Area Planning Board

Alison Minett, Service Manager, Long Term Adult Services, Blaenau Gwent CBC

Rebecca Stanton, Head of Transformation Programme for Children and Young People, Aneurin Bevan University Health Board

Jordan Watkins, Policy Officer, Office of the Police and Crime Commissioner for Gwent

Acknowledgements: Eryl Powell, Deputy Director of Public Health Aneurin Bevan University Health Board

Joan Ogonovsky, Public Health Practitioner, Aneurin Bevan Gwent Local Public Health Team

Gabby James, Business Support Officer, Aneurin Bevan Gwent Local Public Health Team

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Introduction

The Gwent Area Planning Board agreed that prior to the development of the service specification for the new Children and Young Person's Substance Use Service a bespoke Children & Young Person's Needs Assessment should be undertaken (Agenda Item 7, APB, Sept 2021). This is the first element of the recommissioning process for the Children and Young Person's (CYP) Substance Use Service to ensure a new contract is in place for 1st April 2024.

The Children & Young Person's Needs Assessment provides an opportunity to develop an improved holistic understanding within Gwent of the needs of babies, children, their families and wider communities in relation to substance use harms. This will inform both the recommissioning process identified but also support local partners with responsibilities across the substance use agenda. Alignment and understanding of programmes of work within the strategic partnerships that support children, young people and their families is therefore essential. This whole system approach involves organisations and agencies involved in preventative, early identification, intervention and treatment services to children, young people and their families.

Children and Young Person's Substance Use Services for the purpose of this needs assessment and future APB commissioning arrangements are for those people under the age of 18.

Aims

The aims of the CYP Needs Assessment are:

- To make recommendations to Gwent APB based on the analysis of agreed data and evidence of effective interventions to inform the commissioning cycle of the APB for Children and Young Person's Services
- To inform local partners who have responsibility for planning substance use prevention interventions on current data and activity in relation to prevention.

Objectives

1. To understand alcohol and drug use in Gwent that negatively impacts upon children and young people

2. To determine what service provision is required to appropriately support children and young people that are negatively impacted by substance use in Gwent
3. To assess how current services are meeting the needs of this population
4. To provide recommendations to inform the commissioning cycle of the APB
5. To share findings with local partners to inform substance use prevention activity

Methodology

To ensure a robust process a Steering Group was established to provide a broad range of expertise and professional knowledge from across the system. Membership of the Steering Group is detailed in appendix 1. The Steering Group met on four occasions, provided data to inform the needs assessment, reviewed draft reports of findings and agreed the key findings and recommendations.

To ensure a comprehensive process the following stages of the health needs assessment were undertaken:

Background policy context: review of current legislation, policy and partnership structure as applied in Gwent across the substance use landscape

Epidemiological approach: using easily accessible and robust data sources population characteristics; prevalence of substance use in the general population; prevalence of substance use for children and young people; incidence of harms from substance use; current substance use services utilisation and incidence or prevalence for vulnerability factors for substance use were ascertained.

Current service provision: The current substance use service was mapped.

Evidence review: To determine the most effective interventions to reduce harms from substance use an evidence review of systematic reviews was undertaken in relation to: primary prevention; secondary prevention and treatment and recovery.

Qualitative approach: To systematically obtain the view of people with lived experience, current and recent service users were invited to take part in consultation events. This adopted a mixed methods approach including online surveys, focus groups and semi-structured interviews.

To capture the views of the wider population of children and young people, the Blaenau-Gwent Youth Forum were also invited to take part in a discussion to gather their thoughts and experience in relation to substance use.

Corporate approach: Stakeholder consultation events were undertaken with partners and representatives from partnerships including education, social services, Youth Offending Service (YOS), housing, Child and Adolescent Mental Health Service (CAMHS), other relevant ABUHB departments and the Regional Partnership Board.

Professionals participated in three workshops covering:
1) Feedback on current service provision
2) Mapping of current interventions/activities being undertaken by partners to prevent substance use
3) Consideration of outcomes and development of joint outcomes framework

Staff consultation: Current service providers were invited to participate in two focus groups in addition to 1:1 interviews to gather feedback and comments for future service development

Section One: Background and Context

Harms from substance use can be experienced by children and young people by their own problematic use and through the use of substances within their families and wider communities. Substance use can impact on the educational, health and social development of a child and prevent them from experiencing the best start in life. It is most often the most vulnerable within our society who are impacted by substance use, exacerbating existing inequalities in health and educational outcomes.

Substance use is rarely an isolated concern but exists within a context of adverse experiences and difficulties within a young person's life and their families. This can include poor mental health, violence or exploitation and contact with the criminal justice system involving both the young person or their families. Determining if substance use is the cause or result of these complex issues can be challenging, requiring a holistic person-centred approach that considers the range of issues within a young person's life.

Substance use services therefore must work in close partnership with other agencies and services that support young people and their families including health, social care, education and criminal justice so that their needs are appropriately identified and responded to. This approach adopts the principles of the NEST/NYTH Framework developed by the Together for Children and Young People programme, to take a whole system approach to developing support for children, young people and their families in Wales through the principles of nurturing, empowering, safe and trust.

Legislative context

The **Wellbeing of Future Generations (Wales) Act 2015** requires public sector bodies in Wales to work together to improve the economic, social, environmental and cultural well-being of Wales guided by the sustainability principle. This has led to the formation of Public Service Boards (PSB) with statutory requirements to assess the state of local well-being, set objectives and produce a wellbeing plan to achieve the seven well-being goals using the five ways of working. The five separate local authority level PSBs in the Aneurin Bevan University Health Board

(ABUHB) geographical area, established by the Act have now formed a Gwent wide PSB.

The **Equality Act 2010** requires public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. The Equality Act identifies nine protected characteristics that it is unlawful to discriminate against. The Socio-Economic Duty within the Equality Act 2010 came into force in 2021 and requires relevant public bodes to give due regard to the need to reduce inequalities experienced as a result of socio-economic disadvantage when making strategic and policy decisions.

The **Social Services and Wellbeing (Wales) Act 2014** aims to put the individual adult or child at the centre of their care and support with a focus on prevention and early intervention. Individuals should be involved in the design and delivery of services that they need. The Act requires local authorities, health boards and other partners who support those needing care and support and the carers who support them to form a Regional Partnership Board (RPB).

The **Children Act 1989** and updated in 2004 provides the legislative structure for the provision of safeguarding and promotion of the welfare of children. This requires local authorities to take appropriate action to safeguard a child that could result in them being 'looked after' by a local authority.

The **Misuse of Drugs Act (1971)** prevents the non-medical use of certain drugs, with drugs subject to this Act considered as controlled drugs. This results in offences relating to the supply, import or export and production of those drugs. The Misuse of Drugs Act is supported by the **Psychoactive Substance Act (2016)** that expands the remit of drugs to include any that is capable of producing a psychoactive effect.

Strategic intent and policy framework

Welsh Government Substance Misuse Delivery Plan 2019-2022

The Substance Misuse Delivery Plan identifies five main key aims of Welsh Government and its partners to tackle and reduce the harms associated with substance use in Wales, these are: preventing harm; support for individuals – to

improve their health and aid and maintain recovery; supporting and protecting families; tackling availability and protecting individuals and communities via enforcement activity and stronger partnerships, workforce development and young person involvement.

Youth Justice Blueprint (2020)

The Youth Justice Blueprint aims to prevent offending by children and promote their future welfare. The blueprint offers a whole-system approach for a trauma informed system. Those people who had adverse childhood experiences (ACEs) are more likely to commit violence and be imprisoned than those who have not. Therefore, there is an imperative to prevent and minimise the impact of ACEs by adopting a trauma informed approach. A 'children-first' approach is required so the needs and best interests of the child is met rather than the service delivery.

Welsh Government Together for Mental health delivery plan 2019-2022

Together for mental health is the Welsh Government's 10-year cross-governmental delivery strategy to improve mental health and well-being across all ages. There are five overarching themes with six priority actions for mental health and mental health services. The latest delivery plan was refreshed to include action to address those most at risk following the Covid-19 pandemic.

UK Government from Harm to Hope (2021)

From Harm to Hope is the UK Government 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. This is a cross-government strategy with three core priorities: break supply chains, deliver a world-class treatment and recovery system, and achieve a shift in the demand for recreational drugs. The remit of the strategy includes areas that are devolved in Wales such as health and social care and non-devolved such as policing and probation services.

A Healthier Wales: long term plan for health and social care (2018)

A Healthier Wales is the Welsh Government's long term plan for a 'whole system' approach to health and social care that focuses on health and wellbeing and on preventing illness. It aims to shift services out of hospital into communities so that people are supported to live health, happy lives, staying well at home. It identifies

the quadruple aim to improve wellbeing outcomes in Wales that include: improved population health and wellbeing; better quality and more accessible health and social care services; higher value health and social care and a motivated and sustainable health and social care workforce.

The Welsh Government's Children & Young People's Plan 2022.

In 2022 the Welsh Government set out its Children & Young People's Plan. The priorities are: All children should have the best start in life, including good early years services and support for parents or carers. They should be supported at home, in childcare and in schools, and when they move between these places. The aims include:

- We will continue to improve early years services
- We will offer early years services to more children and families
- We will offer more Welsh medium early years services
- We will support children at home, in childcare and in schools and help them when they move between these places
- We will offer help and support to parents and carers
- We will continue play-based learning in childcare and schools

The Welsh Government's Poverty Strategy 2022

The Welsh Government's child poverty objectives are based on the evidence about the impact in terms of improving outcomes for low-income families. They also reflect the policy levers available to the Welsh Government. The objectives focus on reducing the number of children living in workless households, increasing the skills of parents and young people, reducing inequalities in education, health and economic outcomes, creating a strong economy and labour market and action to increase household income.

The Healthy Child Wales Programme:

The Healthy Child Wales Programme focuses on the contribution of health visiting and school nursing services to lead and coordinate the delivery of public health for children aged 0 to 19. The healthy child programme aims to bring together health, education and other main partners to deliver an effective programme for prevention and support.

The Welsh Government expects that every child and family will be offered the Healthy Child Wales Programme (HCWP).

The programme underpins the concept of progressive universalism and aims to identify a minimum set of key interventions to all families with pre-school children, irrespective of need. For some families there will be a need to increase intervention to facilitate more intensive support. The implementation of the HCWP ensures a commitment to support the health and welfare of all children aged 0-7 years.

Marmot Principles and Gwent as a Marmot Region

In March 2022, the Gwent PSB became the first area in Wales to commit to become a Marmot region, signalling its strategic intent to work with the Institute of Health Equity to address inequity between communities across Gwent (Aneurin Bevan UHB, 2022). This includes adopting the Marmot principles as the framework for collective action. The approach will be developed and delivered through the five-year Gwent Well-being Plan 2023-28, building on Gwent's assets of a diverse economy, rich culture and heritage, iconic natural environment and strong communities. The Marmot Principles are:

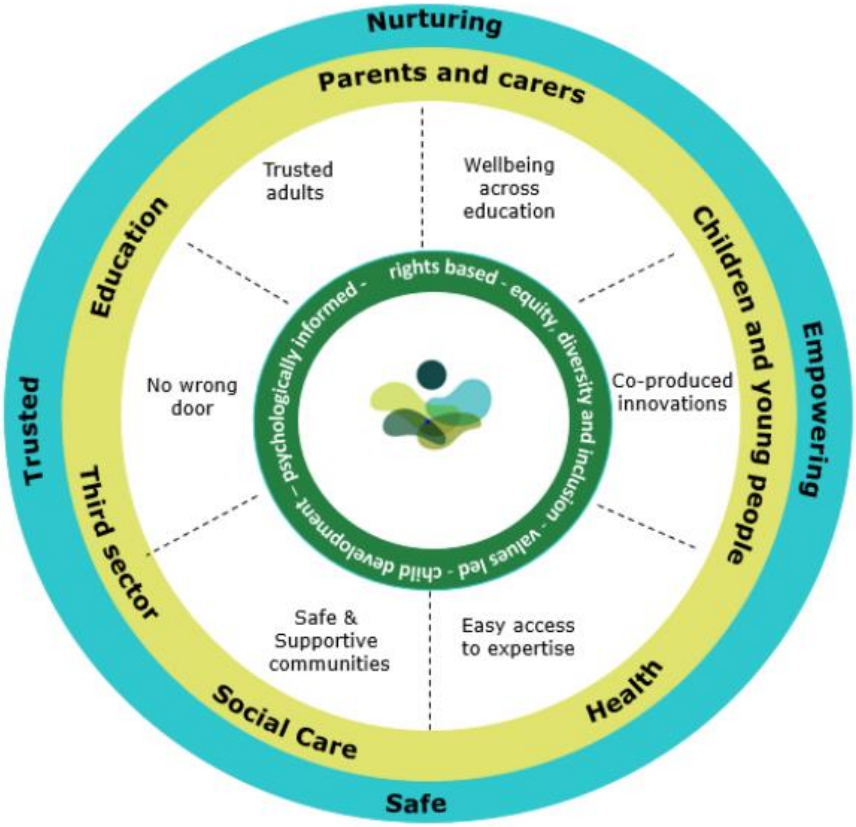
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

Gwent Partnerships

Children and Families Strategic Partnership

Within Gwent the Children and Families Strategic Partnership as part of the Regional Partnership Board have adopted a whole systems approach to supporting mental health, wellbeing and support services for children and young people through the NEST/NYTH framework.

Figure 1: The NEST/NYTH Framework



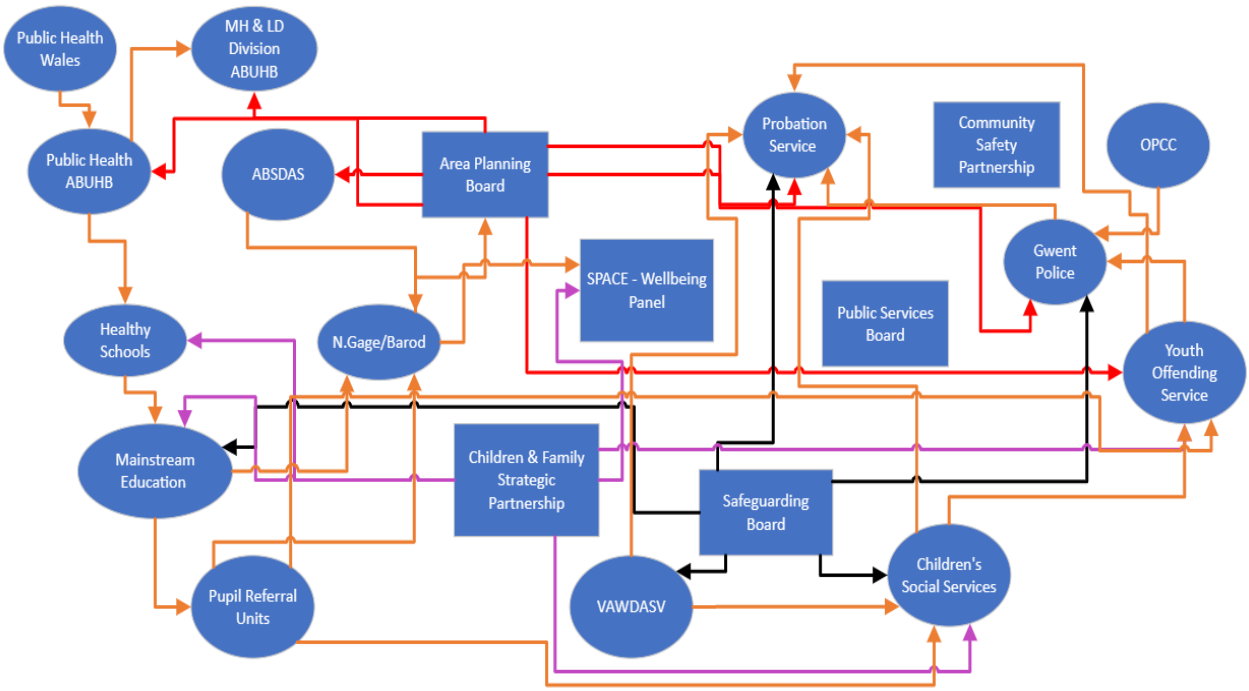
The pillars of the approach: nurturing; empowering; safe and trusted. To ensure effective implementation of the NEST/NYTH framework, a NEST implementation group has been established. A key principle of the approach is a 'no wrong door' ethos. To facilitate this and ensure that children and young people are able to access the services they need at the right time, SPACE/Wellbeing Panels have been established for each local authority area in Gwent. This is a multi-agency group that considers referrals for support and directs to the most appropriate service.

Summary

The policy and partnership landscape for children and young people in relation to substance use is complex. Statutory legislation has established multi-agency Boards and Partnership that include representation from health, social care, education, criminal justice and third sector organisations. Due to the interconnection between substance use and other vulnerability factors such as poor educational attainment, poor mental health and contact with the criminal justice system, action to prevent substance use and reduce the harms from substance use occurs across multiple partnerships and organisations. This is required to

ensure multi-agency engagement and response, however, without clear governance structures, monitoring of activities and measuring success of interventions can be challenging.

Figure 2: Systems map of partners and linked partnerships for substance use



Key:

ABSDAS -Aneurin Bevan Drug & Alcohol Service

Trauma Informed Wales

Adverse Childhood Experiences (ACEs) are traumatic experiences that occur in childhood and are remembered throughout adulthood. ACEs can include direct harm to a child such as emotional, sexual or physical abuse or through indirect harm from environmental stressors such as in living in households where there is domestic abuse, substance abuse, parental mental illness, parental incarceration or parental conflict during separation. ACEs are common with almost half of the people in Wales experiencing one ACE and one in seven people experiencing four or more ACEs (Bellis et al; 2018).

Chronic toxic stress resulting from ACEs can impact on the neurological, immunological and hormonal development of children. Consequently, individuals with four or more ACEs in childhood (compared to those with none) are, as adults, more than twice as likely to smoke, nearly six times as likely to be problem alcohol users and over twice as likely to develop conditions such as cancer and heart disease. Further, ACEs are associated with poorer childhood mental health, low

attendance at school, low educational attainment and anti-social and violent behaviours. Such factors can be part of a life course that connects childhood adversity with long-term adult ill health (Bellis et al, 2018). These are often factors that lead to other outcomes, these are sometimes cooccurring health issues, such as mental health problems, and/ or offending or risky sexual behaviour.

However, the concept of developing resilience in children as a moderator of ACE harms is widely advocated. Sources of resilience can include, but are not limited to, cultural engagement, community support, opportunity to control one's personal circumstances and access to a trusted adult throughout childhood who can provide sanctuary from the chronic stress of ACEs. A range of interventions aim to enhance resilience through supporting parents; strengthening links with other family members, peers and schools; developing team working, decision-making abilities and confidence; and enhancing academic, athletic and other individual strengths (Bellis et al, 2018).

Best start in life

In 2020 National Scientific Council on the Developing Child found that biological sciences now provide compelling evidence that the foundations of lifelong health are also built early, with increasing evidence of the importance of the prenatal period and first few years after birth. The science is clear on two points:

1. What happens during this period can have substantial effects on both short- and long-term outcomes in learning, behaviour, and both physical and mental health.
2. All of these domains are remarkably interdependent and the potential for learning is inexorably linked to the quality of physical and mental health.

A child who is living in an environment with supportive relationships and consistent routines is more likely to develop well-functioning biological systems, including brain circuits, that promote positive development and lifelong health. Children who feel threatened or unsafe may develop physiological responses and coping behaviours that are attuned to the harsh conditions they are experiencing at the time, at the long-term expense of physical and mental well-being, self-regulation, and effective learning. When access to essential resources and supportive relationships is secure, the building blocks of both resilience (e.g., self-regulation and adaptive skills) and wellness (e.g., well-regulated stress response systems)

are strengthened. When hardships or threats are extreme or persistent, particularly in the context of intergenerational poverty and/or systemic racism, multiple biological systems can be disrupted. The "downstream" results of these disruptions are poor educational achievement, lower economic productivity, higher rates of crime, and increased heath care costs.

Policymakers, healthcare services systems, intervention developers, and practitioners can all use this knowledge to create innovative solutions to reduce disparities in preventable diseases and premature deaths and lower the high costs of health care for chronic illnesses that have their origins in early childhood adversity. Moreover, these costs are likely to grow unless society's investment in promoting health and preventing disease moves "upstream" to address the sources of these problems in early childhood. Nearly all aspects of early development and later health are affected by interactions among experiences, genes, age, and the environments in which young children live. These interactions influence every biological system in the body, with especially powerful effects in the earliest years (National Scientific Council on the Developing Child, 2020).

In addition to individual factors, wider adversity within communities can also impact an individual's long term physical and mental health across the life course with the risk of chronic stress and adverse coping mechanisms.

COVID-19 Pandemic

Children and young people were particularly impacted by the pandemic. The introduction of public health measures led to school closures and halted many training and work opportunities leaving them vulnerable to poorer outcomes particularly in relation to mental wellbeing.

Welsh Government in its Child Poverty 2022 Plan (Welsh Government 2022), has committed to make sure that young people do not lose out educationally or economically through the effects of coronavirus. In particular, young people do not carry that the burden of dealing with the impact of coronavirus with them throughout their working lives.

Section Two: Epidemiological report

To inform the re-commissioning of a Children and Young Person's Substance Use Service in Gwent an understanding of need in relation to drug and alcohol use is required. This epidemiological report has gathered data and intelligence from a range of different sources to determine the size, scale and scope of harms that negatively impact upon children and young people in relation to drug and alcohol use.

The epidemiological report utilises accessible and robust data sources to identify current trends and emerging issues. The report is structured to consider firstly the demographics of Gwent including wider determinants for substance use including deprivation, education and housing. The following chapters outline the prevalence of substance use and substance use related harms within the adult population in Gwent and for children and young people. Consideration has been given to the direct substance use related harms and indirect harms experienced by children and young people though substance use within their families and wider communities. This does not include vaping as this is not within scope of the commissioned substance use service.

The Area Planning Board, in alignment with the Welsh Government's Substance Misuse Strategy, seeks to prevent harmful substance use and through early identification of substance use intervene promptly to prevent more sustained substance use and substance use-related harms developing. Research evidence and professional experience has identified a number of vulnerability factors that place children and young people at greater risk of future harmful substance use (PHW 2020). The final chapter of the report therefore considers the frequency and distribution of these vulnerability factors in our communities within Gwent. This can help to inform future planning of services, to identify areas of greatest need and also target interventions to those at greatest risk of future harms.

Demographics of Gwent Population

Gwent has a population of nearly 590,000 people, approximately 19% of the total population of Wales. Gwent is comprised of five Local Authorities with the largest populations in Caerphilly and Newport, at 175,900 and 159,600 respectively (ONS 2022). The smallest local authority by population is Blaenau Gwent at 66,900 people (table 1).

Table 1: Usual Resident Population, Census 2021

	Under 15 years (%)	15-64 years (%)	65 and over (%)	Total (%)
Caerphilly	30,400 (17.3)	110,200 (62.6)	35,500 (20.2)	**175,900**
Blaenau Gwent	11,000 (16.4)	42,300 (63.2)	13,600 (20.3)	**66,900**
Torfaen	16,000 (17.3)	57,200 (62.0)	19,100 (20.7)	**92,300**
Monmouthshire	13,800 (14.8)	55,200 (59.4)	24,000 (25.8)	**93,000**
Newport	30,300 (19.0)	102,400 (64.2)	27,200 (17.0)	**159,600**
Gwent	101500 (17.2)	367300 (62.5)	119400 (17.4)	**587,700**

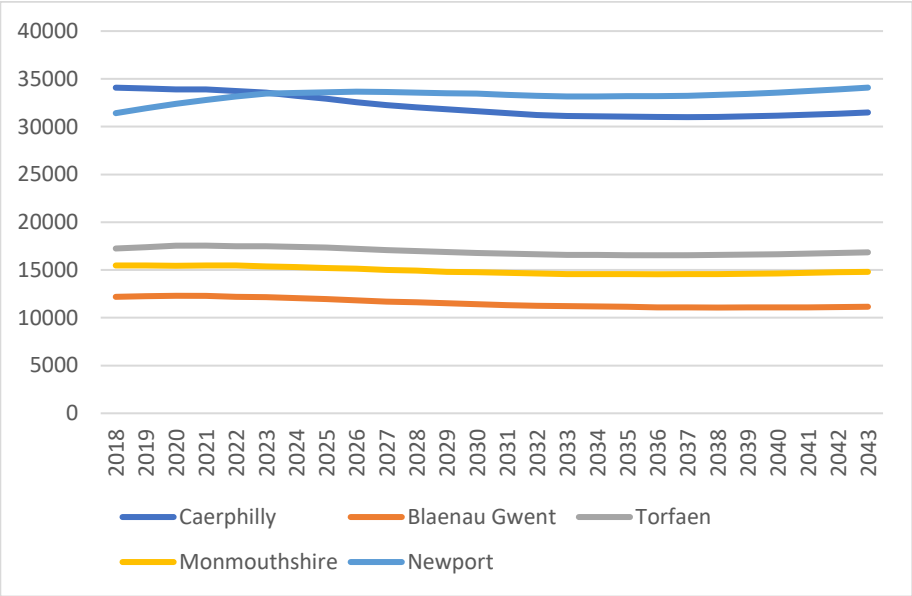
In Gwent, 17.2% of the population are aged below 15 years. This is higher than the Wales average of 16.5% but equivalent to the England average of 17.4%. Within Gwent, Newport had the largest percentage of people under 15 years at 19% followed by Caerphilly and Torfaen at 17.3%. Monmouthshire has the lowest percentage of people aged under 15 years at 14.8% with the highest percentage of people aged 65 years and over at 25.8% compared to the Gwent average of 17.4%.

An alternative source of data on population estimates is the Welsh Demographic Service that records all people who are registered with a GP in Wales. In Gwent, there were 123,190 children and young people aged up to 18 years registered with a GP as of April 2022. This reflects nearly 20% of the total population registered with a GP. A similar pattern across local authorities is noted as highlighted within census data. Newport has the highest proportion of the population under 18 years (21.6%) with Monmouthshire having the lowest proportion of the population under 18 years at 18%.

Population projections by age groups

Newport has seen the highest rate of population growth in Wales since 2011 at 9.5%. This compares to the population growth for Wales of 1.4%. In contrast, Blaenau Gwent has seen a decline in population growth since 2011 of 4.2% (ONS 2021). Population projections indicate that the proportion of the population aged 15 and under is expected to increase in Newport. The population aged 15 and under is anticipated to remain stable in Torfaen and Monmouthshire with a decline anticipated in Caerphilly and Blaenau Gwent (figure 3).

Figure 3: Population projections aged 15 and under by local authority area from 2018 to 2043



The trend for changes in population structure projected for people aged 15 years and under is replicated for people aged 15 to 64 years across the local authorities in Gwent. Newport is anticipated to increase the population aged 16 to 64 years, with declines in population aged 16 to 64 years in Caerphilly and Blaenau Gwent local authority areas by 2043.

School Aged Children

There are an estimated 73,000 children of compulsory school age in the Gwent area as per the Annual School Census in 2021/22 (Stats Wales 2022). There are an estimated 39,619 primary school age children with 33,405 secondary school age children (up to age 16 years) The greatest numbers, as anticipated, are in the larger local authority areas of Caerphilly and Newport of 26,000 and nearly 25,000 respectively (table 2).

Table 2: Primary and Secondary School Pupils by Local Authority, 2021

	Caerphilly	Blaenau Gwent	Torfaen	Monmouthshire	Newport	Gwent
Primary School						
Male	6185	1788	3310	2823	6175	**20281**
Female	6037	1751	3160	2555	5835	**19338**
Total	**12222**	**3539**	**6470**	**5378**	**12010**	**39619**
Secondary School						
Male	5254	2046	2859	2042	4836	**17037**
Female	5002	1961	2737	1972	4696	**16368**
Total	**10256**	**4007**	**5596**	**4014**	**9532**	**33405**

Population by ethnicity

Within Gwent, Newport is the most ethnically diverse area with 15% of the population from a non-white background. This reflects self-reported ethnicity from the 2021 UK Census (ONS 2022). Newport is more ethnically diverse than the Wales average with 7.6% of the all-age population Asian/Asian British compared to an All-Wales average of 2.9%; 2.3% from a Black/African/Caribbean or Black British background compared to an All-Wales average of 0.9% and 2.8% from Mixed or Multiple ethnic groups compared to All-Wales average of 1.6% (table 3).

Outside of Newport, the remaining local authority areas in Gwent have smaller populations from a minority ethnic background with 98% of their populations from a White background. The least ethnically diverse local authority areas are Blaenau Gwent with only 2.2% of the population from a non-white background and Caerphilly with 2.3% of the population from a non-White ethnic background.

Table 3: Population by ethnicity, Census 2021

	Asian/ Asian British/ Asian Welsh n (%)	Black/Black British/Black Welsh/Caribbean or African n (%)	Mixed or Multiple ethnic groups n (%)	White British/White Welsh n (%)	White Other n (%)	Other Ethnic group n (%)
Blaenau Gwent	621 (0.9)	115 (0.2)	569 (0.9)	63990 (95.6)	1466 (2.2)	142 (0.2)
Caerphilly	1584 (0.9)	283 (0.2)	1754 (1.0)	169356 (96.2)	2599 (1.5)	379 (0.2)
Monmouthshire	1185 (1.3)	230 (0.2)	1115 (1.2)	87566 (94.2)	2540 (2.7)	324 (0.3)
Newport	12194 (7.6)	3737 (2.3)	4451 (2.8)	128245 (80.4)	8228 (5.2)	2737 (1.7)
Torfaen	1202 (1.3)	228 (0.2)	1005 (1.1)	87873 (95.2)	1723 (1.9)	245 (0.3)
Gwent	16786 (2.9)	4593 (0.8)	8894 (1.5)	537030 (91.4)	16556 (2.8)	3827 (0.7)
Wales	89028 (2.9%)	27554 (0.9%)	48598 (1.6%)	2814247 (90.6)	101601 (3.3)	26466 (0.9)

Delivery of health and social care services must ensure that they meet needs of people with protected characteristics, including race or ethnicity. Service delivery in Newport will be required to be considerate of the ethnically diverse communities that live within this local authority area.

As outlined above, Newport is an area of population growth. Census data indicates that the proportion of people from Minority Ethnic backgrounds is increasing relative to people from a White British/White Welsh background. It would be anticipated therefore that the population growth in Newport would represent an increasing proportion of people from a minority ethnic background.

Ethnicity of school aged children

Ethnicity of school aged children is recorded within the Annual Pupil Census (Stats Wales 2022). This demonstrates that there are a higher percentage of children

from minority ethnic backgrounds compared to the all-age percentage presented within the Census (table 4). It is of note, that in Newport, nearly 3 in 10 pupils is from a non-White British background.

Table 4: Pupils aged 5 to 15 years by ethnicity, Annual School Census 2021

	% Minority ethnic	% White British/White Welsh	% English as additional language
Blaenau Gwent	6.1%	93.9%	1.8%
Caerphilly	4.9%	95.1%	1.3%
Monmouthshire	7.7%	92.3%	2.0%
Newport	29.2%	70.8%	16.9%
Torfaen	6.3%	93.7%	1.4%
Wales	**13.3%**	**86.7%**	**6.1%**

Population density

The population density (residents per square kilometre) varies across Gwent from 110 residents per square kilometre in Monmouthshire, below the Wales average of 150, to 838 residents per square kilometre in Newport (table 4).

Figure 4: Population density (number of usual residents per square kilometre), Census 2021

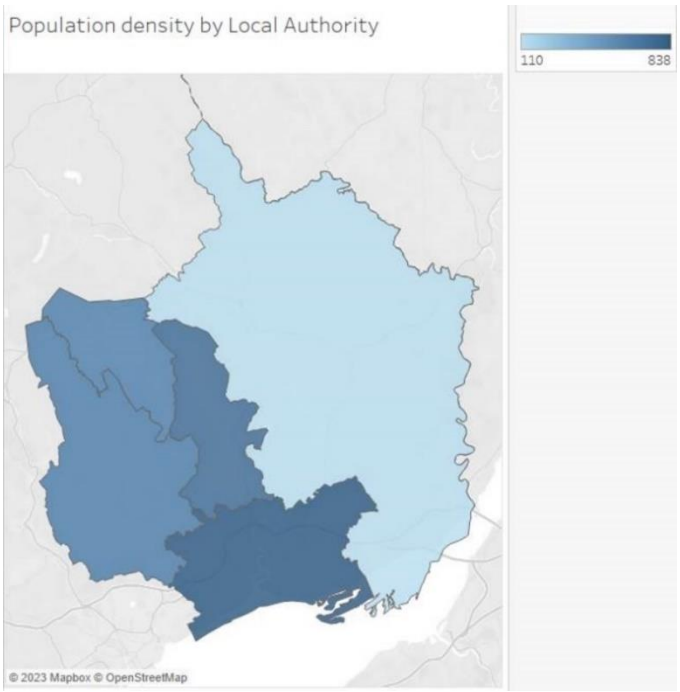


Table 5: Local Authority Population Density

Local Authority	Caerphilly	Blaenau Gwent	Torfaen	Monmouthshire	Newport
Population density	634	615	734	110	838

The more rural communities of Monmouthshire will have reduced access to services that are located within urban areas. This will contrast to residents in Newport, which is the second most densely populated area in Wales, after Cardiff. Equity of access to services will need to be considered so those in rural areas are not disadvantaged in comparison with those in more urban areas.

Wider determinants of health and wellbeing in Gwent

The wider determinants of health and wellbeing include the conditions in which children and young people are born, learn and play (Marmot 2010). This includes the income status of their families, their housing and the education that they receive.

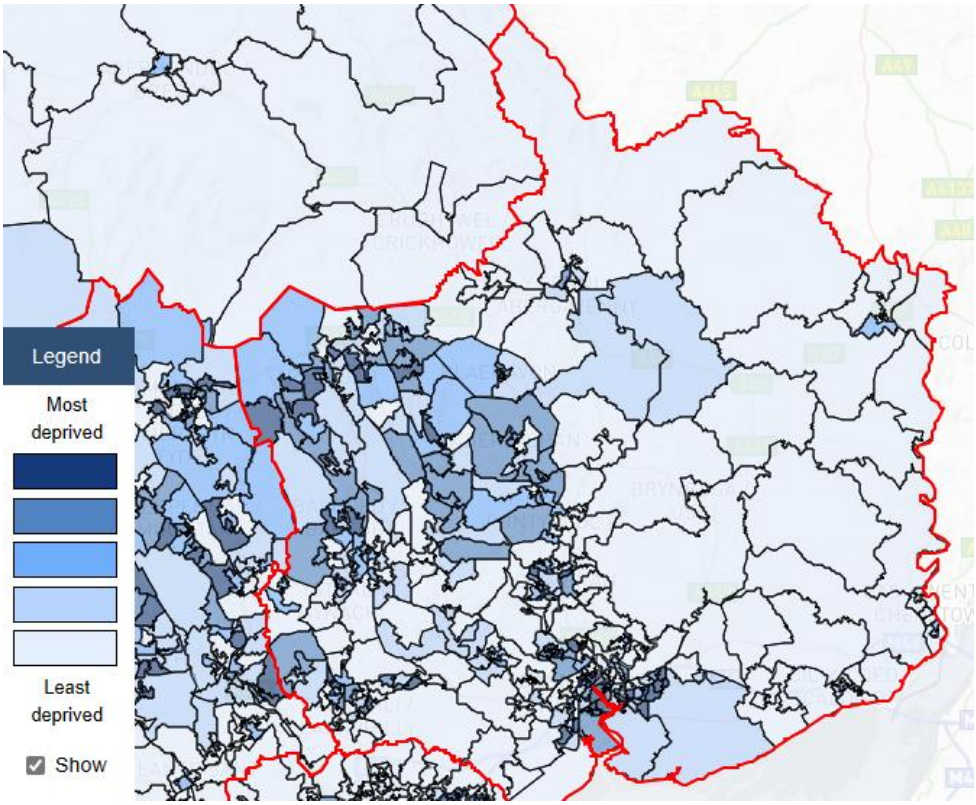
Greater harms from substance use such as alcohol and drug related admissions are seen in those who are from more deprived communities. PHW report that alcohol-related admissions are 3.3 times higher in patients who live in the most deprived communities in Wales compared to the least deprived communities with illicit drug related admissions 7.3 times higher amongst those from the most deprived areas compared to the least deprived areas (PHW 2022).

Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. The WIMD is a composite measure that takes into account different indicators of deprivation across eight domains including housing, education, employment and health (Welsh Government 2023). All small areas in Wales, termed Lower Super Output Areas (LSOAs) that comprise a population of approximately 400 to 1200 households, are then ranked from most deprived to least deprived. For ease of comparison, this is often grouped in five quintiles with 1 the most deprived quintile to 5 the least deprived quintile. This can then provide information on the highest concentration of several different types of deprivation in an area.

In Gwent, areas of high relative deprivation (dark blue) are identified in the urban areas in Newport and in the South Wales valleys of Blaenau Gwent, Caerphilly and Torfaen (figure 5).

Figure 5: Gwent area LSOAs by deprivation quintiles



Caerphilly has the third most deprived area in Wales (St James 3 which contains a large part of the Lansbury Park estate). Newport local authority has 24.2% of small areas in the most deprived 10% in Wales, the highest proportion of all local authorities in Wales. Blaenau Gwent has the highest percentage of areas in the most deprived 50% in Wales at 85.1%. By contrast, Monmouthshire had no areas in the most deprived 10% (table 6).

Table 6: Concentrations of WIMD 2019 deprived areas, by local authority

Local authority	Number of LSOAs in local authority	% LSOAs in most deprived 10%	% LSOAs in most deprived 20%	% LSOAs in most-deprived 30%	% LSOAs in most-deprived 50%
Blaenau Gwent	47	12.8	44.7	63.8	85.1
Caerphilly	110	10.0	23.6	38.2	62.7

Monmouthshire	56	0.0	1.8	5.4	19.6
Newport	95	24.2	34.7	40.0	60.0
Torfaen	60	5.0	31.7	41.7	56.7
Wales	1909	10	20	30	50

Children receiving free school meals

Eligibility for free school meals (FSM) is widely used as a proxy marker for socio-economic disadvantage in school aged children. Children are entitled to receive FSM if their parents are in receipt of specified income-related benefits or support payments.

In the Gwent area, nearly a quarter of pupils were eligible for free school meals in 2021/22 (Stats Wales 2022). This was lowest in Monmouthshire at 16% and highest in Blaenau Gwent where 30% of pupils were eligible. Both Caerphilly and Torfaen have a higher proportion of school children eligible for free school meals at 24% and 25% respectively, in comparison with the All-Wales average of 21%.

Table 7: Pupils eligible for free school meals by local authority and year

	2018/19 n (%)	**2019/20 n (%)**	**2020/21 n (%)**	**2021/22 n (%)**
Caerphilly	5172 (18.3)	5535 (19.8)	6315 (22.4)	6707 (24.1)
Blaenau Gwent	1975 (21.1)	2217 (23.7)	2693 (28.4)	2842 (30.3)
Torfaen	3034 (20.3)	3375 (22.8)	3979 (27.6)	3592 (25.2)
Monmouthshire	1197 (10.4)	1389 (12.1)	1747 (15.1)	1809 (15.7)
Newport	4557 (17.4)	4585 (17.3)	5570 (20.5)	5612 (20.5)
Gwent	15935 (17.6)	17101(19.0)	20304 (22.3)	20562 (22.8)
Wales	78902 (16.8)	85731 (18.3)	99135 (20.9)	100305 (21.3)

It should be noted that the Welsh Government amended the criteria for eligibility to free school meals with effect from 1st April 2019. They also introduced a programme of transitional protection to protect families from losing eligibility until the end of the rollout of Universal Credit (currently scheduled for 31st December 2023) and thereafter to the end of the school phase (primary, secondary).

Alcohol and substance use in general population

Alcohol consumption by adults is an important factor for initiation of alcohol use by young people. Evidence indicates that parental alcohol use, lenient parental attitudes to alcohol and parental provision of alcohol in the home are risk factors for early initiation of alcohol use by children. Children and young people are also influenced by wider socio-economic factors such as alcohol marketing and media exposure. Though this may be targeted at adults to encourage legal alcohol consumption, this is viewed by children and influences their beliefs around alcohol use.

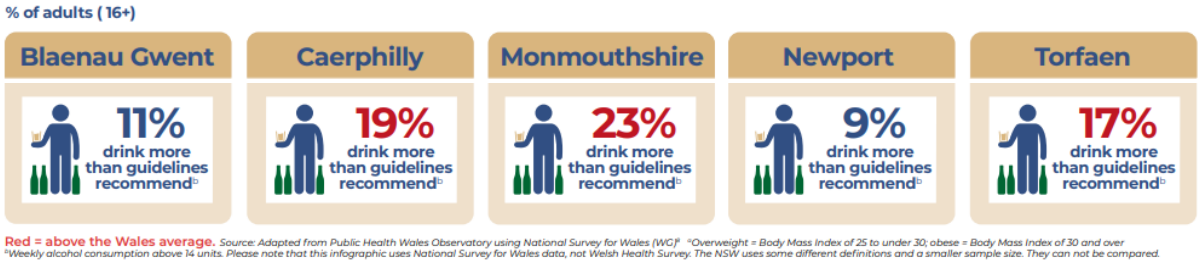
Alcohol consumption

The UK Chief Medical Officers' guideline for alcohol consumption advises that it is safest for both men and women not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level (UK Government 2016). Weekly consumption of alcohol by adults is reported within the National Survey for Wales. This is a representative sample of the general adult population. In 2021/22, the Aneurin Bevan UHB area that represents the geographical footprint of Gwent, 19% of adults reported drinking no alcohol, 65% reported drinking within low-risk alcohol consumption guidelines of less than 14 units per week. However, 16% of adults drank above 14 units equivalent to the All-Wales proportion of 16% (Stats Wales 2022).

Of adults drinking above recommended guidelines, 14% reported drinking at hazardous levels, equivalent to up to 50 units week for men and 35 units a week for women and 2% reporting drinking at harmful levels, above 50 units a week for me and 35 units a week for women. It should be noted that consumption is self-reported by adults responding to the survey and therefore likely to be an underestimate of total consumption.

At a Gwent footprint, alcohol consumption varies across local authority areas with 23% of adults over 16 years in Monmouthshire drinking more than the low risk guidelines compared to 9% in Newport (figure 6).

Figure 6: Percentage of adults 16+ who drink alcohol above guidelines, by local authority



In Monmouthshire and Caerphilly 3% of adults are drinking at harmful levels defined as more than 50 units a week for men and 35 units a week for women (table 7). Blaenau Gwent has the highest proportion of non-drinkers with nearly one-quarter of the adult population surveyed reporting that they do not drink alcohol. Along with Newport, Blaenau Gwent also has the lowest proportion of hazardous and harmful drinkers at 9% and 1%/0% respectively compared to All-Wales percentages of 14% and 2%.

Table 7: Percentage (%) weekly alcohol consumption by local authority, 2021/22

Local authority	None	Up to 14 units	Above 14 units	Hazardous	Harmful
Blaenau Gwent	23	66	11	9	1
Caerphilly	19	61	19	17	3
Monmouthshire	12	64	23	21	3
Newport	19	72	9	9	0
Torfaen	20	62	17	14	3
Aneurin Bevan UHB	19	65	16	14	2
Wales	**19**	**66**	**16**	**14**	**2**

Binge drinking

The UK Chief Medical Officers' guidelines also recommend that if you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. One or two heavy drinking sessions can increase risk of death from long term illnesses and from accidents and injuries. The National Survey for Wales asks participants to report heavy (drinking more than 8 units males or 6 units females) on their heaviest drinking day and very heavy binge drinking (drinking more than 12 units males or 9 units females) on their heaviest drinking day.

In Gwent, 1 in 5 people reported heavy (binge) drinking with 1 in 10 reporting very heavy binge drinking. The percentage of adults who reported heavy and very heavy binge drinking was lower in both Blaenau Gwent and Newport in comparison to Gwent and All-Wales averages (table 8).

Table 8: Percentage of adults who reported heavy and very heavy drinking by local authority, Wales, 2016/17-2017/18 (age standardised)

	Heavy (binge) drinking	Very heavy (binge) drinking
Blaenau Gwent	16.8	9.2
Caerphilly	22.2	11.7
Monmouthshire	20.3	10.5
Newport	17.8	9.5
Torfaen	19.8	10.9
Gwent	19.8	10.6
Wales	20.0	10.6

Alcohol-specific hospital admissions

Alcohol-specific conditions are defined as conditions that are 100% attributable to the use of alcohol, such as alcohol liver disease. Alcohol-specific admissions are a clearly identifiable and stable measure of alcohol-related harms over time. To account for population structures within different areas, alcohol-specific admissions are presented as age-standardised rates per 100,000 population.

All areas in Gwent have seen a decline in alcohol-specific admissions since 2016/17. In 2020/21 Blaenau Gwent has the highest rate of alcohol-specific hospital admissions in Wales at 395 admissions per 100,000 population. This is substantially higher than the All-Wales rate of 276 admissions per 100,000 population. All areas in Gwent have high rates of alcohol specific hospital admissions than the All-Wales rate apart from Monmouthshire which is below the All-Wales average at 238 per 100,000 population (PHW 2022).

It should be noted that Monmouthshire had higher levels of excess alcohol consumption however, this is not reflected in alcohol harms such as hospital admissions. This "alcohol paradox" reflects that area of lower deprivation have higher levels of alcohol consumption but lower levels of alcohol-related harms. In

contrast, areas of higher deprivation, such as Blaenau Gwent, have lower levels of alcohol consumption but higher levels of alcohol-related harms.

Table 9: Alcohol-specific admissions, European Age Standardised Rate per 100,000 persons, Wales local authorities, 2020/21

Local authority	EASR per 100,000 population	Change since 2019/20	Change since 2016/17
Caerphilly	311	-19%	-21%
Blaenau Gwent	395	-20%	-9%
Torfaen	303	-11%	-14%
Monmouthshire	238	-17%	-16%
Newport	290	-24%	-27%
Wales	276	-14%	-18%

Alcohol attributable hospital admissions

An alternative measure to consider alcohol-related harms are alcohol-attributable conditions. These are conditions where alcohol has contributed, partially but not completely to the condition across the whole population. For example, alcohol plays a causative role in around a quarter of assaults. This measure is less specific but reflects the broader range of health harms resulting from alcohol use.

Blaenau Gwent has the highest rate of alcohol-attributable hospital admissions in Gwent at 1215 per 100,000 population. This is substantially higher than the All-Wales rate of 882 per 100,000 population (table 10). All areas in Gwent have high rates of alcohol-attributable hospital admissions than the All-Wales rate apart from Monmouthshire which is below the All-Wales average (PHW 2022).

Table 10: Alcohol-attributable admissions, EASR per 100,000 persons, Wales local authorities, 2020/21

Local authority	EASR per 100,000 population	Change since 2019/20	Change since 2016/17
Caerphilly	1035	-24%	-22%
Blaenau Gwent	1215	-23%	-15%
Torfaen	1015	-19%	-17%
Monmouthshire	829	-18%	-15%

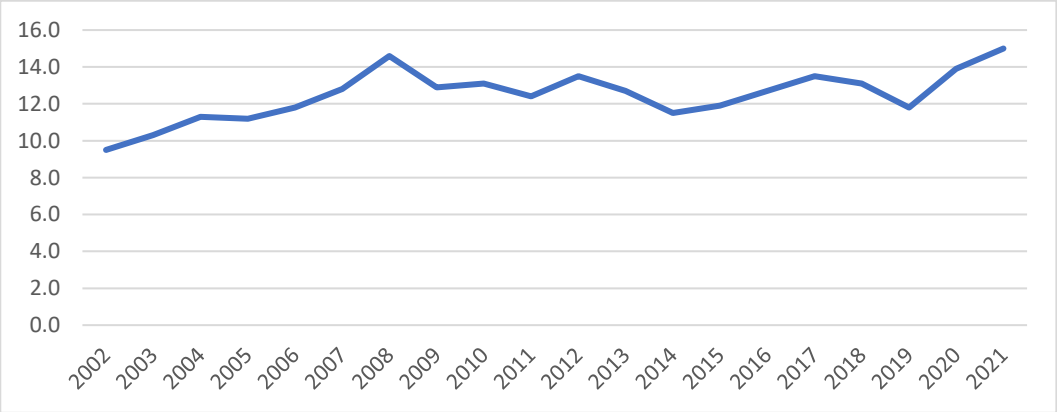
Newport	998	-22%	-22%
Wales	882	-23%	-24%

Alcohol-related deaths

Alcohol specific mortality reflects deaths that result from health conditions that are a direct consequence of alcohol. Having remained stable from 2012 to 2019, there has been a statistically significant increase in the rate of alcohol-specific deaths since 2019. This may reflect increased alcohol consumption amongst the heaviest drinkers following the coronavirus pandemic.

In Wales, in 2021, age-standardised alcohol specific death rates are 15 per 100,000 people. This has increased from 11.8 per 100,000 people in 2019 (figure 7). Alcohol-specific death rates are higher in males at 21.1 per 100,000 people than females at 9.2 per 100,000 people with the most common cause alcohol-related liver disease (ONS 2022).

Figure 7: Alcohol-specific death rate per 10,000 population in Wales, 2012 to 2021



Substance Use associated harm

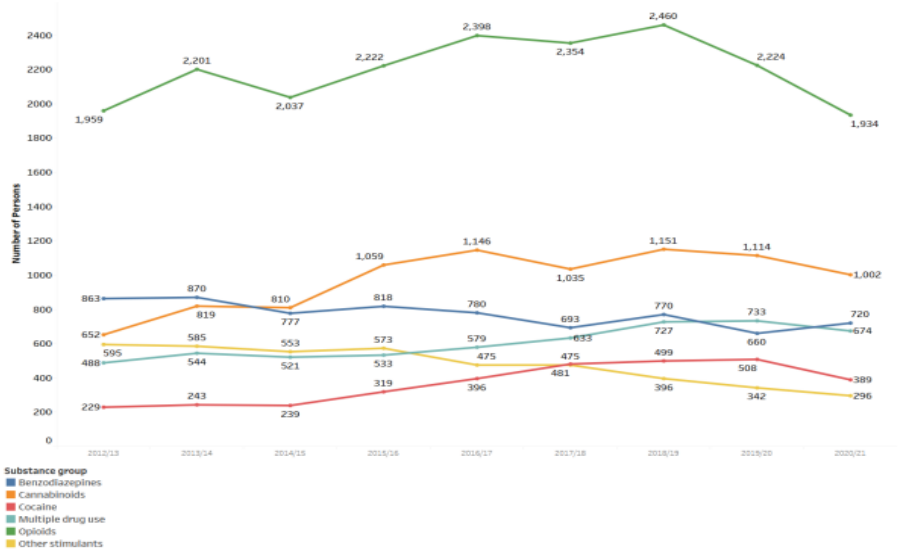
Substance use by adults is an important risk factor for problematic substance use for children and young people. There is evidence that parental illicit drug use when a child is a risk factor for their own substance use during later adolescence.

The Crime Survey for England and Wales (CSEW) includes self-reported use of illicit drugs by adults aged 16-59 years in the past year. In 2019/20, across Wales, 8.5% of adults reported using any illicit drug with 7.7% reporting using cannabis.

Drug-related hospital admissions

Overall, in Wales there has been a small increase in hospital admissions related to illicit drugs since 2012/13 though rates fluctuate on a yearly basis (figure 8). The decreased rate of admission in 2020/21 may related to Covid-19 pandemic related restrictions. Admissions related to opioids are the most frequent, followed by cannabinoids, benzodiazepines and cocaine (PHW 2022).

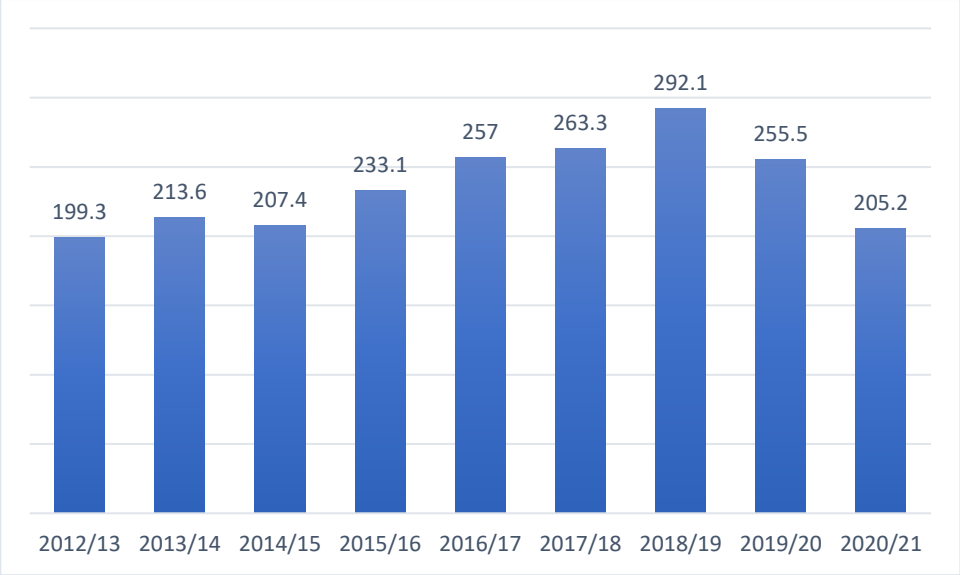
Figure 8: Drug-related hospital admissions, Wales, 2012/13 to 2021/22



Source: Substance Misuse Programme / Digital Health and Care Wales, 2021

In 2020/21, Aneurin Bevan UHB has the second highest illicit drug related hospital admission rate in Wales after Betsi Cadwaladr UHB. The rates have increased from 2012/13 to a peak in 2018/19 with reduced rates of admissions seen in 2019/20 and 2020/21 (PHW 2022).

Figure 9: Rate of hospital admissions related to illicit drug use, Gwent, 2012/13 to 2021/22



Substance use assessments

In Gwent during 2019/20 there were nearly 1300 individuals assessed for alcohol use over more than 1500 assessments. A similar number were assessed for substance use at 1278 over 1400 assessments. The rates of people accessing substance use services was highest in Caerphilly, with all areas in Gwent being above the Wales average expect for Newport where rates of access to treatment services was below the All-Wales average. This could reflect reduced demand for services but consideration should be given to any barriers for people in Newport to accessing services currently provided.

Table 11: Access to substance use services for adults, 2019/20

	Number of assessments for alcohol use	Number of individuals assessed for alcohol use	Rate of alcohol assessments per 100,000 people	Number of assessments for drug use	Number of individuals assessed for drug use	Rate of drug assessments per 100,000 people
Caerphilly	239	205	340	251	231	383
Blaenau Gwent	561	462	255	500	450	249
Torfaen	234	209	299	224	197	282
Monmouthshire	280	244	260	263	227	242
Newport	208	176	186	193	173	183
Wales	9310	7000	222	8787	7072	224

Drug related deaths

Across Wales, deaths related to drug poisoning are increasing with the rate of drug poisoning deaths increasing every year since 2012. Similar to alcohol-related deaths, deaths related to drug poisoning are higher in males compared to females with the highest rates seen in people aged 40 to 49 years old. In Wales, in 2021, age-standardised rates for deaths related to drug use were 72.4 deaths per million people, higher in males at 107.6 deaths per million people than females at 37.6 deaths per million people (ONS 2022).

Across Gwent there were 21 drug-related deaths in both 2020 and 2021. The highest number of drug related deaths were seen in Newport followed by Monmouthshire and Caerphilly (numbers at local authority level are suppressed due to low numbers at local authority level by year).

Table 12: Drug-related deaths in Gwent, 2018 to 2021

Year	2018	2019	2020	2021
Deaths	23	14	21	21

Vulnerability factors amongst young people

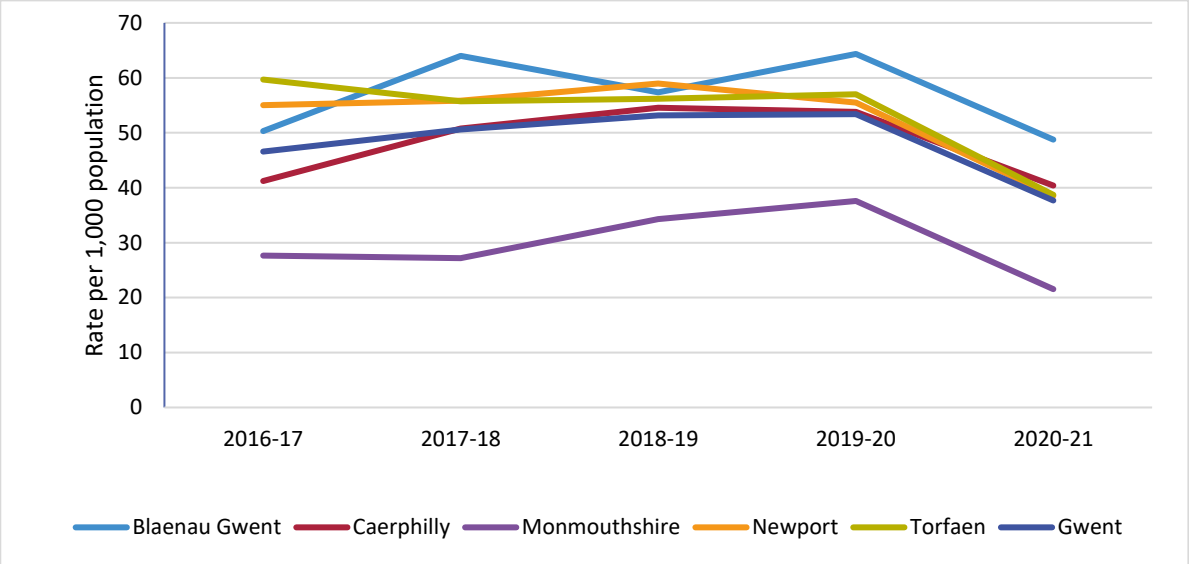
Evidence indicates that young people who are involved with the criminal justice system, are experiencing child sexual exploitation, excluded from school or have mental health problems are more likely to use alcohol and drugs. Due to the stigma associated with substance use in young people, combined with the illegality of substance use for both alcohol and drugs, it is highly likely that many young people with substance use concerns do not seek help or support. By understanding the extent that these vulnerability factors exist within our society in Gwent, this will indicate the potential scale of the challenges.

Young People involved with crime/in contact with criminal justice:

As the age of criminal responsibility in England and Wales is 10, only children aged 10 and over can be involved with the criminal justice system. In 2020/21, there were nearly 4 in every 100 young people aged 10 to 17 years, involved with the Criminal Justice System (38 per 1,000 population). Contact with the criminal justice system is a broad category and includes those who have been referred to Youth Offending Service in addition to those who will be processed by Gwent Police with outcomes including voluntary interviewed, investigated and non-further

action, released under investigation and police charged bailed. The rates were higher in Blaenau Gwent at 49 per 1000 population and lower in Monmouthshire at 22 per 1000 population (figure 11). Rates have been static since 2016/17 though there has been a decline in all areas since 2019/20 to 2020/21 though this could be related to reduced opportunity for crime with coronavirus restrictions.

Figure 10: Contact with Criminal Justice System in Gwent per 1,000 population (aged 10-17 years) 2016-17 to 2020-21

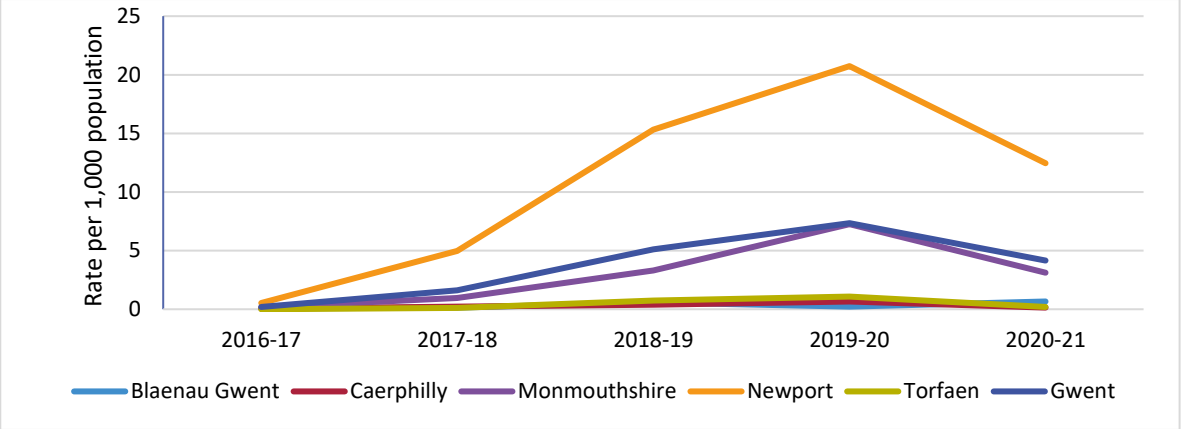


Sources: Youth Offending figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Police Recorded Crime for Child Criminal Exploitation

In 2020/21, an estimated 4 in every 1000 population (aged 0-17 years) were children who were criminally exploited in Gwent. The Gwent figures are driven by high rates in Newport of 12 per 1000 population. Rates of child criminal exploitation are very low in Blaenau Gwent, Caerphilly and Torfaen. Rates have increased from 2016/17 to a peak in 2019/20 with a decline from 2019/20 to 2020/21.

Figure 11: Child Criminal Exploitation in Gwent per 1,000 population (aged 0-17 years) 2016-17 to 2020-21

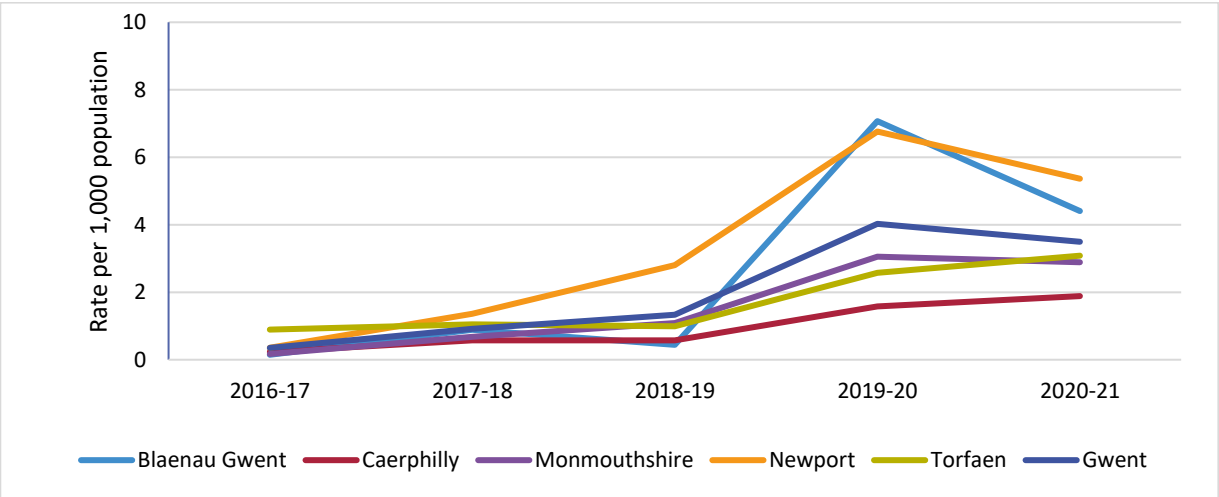


Sources: Child Criminal Exploitation figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

Young people subjected to sexual exploitation

In 2020/21, an estimated 3.5 in every 1000 population (aged 0-17 years) were victims of child sexual exploitation in Gwent. Rates of child sexual exploitation are highest in Newport and Blaenau Gwent at 5.4 and 4.4 per 1000 population respectively. Rates are lowest in Caerphilly at 2 per 1000 population. However, unlike Child Criminal Exploitation, Child Sexual Exploitation is present in all Local Authority areas in Gwent. A similar trend is seen of increased rates from 2016/17 to a peak in 2019/20 with a decline from 2019/20 to 2020/21.

Figure 12: Child Sexual Exploitation in Gwent per 1,000 population (aged 0-17 years) 2016-17 to 2020-21



Sources: Child Sexual Exploitation figures – Safer Gwent Strategic Assessment, Gwent Police; Population figures – Mid Year Estimates of the Population, Office for National Statistics

These figures demonstrate that there are children who have high risk vulnerability factors for substance use who are in contact with criminal justice system partners and social service teams. This provides a potential opportunity to undertake early identification and targeted interventions.

Educational attainment

There is evidence that poor school engagement and school related problems are a risk factor for drug use with substance use likely to exacerbate any educational attendance concerns (PHW 2020). There is supported by evidence that a positive attitude towards school is a protective factor for drug use.

School attendance

Attendance at school is a key marker for future educational achievement. In secondary schools across Gwent, school attendance was comparable with All-Wales attendance of 6.1%, apart from in Monmouthshire where school absence was lower (5.0%) and Blaenau Gwent where school absence was higher (7.1%). However, in Caerphilly, Blaenau Gwent and Newport, there was a higher proportion of unauthorised absence from school at 2%, 2.2% and 2.2%, compared to the Gwent and Wales average of 1.7%. The proportion of unauthorised absences was lower in both Torfaen and Monmouthshire at 0.8% and 0.7% respectively than the Gwent and All-Wales averages.

Table 13: Absenteeism by pupils of compulsory school age in maintained secondary and special schools by local education authority 2018/19

	% Authorised absences (half-day sessions missed)	% Unauthorised absences (half-day sessions missed)	% All Absences (half-day sessions missed)
Caerphilly	4.0	2.0	6.1
Blaenau Gwent	4.9	2.2	7.1
Torfaen	5.3	0.8	6.1
Monmouthshire	4.3	0.7	5.0
Newport	3.9	2.2	6.1
Gwent	4.4	1.7	6.1
Wales	4.5	1.7	6.2

Source: StatsWales

It should be noted that available data was pre-pandemic data. Non-attendance and absenteeism is reported to have increased following the Covid-19 pandemic, however, due to a data lag this will be captured in the current government data.

School exclusions related to drugs or alcohol

There is good evidence of a strong association between exclusions in the last three years and truancy in the past 12 months and drug use (PHW 2020). However, understanding the direction of the association is more difficult, as school exclusion and truancy are a result of, rather than a cause of substance use. Across Wales, drug and alcohol related exclusions accounted for only 3.7% in 2020/21.

Data on fixed term exclusions shows a significant increase for all areas except Monmouthshire in 21/22 compared to those figures in 19/20 (table 14). In Newport only, permanent exclusions were reported with drug and alcohol use as the reason. Numbers were very small with less than 5 reported in 2021/22, 8 in 2020/21 and less than 5 in 2019/20.

Table 14: Number of fixed term exclusions from school due to drug and alcohol use, Local Authority in Gwent region, 2019/20 to 2021/22

Reason for FTE	21/22	20/21	19/20
Blaenau-Gwent	22	6	<5
Caerphilly	26	17	6
Newport	56	48	26
Torfaen	31	15	17
Monmouthshire	<5	<5	11

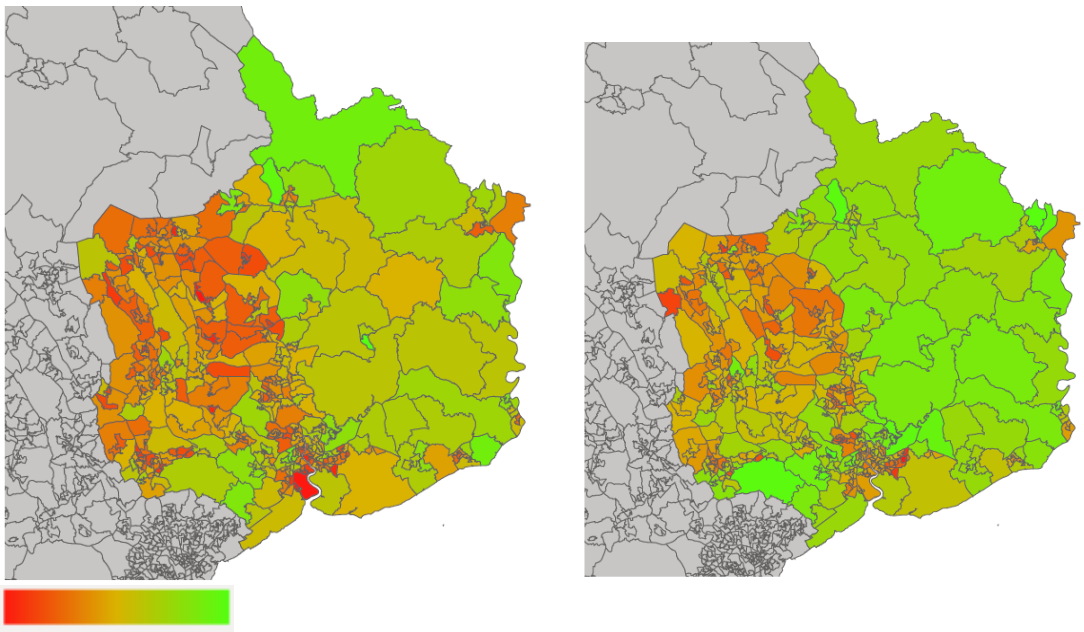
Educational attainment

There is evidence that low academic achievement is a risk factor for substance use however, this evidence is inconclusive (PHW 2020). The relationship is likely to be complex with confounding variable of deprivation and income status. Educational attainment can be measured through average scores at different stages within a learners' journey. Key Stage 2 is the end of primary school (Year 6) with Key Stage 4 at the end of compulsory secondary school (Year 11).

In Gwent, lower average point score at Key Stage 2 is seen in the Gwent valleys, Newport and in Eastern Monmouthshire. This pattern is also replicated for average point score at Key Stage 4 however, there is an overall higher point score

demonstrating an improvement in educational attainment at Key Stage 4 in comparison with Key Stage 2.

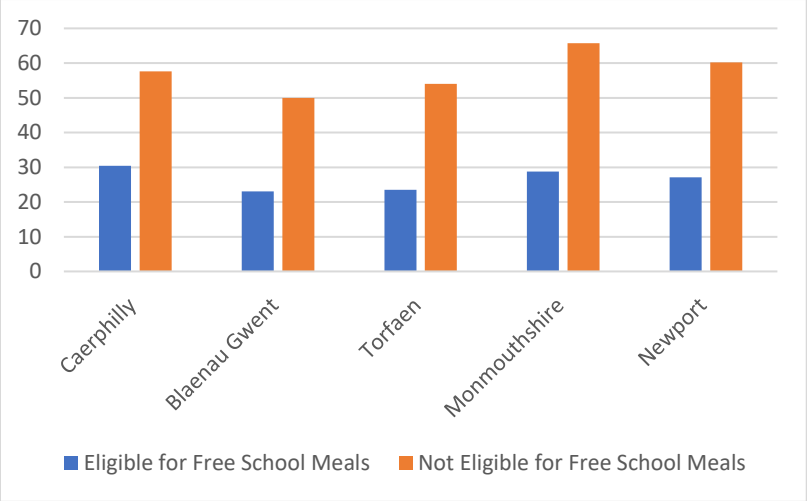
Figure 13: Average point score at Key Stage 2 and Key Stage 4 by LSOA in Gwent



Source: WIMD 2019 Education Domain Indicator, Welsh Government

Patterns of deprivation in Gwent map to areas of lower educational attainment indicating a relationship between high deprivation and lower educational attainment. This can be demonstrated by considering educational attainment in children receiving free school meals which is frequently used as a proxy measure for socio-economic status for children. Data indicates that children who are not eligible for free school meals consistently achieve higher scores at Key Stage 4 in comparison to children who are eligible for free school meals. This pattern is evident in all local authority areas in Gwent.

Figure 14: Key Stage 4 Interim Measures by FSM, percentage achieving level 2 inclusive (2018/19)



Not in Education, Employment or Training

Young people not in education, employment or training (NEET) can be indicate the proportion of young people engaged in purposeful activity. At Year 11 this is low with some variation across Gwent, from 1.3% in Newport to 2.6% in Torfaen. The percentage of young people in Year 13 who are NEET increases to 11.1% in Blaenau Gwent but remains very low in other areas including Newport at 1.1%, Caerphilly at 1.2% and Monmouthshire at 2.0%.

Table 15: Young people known not be in education, training or employment in Year 11 and Year 13, 2021

	Year 11 n (%)	**Year 13 n (%)**
Caerphilly County Borough Council	42 (2.2)	5 (1.5)
Blaenau Gwent County Borough Council	9 (1.6)	1 (11.1)
Torfaen County Borough Council	29 (2.6)	6 (7.7)
Monmouthshire County Council	16 (2.0)	8 (2.0)
Newport City Council	22 (1.3)	8 (1.1)

Mental Wellbeing

There is some evidence that emotional and behavioural problems and mental health disorders are associated with future risk of substance use (PHW 2020). Insights into the mental wellbeing of secondary school aged children can be gathered from the Student Health and Wellbeing in Wales study that undertakes an anonymised questionnaire of leaners across Wales on an annual basis. The most recent results available are from 2019/20 so may not indicate the extent of the restrictions and disruptions experienced by secondary school aged children during the coronavirus pandemic.

Life satisfaction

In Gwent, 80% of young people rated their life satisfaction as 6 or higher (on a ten-point scale). This is representative of the All-Wales percentage. Reflecting a national picture, a higher percentage of boys reported higher life satisfaction scores (85%) compared to girls at 77%. People who neither described themselves as male or female had lower life satisfaction scores at 44% which is significantly lower than those who identified as either male or female (table 16).

Table 16: Mental wellbeing factors for secondary school children, 2019/20

	% rated their life satisfaction at 6 or higher (on 10 point scale)	Mean mental wellbeing score (SWEMWBS)	% felt lonely at least some of the time during last summer holidays	Mean loneliness score
Aneurin Bevan	80	24	32	5
Wales	81	24	31	5
Male	85	25	24	4
Female	77	23	39	5
Neither word describes me	44 (38,50)	19 (18,20)	59	6 (6,7)

95% Confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; SWEMWBS scores range from a low of 7 to a high of 35, where higher scores reflect more positive mental wellbeing, UCLA 3-item loneliness scale scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)

At a national level, life satisfaction decreased with age, from 87% in Year 7 to 75% in Year 11 and increased with family affluence from 71% in less affluent families to 86% in high affluent families.

Mental well-being (SWEMWBS)

Mean wellbeing scores in Gwent are comparable with Wales averages (table 16). Interesting, mean wellbeing score is less influenced by age or family affluence. With mean wellbeing score in Year 7 of 25 and Year 11 of 23.

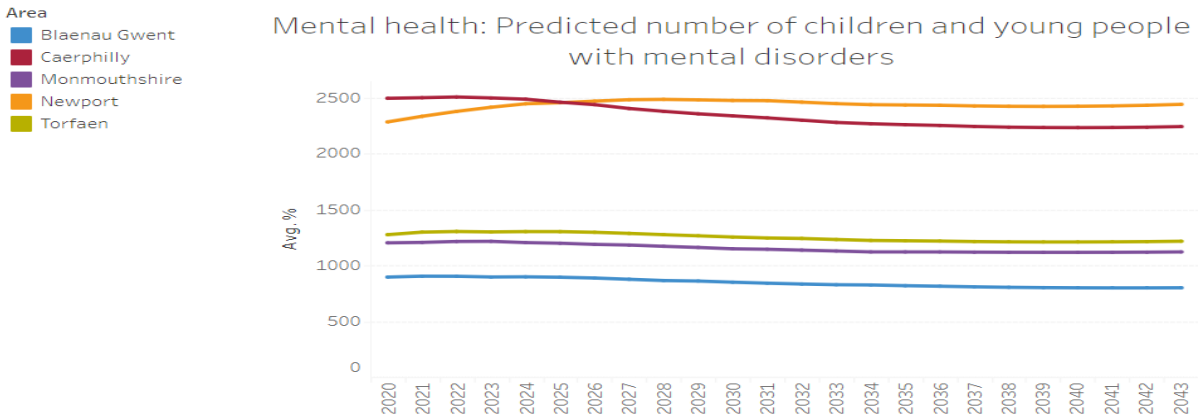
Mental Ill-Health Children and Young People supported by secondary or tertiary care

As of July 2022, across Gwent there are over 1500 patients currently open to Secondary Care Child and Adolescent Mental Health Service. Across Gwent, there are 67 referrals to Child and Adolescent Psychology per 10,000 GP registered population.

Predicted number of people aged 5-15 that will have a mental disorder (PNA)

The predicted number of children and young people who will have a mental disorder is expected to remain stable from 2020 to 2043 in Blaenau Gwent, Monmouthshire and Torfaen. In Newport there is anticipated to be an initial increase in prevalence of mental disorders then stabilising from 2025 to 2043. In Caerphilly, it is anticipated that there will be a decline in prevalence of children and young people with a mental disorder with this number then stabilising to 2043 (figure 15). This is assuming that underlying prevalence of mental health conditions remains static and increases are proportionate to anticipated changes in population dynamics such as increase or decrease in population size.

Figure 15: Predicted number of people aged 5-15 that will have a mental disorder by local authority, 2020 to 2043



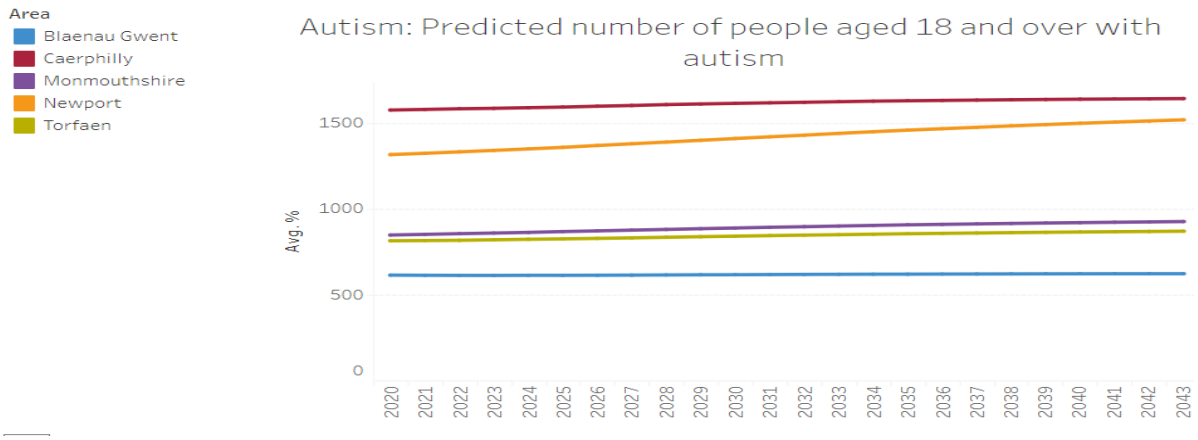
People aged 0-17 with Autistic Spectrum Disorder (ASD)

Across Gwent more than 5000 people aged 0-17 are predicted to have an autistic spectrum disorder (ASD). As a social and communication disorder, young people may find social situations challenging with associated sensory difficulties lead to anxiety and stress. Though people with autistic spectrum disorder are less likely to use substances than people without these disorders, autistic adolescents more

than three times more likely that non-autistic adolescents to use substances in response to mental health symptoms.

The predicted number of people aged 0-17 with ASD is predicted to remain static from 2023 to 2043 in all local authorities in Gwent apart from Newport where a gradual increase in prevalence is anticipated (figure 16).

Figure 16: Predicted number of people aged 0-17 with Autistic Spectrum Disorder (ASD) by local authority, 2020 to 2043

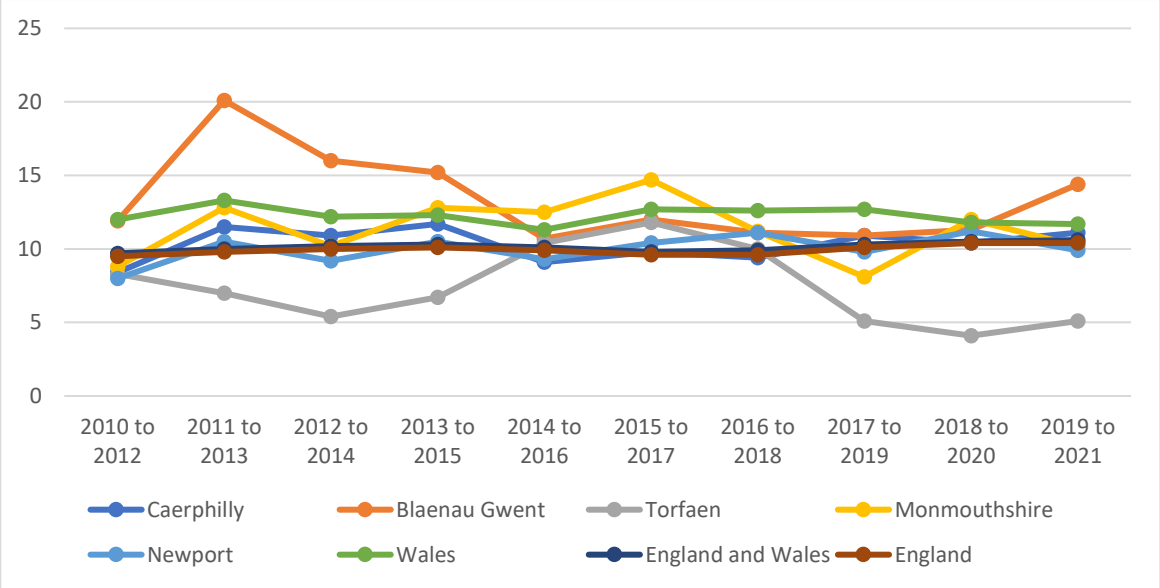


Suicide and Self Harm

Suicidal behaviour is associated with substance use, though the direction of this association can indicate that substance use can be both a trigger for suicidal behaviour and result from suicidal ideation.

In 2021, all age data indicates that there were 12.7 deaths by suicide per 100,000 people in Wales. Due to small numbers involved at local authority level, this has been aggregated into three year rolling averages. Local authority areas in Gwent have suicide rates consistent with the All-Wales rates apart from Torfaen which has lower rates and Blaenau Gwent which has seen a recent increase in rates during 2019 to 2021 (figure 17).

Figure 17: Age standardised suicide rates per 100,000 by local authority in Gwent



More men die by suicide than women with the highest rates seen in middle age. However, females aged 24 years or under have seen the largest increase in the suicide rate since 1981. Due to small numbers resulting in fluctuations at small level geography, data by age group is presented at a national level.

Unstable accommodation

Homelessness, including the threat of becoming homeless, can have significant impacts on the lives of families. Since the onset of the Covid-19 pandemic the approach to homelessness has been transformed, with the introduction of a 'no-one left out' approach, which has led to many households being supported into emergency temporary accommodation.

Homeless households in temporary accommodation

The number of households in temporary accommodation increased in the majority of local authorities in Wales between 2019-20 and 2020-21. All areas in Gwent saw an increase in households in temporary accommodation during this period, with Newport, Monmouthshire and Caerphilly seeing the largest increases. As of March 2021, Newport had the highest number of households in temporary accommodation at 346 with the rate per 10,000 households of 52.0 per 10,000 households. Blaenau Gwent had the lowest number of households in temporary accommodation at 38 with the lowest rate of 12.1 per 10,000 households.

Under 18s reporting homeless

For any young person, experiencing homelessness will have a hugely detrimental impact on their health and mental wellbeing. In 2020/21 there were 120 single people aged 16 to 17 who required placement in bed and breakfast accommodation

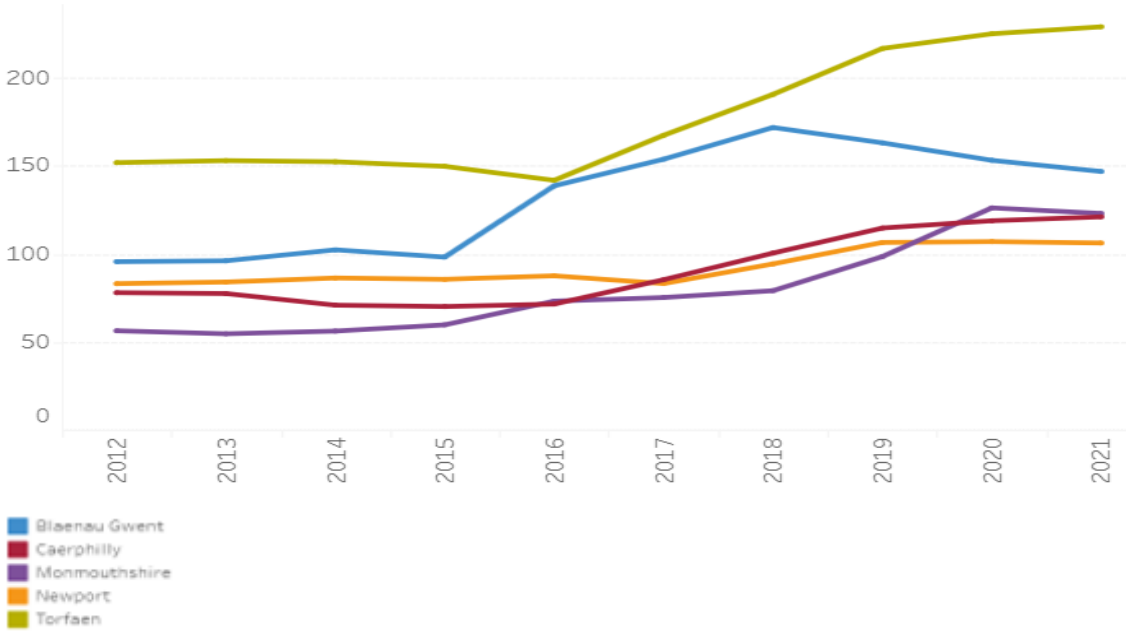
with a further 69 care leavers aged 18 to 21 who were accommodated as currently homeless. For Gwent, over a three-month period from January to March 2021, there were 30 single people aged 16 to 17 who required placement in bed and breakfast accommodation with a further 18 care leavers aged 18 to 21 who were accommodated as currently homeless.

Children looked after by local authorities

There is a strong association between children who are placed outside of home and substance use. This relates both to children who are looked after by local authorities due to current substance use concerns, and for future risk of substance use due to the childhood experience of trauma that required them to be looked after outside of their family home.

The rates of children (under 18 years) looked after by local authorities has been increasing across all local authority areas since 2016 however, the increase is higher in Torfaen and in Blaenau Gwent though there has been a slight decline in Blaenau Gwent since 2018 (figure 18).

Figure 18: Looked after children at 31 March 2021 per 10,000 population aged under 18 by local authority



Adverse Childhood Experiences (ACE)

There is good quality evidence that experience of adverse childhood experiences, including childhood abuse or neglect; living in a household affected by substance

use or domestic abuse is associated with future problematic substance use. In 2018, Bellis et al (2018) identified that individuals with ≥4 ACEs in childhood (compared to those with none) were nearly six times as likely to be problem alcohol users as adults compared to individuals who did not experience any adverse childhood experiences.

Consideration has been given to identifying rates of adverse childhood experiences within Gwent for children currently requiring support for substance use and the prevalence of adverse childhood experiences currently being experienced by children in Gwent.

ACEs on initial assessment by service providers

The Complex Service currently record ACEs experienced by service users. This has identified that the most common ACE's reported are

- Parental separation (n=14)
- Household experience of mental illness (n=9)
- Household experience of drug use (n=9)
- Emotional abuse (n=8)

Domestic abuse

There are a number of specialist agencies and organisations working in Gwent to support those effected by VAWDASV, including BAWSO, Cyfannol Women's Aid, Hafan Cymru, Llamau, New Pathways and Phoenix DAS.

In Gwent in 2020-21:

- 92 women and 54 children accessed refuges
- 318 children & young people accessed direct community-based support for children & young people affected by domestic abuse

Children and young people present at domestic abuse incidents

The Office of the Police and Crime Commissioner (OPCC) for Gwent provided Operation Encompass data, which is produced by Gwent Police. Operation Encompass is a multi-agency initiative whereby schools are notified when a domestic abuse incident has occurred at a pupil's home. Through the Operation Encompass process, schools will receive a notification on the next working day in order to offer support to the child.

As a snapshot highlighting the scale of domestic abuse experienced by children, Operation Encompass data shows that from Jan to April 2022 there were 1397 domestic abuse incidents across Gwent with 1645 children involved; From April to August 2022, there 1916 incident with 2647 children involved.

Children were present at 40% of incidents in the Spring Term (Jan-April) and at 39% of incidents during the Summer Term (April-August). Accumulation of traumatic experiences is demonstrated through repeated exposure to domestic abuse with 25% of children in the Spring Term and 21% of children in the Summer Term being at more than one incident in one month.

Most domestic abuse incidents are not reported to the police and therefore Operation Encompass data cannot provide a full insight into the true scale of the problem. Nevertheless, the available data already serves to demonstrate the prevalence of this adverse childhood experience; it also indicates the scale of the challenge that support agencies must grapple with.

Parental Drug and Alcohol Use

Using the proportion of the adult population that have hazardous and harmful drinking the absolute number of households with problematic drinking can be estimated. Estimates from the ONS indicate that in Wales, 26.5% of households are households with children.

The impact on children within the households of problematic drinking is not known but it is evident that large numbers of children across Gwent are exposed within the home to problematic alcohol use. There are an estimated 9595 households in Gwent where there is hazardous drinking with men drinking up to 50 units a week or women drinking up to 35 units a week. There are over 1300 households with children where there harmful drinking, equivalent to men drinking more than 50 units a week or women drinking more than 35 units a week (table 17).

Table 17: Households in Gwent with hazardous and harmful drinking

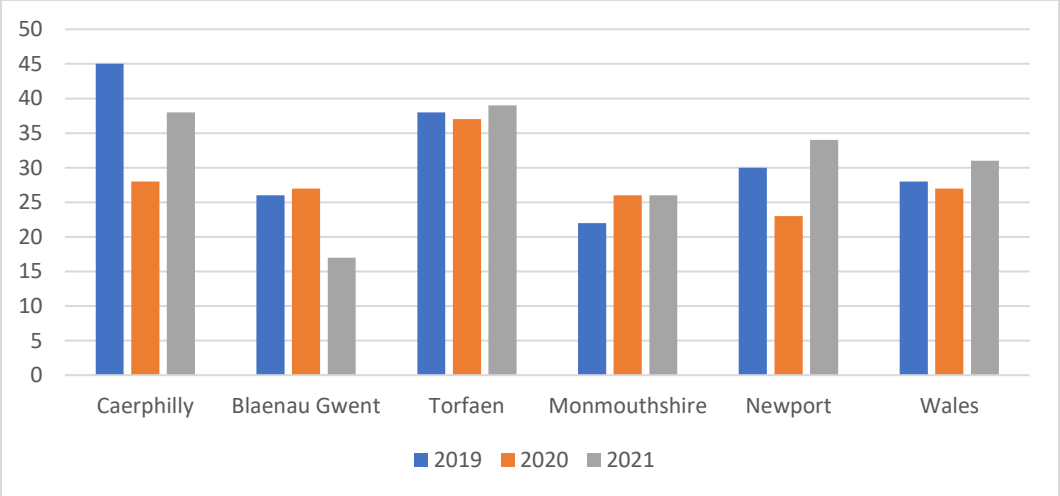
	Households (n)	**Households with children & hazardous drinking (n)**	**Households with children & harmful drinking (n)**
Caerphilly	77242	3480	614

Blaenau Gwent	31371	748	83
Torfaen	40813	1514	324
Monmouthshire	40712	2266	324
Newport	66543	1587	0
Gwent	256681	9595	1345

Children of parents who use substances

In 2021, across Wales there were 5155 children who were receiving care and support where parental substance use had been highlighted as a factor, representing 31% of all children. This is an increase from 27% in 2020. In Gwent, there is variation in the percentage of children who were receiving care and support where parental substance use had been highlighted as a factor, ranging from 39% and 38% in Torfaen and Caerphilly respectively to 17% in Blaenau Gwent. Though it should be noted that the percentage in Blaenau Gwent in the preceding years was higher at 26% and 27% in 2019 and 2020 respectively (figure 19).

Figure 19: Percentage of children receiving care and support due to parental substance use by local authority, 2021

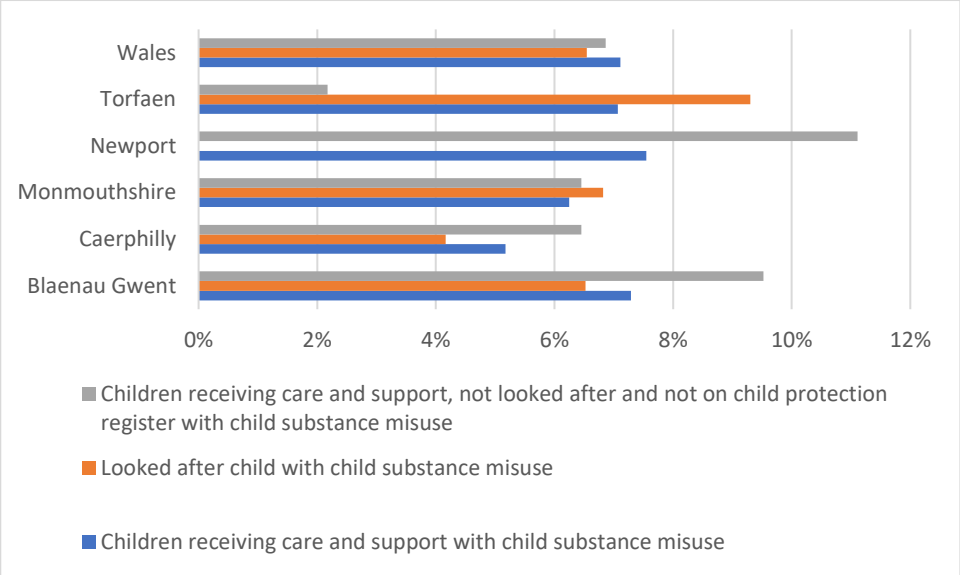


The limitations of this data should be noted with recording of reasons for children receiving care and support not comprehensive or consistent. It is likely that this under-represents substance use as a factor if it is not considered the primary reason for involvement of children's services. There will also be variation due to social work practice across different local authority areas.

Children receiving care and support due to their own substance use

Children receiving care and support due to their own substance use reflects a relatively small proportion of the need for child to receive care and support compared to parental substance use. In 2021, in Wales there were 630 children receiving care and support where their own substance use was identified as a problem across all categories of support. This represents 7% of all children receiving care and support. In the Gwent area this percentage varied by Local Authority with 8% in Newport to 5% in Caerphilly.

Figure 20: Percentage of children receiving care and support due to child substance use by local authority, 2021



If considering Looked After Children only, this was broadly comparable across local authority areas though Torfaen had a higher percentage at 9% and Newport had very low numbers that resulted in the numbers being restricted.

For Children who were receiving care and support but were neither a Looked After Child or on the Child Protection Register, the range across local authorities was greater, from 10% and 11% of children reporting substance use in Blaenau Gwent and Newport respectively, to 2% in Torfaen and Monmouthshire and Caerphilly both reporting 6%.

Prevalence of Foetal Alcohol Spectrum Disorder (FASD)

Foetal Alcohol Spectrum Disorder (FASD) is a rare but under-diagnosed condition that can cause both physical problems and neurodevelopmental disorders including learning disabilities and emotional and behavioural problems. FASD is the result of foetal exposure to alcohol during a mother's pregnancy as alcohol is passed from the mother's blood through the placenta to the developing baby.

There are an estimated 10 children a year in Gwent who are diagnosed with the condition (CARIS). These children will require ongoing medical and social support. As maternal alcohol use is not well documented it is highly likely that the condition is under-diagnosed.

Table 18: Incidence and Prevalence of FASD in Wales

Condition	Count	23-year prevalence rate*	Total birth ratio
Foetal alcohol syndrome (Wales data)	55	0.73	1:13,787
Extrapolated figures for Gwent	10		
***Rate per 10,000 births**			

Prevalence of alcohol use in Children and Young People

Alcohol consumption

The Student Health and Wellbeing in Wales: Report of the 2019/20 School Healthy Research Network Student Health and Wellbeing Study (Page 2022) provides data on alcohol use by young people in secondary school from Year 7 to 11. In Gwent, an estimated 8% of young people in year 7 to 11 drink anything alcoholic on a weekly basis. This is comparable to the All-Wales data of 8%.

Breakdown by school year is not available at a Gwent level, however, Wales-level data indicates that the proportion who drink on a weekly basis increases with age, with 3% in Year 7 indicating they drink at least weekly increasing to 18% in Year 11 indicating they drink at least weekly. The likelihood of drinking alcohol at least weekly was higher in young people from more affluent families (9%) compared to less affluent families (7%). This reflects drinking consumption patterns in adults where higher consumption of alcohol is seen in the least deprived communities.

Table 19: Alcohol consumption by secondary school pupils (Year 7 to 11), 2019/20

	% who drink anything alcoholic at least weekly (95% confidence intervals)	% who typically consume more than one alcoholic drink per drinking occasion (95% confidence intervals)	% who first got drunk at age 13 years or younger, Year 11 only (95% confidence intervals)
Gwent	8	55	23
Wales	8	55	
Male	8	51	23 (20, 26)
Female	7	58	22
Neither word describes me	42 (30, 53)	74 (66, 80)	-

95% confidence internal provided (in parenthesis) for categories with fewer than 1,000 respondents

When young people are drinking alcohol, they typically consume more than one alcoholic drink per drinking occasion with girls are more likely than boys to drink more than one alcoholic drink. Similar to at least weekly alcohol consumption, this trend increased with age with 20% in Year 7 reporting drinking more than one alcoholic drink per drinking occasion but 77% of those in year 11 reporting this. At an All-Wales level there wasn't evidence of a socio-economic gradient. Drinking more than one drink per drinking occasion can represent more risky drinking behaviour with associated increased risk of injuries and accidents.

Early age of onset of alcohol use is a risk factor for harmful alcohol use as an adult. In Gwent, nearly a quarter (23%) of Year 11 pupils indicated that they have first got drunk at the age of 13 years or younger. This is comparable to All-Wales data of 23%. In Gwent, there was little variation between boys and girls for proportion who got drunk at age 13 year or younger, however, at an All-Wales level, there were higher proportions in boys rather than females. Contrasting with the other measures, those who were from less affluent families were more likely to have first got drunk at a younger age in comparison to young people from more affluent families.

For consumption of alcohol at least weekly and consuming more than one alcoholic drink per drinking occasion young people who neither described themselves as male or female were significantly more likely to self-report harmful drinking

behaviours. There were 42% of people who neither described themselves as male or female drinking on an at least weekly basis, compared to 8% of males and 7% of females. All Wales data indicated that this difference was more marked n younger age groups of Year 7-9, narrowing by Year 11. 74% of people who neither identified as male or female reported typically drinking more than one alcoholic drink per drinking occasion, compared to 51% of males and 58% of females.

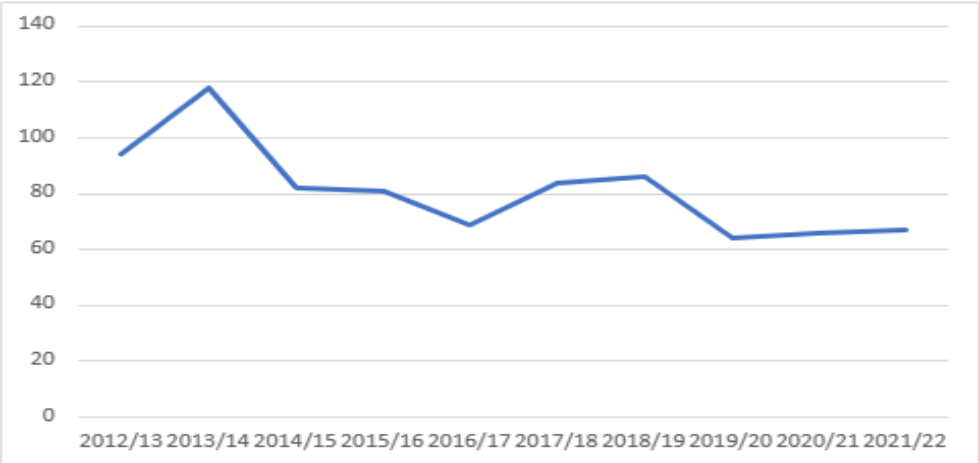
Alcohol-specific hospital admissions

The numbers of alcohol-related hospital admissions and drug-related hospital admissions are equivalent in those aged up to 19 years of age. This contrasts with patterns seen in adults where rates of alcohol-specific admissions continue to increase, whereas drug-related admissions decline from age 30 years.

Across Wales in 2021/22 there were 228 alcohol-specific hospital admissions for young people aged 15-19 years with over 68 alcohol-specific hospital admissions for children aged 10-14 years. The trend across Wales is for a reduction in alcohol-specific hospital admissions since 2010/11 when there were 627 alcohol-specific hospital admissions for young people aged 15-19 years with over 185 alcohol-specific hospital admissions for children aged 10-14 years.

In ABUHB in 2021/22 there were 67 alcohol-specific hospital admissions for young people aged up to 18 years. Alcohol-specific admissions are when the reason for admissions is 100% attributable to alcohol such as acute intoxication. The trend for alcohol-specific admissions in Gwent has declined since 2012/13.

Figure 21: Count of alcohol-specific hospital admissions for young people up to 18 years, 2012/13 to 2021/22



Using population estimates from the Welsh Demographic Service of children and young people registered with a GP in Wales, the rate of age-specific alcohol-specific hospital admissions for children and young people up to 18 years in Gwent for 2021/22 is 54 per 100,000.

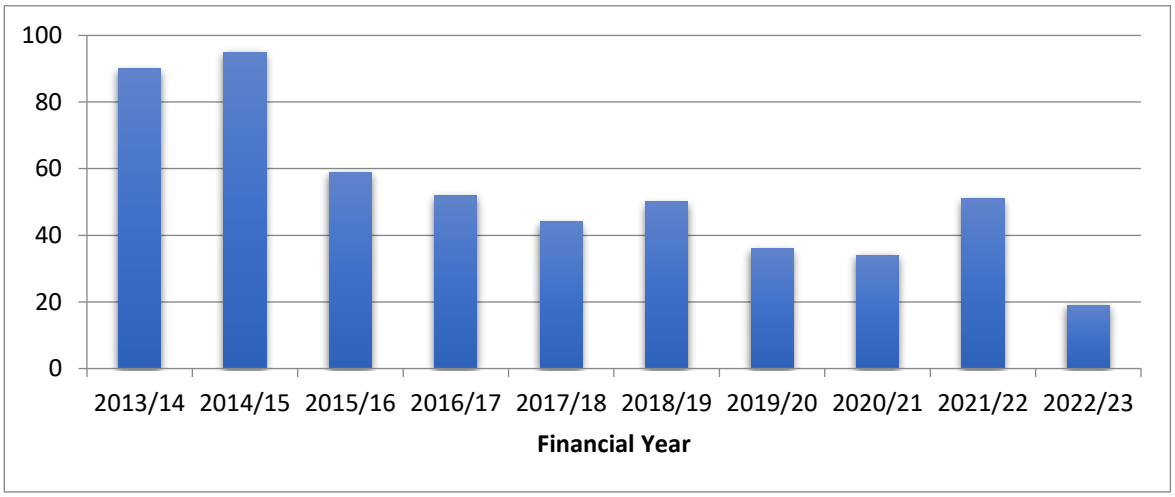
Alcohol-related deaths

There were no alcohol-specific deaths in young people aged under 19 registered in 2021.

Substance use assessment for alcohol

There were 51 substance use assessments where the primary substance involved was alcohol in 2021/22 in Gwent. This reflects an increase from 36 and 34 in 2019/20 and 2020/21 respectively. Overall, the trend from 2013/14 onwards is for a reduction in alcohol-related substance use assessments. The impact of the coronavirus pandemic on alcohol use in young people will be further determined during 2022/23.

Figure 22: Substance use assessments with alcohol as primary substance, by year in Gwent



Prevalence of drug use in Children and Young People

The Student Health and Wellbeing in Wales: Report of the 2019/20 School Healthy Research Network Student Health and Wellbeing Study provides data on drug use by young people in secondary school from Year 7 to 11 (Page 2022).

Drug use

In Gwent, a fifth (20%) of Year 7-11 responded that they had been offered cannabis in the last 12 months. This is slightly higher than the All-Wales average of 18%. More males (21%) compared to females (18%) had been offered cannabis

but young people who neither described themselves as male or female were significantly higher at 44% (table 19).

Table 19: Drug use by secondary school pupils (Year 7 to 11), 2019/20

	% have been offered cannabis in the last 12 months	% have ever used cannabis	% first used cannabis at age 13 year of younger (year 11 only)	% have ever used drugs [2]
Aneurin Bevan	20	8	25 (22, 28)	15
Wales	18	8	23	15
Male	21	8	28 (24, 33)	16
Female	18	7	18 (15, 23)	13
Neither word describes me	44 (38, 51)	28 (23, 24)	-	38 (32, 44)

[2]Includes use of cannabis, mephedrone, new psychoactive substances, (previously called 'legal highs', such as pep stoned, BZP, black mamba spice) and/or laughing gas

At an All-Wales level, the percentage who had been offered cannabis increased with age with 5% of year 7's offered in the last 12 months compared to 38% of year 11's offered in the last 12 months but there was not strong evidence of a link to family affluence.

Almost 1 in 10 (8%) of young people had ever used cannabis in their lifetimes with similar rates for boys and girls. Again, those who neither described themselves as male or female had significantly higher percentage who have ever tried cannabis at 28%. All Wales data indicates that use of cannabis increases with age, from 1% in Year 7 to 21% in Year 11. In contrast to alcohol use, young people from less affluent families were more likely to have ever used cannabis with 9% reporting ever use, in comparison to 7% in more affluent families.

Of those who had used cannabis, 25% had first used cannabis before the age of 14. This is higher than the All-Wales average of 23%. More boys than girls have tried cannabis before 14 years of age, with 28% of boys reporting first use before 14 years compared to 18% of girls. Young people from less affluent families were also more likely to have tried cannabis aged under 14 (28%) compared to more affluent families (20%) at an All-Wales level.

Type of drug use

Across Year 7-11 ages, an estimated 15% of young people reported having ever used drugs, with more boys (16%) reporting ever drug use compared to girls (13%). This again increased with age from 8% in Year 7 to 26% in Year 11 but did not reflect family affluence.

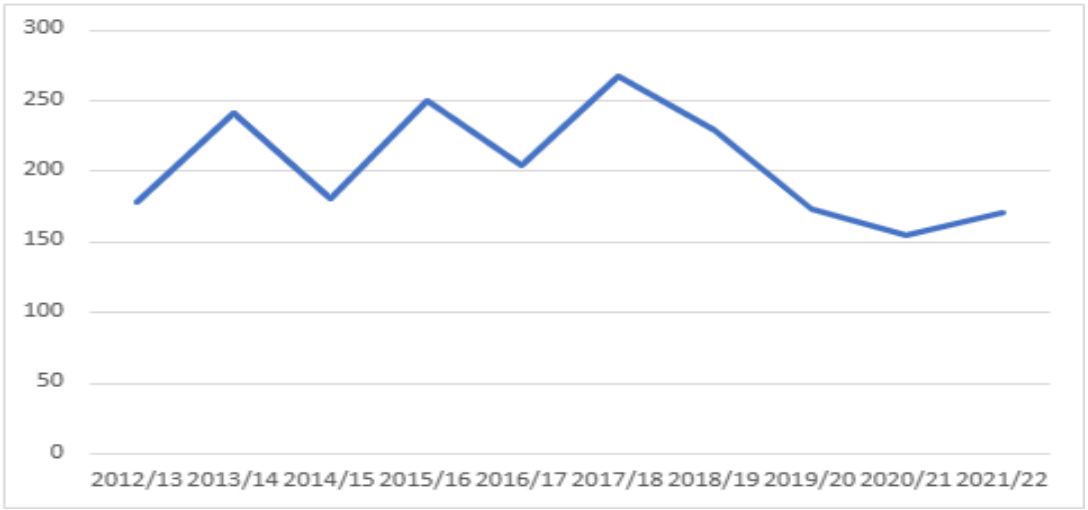
In Wales, the most common drug used by young people was laughing gas with 9% reporting having tried this during their lifetime. This was followed by cannabis at 8%, NPS at 3% and mephedrone at 2%.

Drug-related hospital admissions

Across Wales, there were 778 admissions in 2021/22 for poisoning by illicit drugs in children and young people up to the age of 25, which is a 5.9% decrease since 2020/21. At a national level, there has been a steady decline in admissions related to opioid use, from 429 in 2012/13 to 255 in 2021/22. Admissions for cocaine peaked at 2018/19 with 255 with a decreasing trend with 71 admissions in 2021/22.

In Gwent in 2021/22 there were 171 hospital admissions for young people aged up to 18 years due to any illicit drug use. Any illicit drug use includes admissions related to poisoning by illicit drugs and mental and behavioural disorders due to drug use. The trend for drug-related admissions in Gwent is has fluctuated since 2012/13, with an increase noted from 2015/16 to 2018/19 before returning to 2012/13 levels by 2021/22.

Figure 23: Count of illicit drug related hospital admissions for young people up to 18 years, 2012/13 to 2021/22



The most frequent substance involved in drug-related admissions were opioids with 95 admissions, this has remained stable since 2017/18 when there were 96 admissions (table 20). The second most common substance involved in a drug related admission was cannabis with 46 admissions in 2021/22 which demonstrates a decline since 2017/18 with 74 admissions

Table 20: Count of drug-related admissions in Gwent for young people up to 18 years, 2017/18 to 2021/22

	2017/18	2018/19	2019/20	2020/21	2021/22
Opioids	96	82	77	84	95
Cocaine	14	18	14	6	6
Cannabinoids	74	51	32	36	46
Other Stimulants	36	42	24	8	12
Benzodiazepines	58	39	21	28	16
Multiple drug use	20	20	17	10	<5

Using population estimates from the Welsh Demographic Service of children and young people registered with a GP in Wales, the rate of age-specific drug-related hospital admissions for children and young people up to 18 years in Gwent for 2021/22 is 139 per 100,000.

Drug related deaths

There were 4 drug-related deaths in people aged under 20 years across Wales registered in 2021 of which 3 occurred in males and 1 in female. Due to very small numbers, data is not available at a Gwent level.

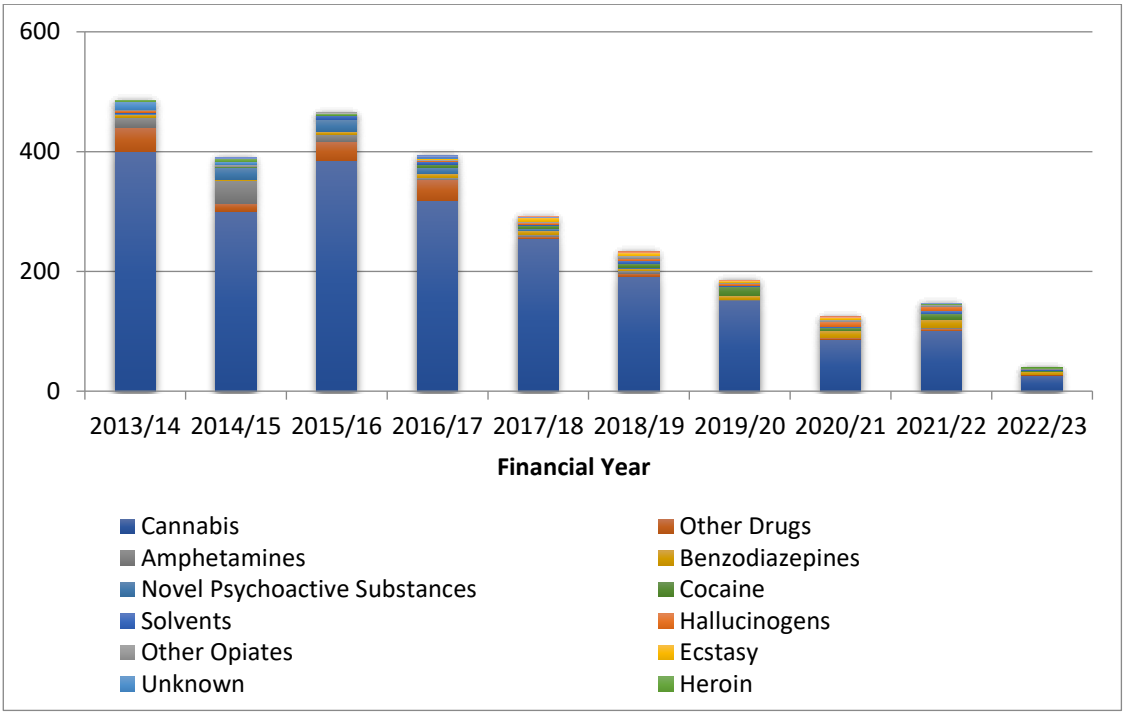
Across the UK, the mortality rate for deaths related to drug use for 15-19 years old in 2021 was 12.8 deaths per million people.

Drug use treatment services assessment

In the last completed treatment year of 2021/22 there were 39 assessments for drug use. There has been an overall decline in the number of assessments for substance use in the young people's service since 2013/14 when there were 486 assessments. This could reflect a reduced need for substance use services but as the use of substances by young people continues it should be considered that this reflects perceived demand by young people for support with their drug use.

Cannabis has been the most common reported problematic substance used in young people presenting from assessments since 2013/14. In 2021/22 cannabis was the primary substance for assessment with 101 assessments. This was followed by benzodiazepines at 13, cocaine at 9 and hallucinogens at 8.

Figure 24: Substance use assessments with drug as primary substance, by year in Gwent, Area Planning Board

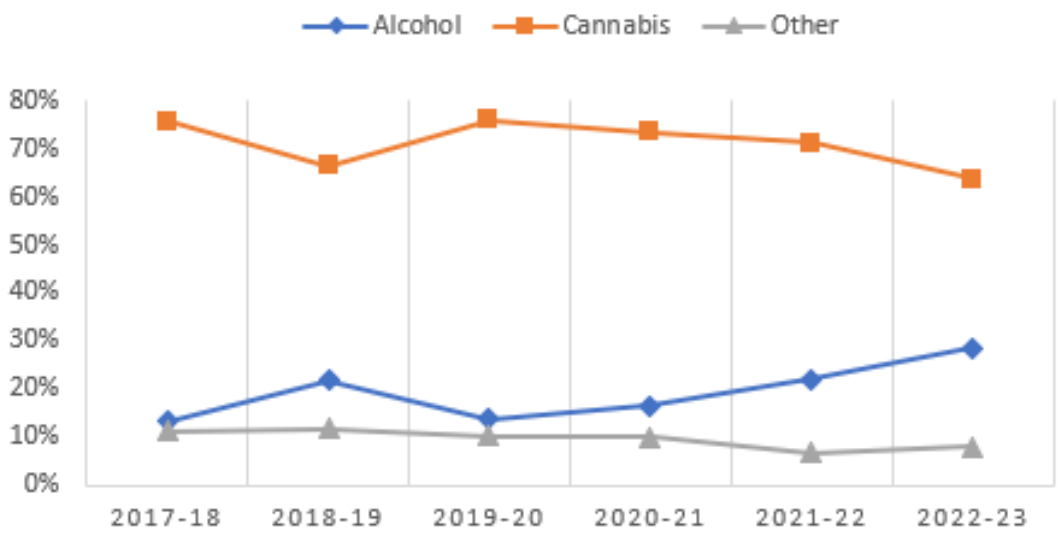


(Service Delivery Data, Area Planning Board, 2022)

Type of substance

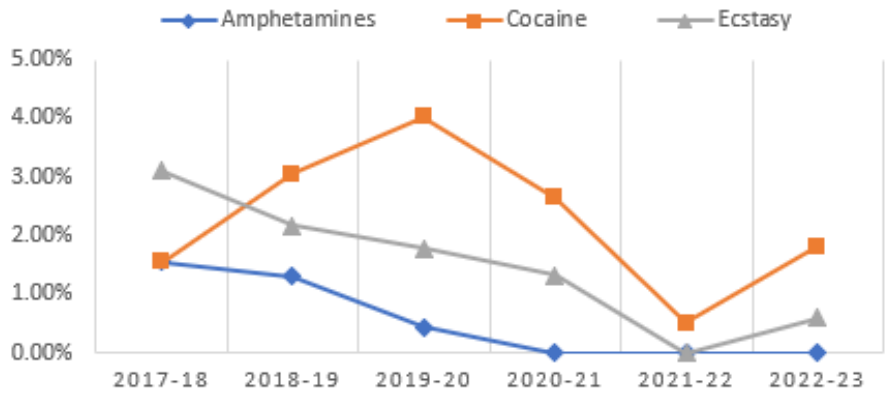
Cannabis is consistently the most common primary substance over a 5-year period from 2017/18 to 2022/23. The second most common substance is alcohol with an increase alcohol as the primary substance over the last two-year period (figure 25)

Figure 25: Trends in primary substance from 2017/18 to 2022/23, N-Gage Service Delivery data



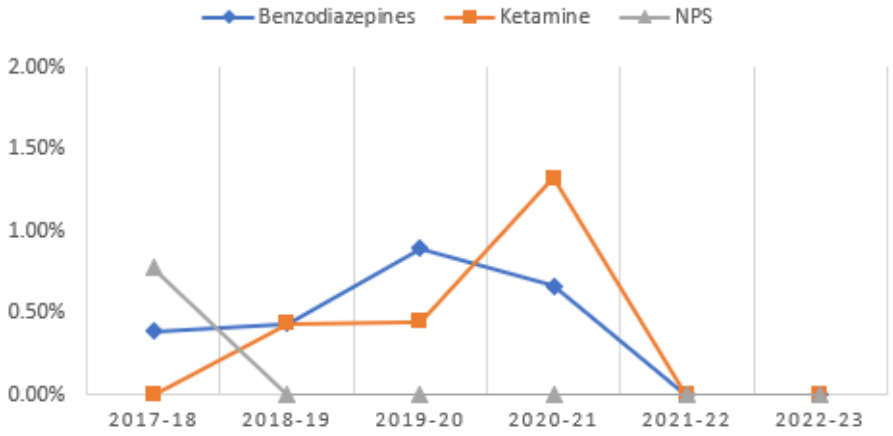
There has been a decline in amphetamines and ecstasy as the primary substance with assessments for these substances now very uncommon. After an increasing trend for cocaine as primary substance this declined from 2019/20 to 2021/22 which may reflect the lockdown and covid-19 pandemic as there has been an increase in 2022/23 (figure 26).

Figure 26: Trends in amphetamine, cocaine and ecstasy use from 2017/18 to 2022/23, N-Gage Service Delivery data



After an initial increase in use of benzodiazepines and ketamine from 2017/18 to 2020/21 there has been a decline in for 2021/22 to 2022/23. However, numbers are very small to consider reliable trend data. There has been a reassuring and consistent decline in novel psychoactive substances (NPS) since 2017/18 with no further need demonstrated since 2018/19 to current.

Figure 27: Trends in benzodiazepines, ketamine and novel psychoactive substances (NPS) use from 2017/18 to 2022/23, N-Gage Service Delivery data



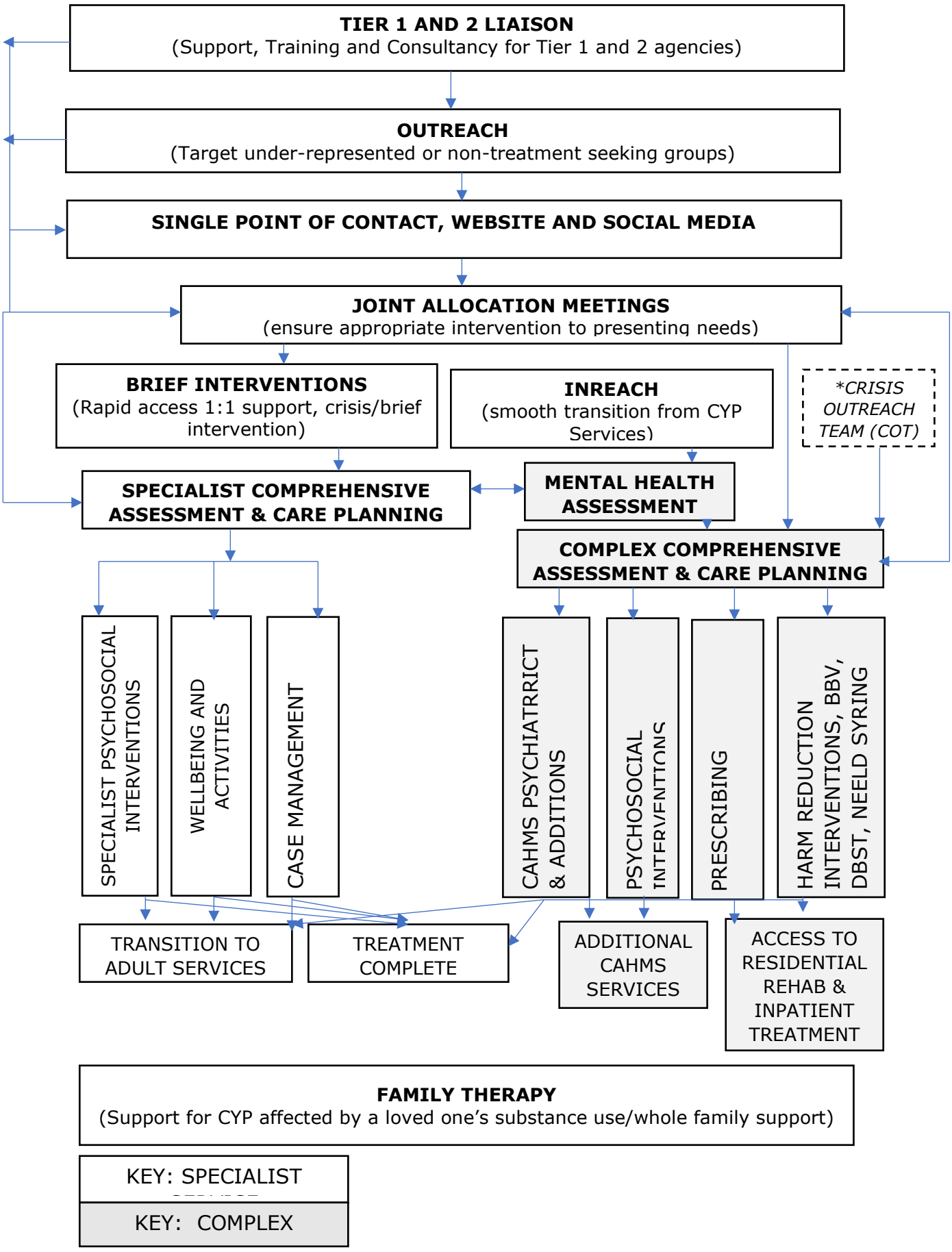
Section three: Current Service Provision Mapping

N-Gage delivers a Gwent-wide service for young people under the age of 18, who are experiencing problems in relation to their own drug and/or alcohol use. It is an integrated contract comprising of two service strands, the Specialist Service delivered by Barod, a third sector organisation and the Complex Service delivered by Specialist Child and Adolescence Mental Health (S-CAMHS) within the ABUHB.

The N-Gage Specialist Service provides training, consultancy and support for professionals in Tier 1 and 2 services alongside lower threshold interventions and wellbeing activities for young people. The N-Gage Complex Service provides a highly specialised Tier 4 service, providing or facilitating access to health related assessment and treatment for children and young people who have co-occurring mental health and substance use needs.

Figure 28 describes the current service provision

Figure 28: Children and Young People's Integrated Treatment Pathway



Section Four: Evidence Review

Key messages/ summary

This purpose of the evidence review is to identify effective interventions for primary prevention, secondary prevention (early intervention) and treatment and recovery for Children and Young People to prevent substance use related harms. As a key part of the Children and Young Person's Needs Assessment this will inform the re-commissioning of the Children and Young People's Substance Use Service in Gwent.

The quality of the systematic reviews was high, in the main Cochrane, Campbell and NICE were used. Within those systematic reviews the evidence was moderate or low for most outcomes, primarily owing to concerns around selection, performance and detection bias and heterogeneity between studies.

Primary Prevention

Policies

NICE (2015, QS83) quality standard covers preventing and identifying alcohol problems in the community. It includes policy and practice approaches to prevent harmful alcohol use in adults, young people and children. It is particularly relevant to local authorities, the police, schools and colleges. It describes high-quality care in priority areas for improvement.

Statement 1: Local authorities use local crime and related trauma data to map the extent of alcohol related problems, to inform the development or review of a statement of licensing policy.

Statement 2: Trading standards and the police identify and take action against premises that sell alcohol to people under 18.

Universal

- Available evidence is strongest for universal school-based interventions that target multiple-risk behaviours, demonstrating that they may be effective in preventing engagement in tobacco use, alcohol use and illicit drug use
- When delivering alcohol education, aim to:
  - use a positive approach, to enable pupils to make safe, healthy choices and encourage pupils to take part in discussions;

- ensure it is appropriate for age and maturity and aims to minimise the risk of any unintended adverse consequences.

Targeted

- Offer a targeted individual or group intervention (for example counselling or a brief intervention) to pupils who are assessed as vulnerable to alcohol use;
- Ensure a targeted group intervention is appropriate for the age and maturity of the pupils and aims to minimise the risk of any unintended adverse consequences and stigma;
- When delivering targeted interventions:
    - Do not stigmatise pupils or encourage them to see themselves as likely to use alcohol or see it as normal behaviour or have a negative impact on their self-esteem;
    - Always seek to involve the pupils in decisions about them and the interventions offered to them;

Effective targeted interventions include:

- Skills training for young people and their carers or families, ensure it helps children and young people develop a range of personal and social skills
- School based brief interventions;
- Delivered as part of activities designed to increase resilience and reduce risk
- Brief Interventions offer some low to moderate evidence on cannabis and alcohol reduction for children and young people

Treatment and recovery

Assessment and interventions for children and young people who use alcohol:

- For children and young people aged 10 to 17 years who use alcohol offer:
    - individual cognitive behavioural therapy for those with limited comorbidities and good social support
    - multicomponent programmes (such as multidimensional family therapy, brief strategic family therapy, functional family therapy or multisystemic therapy) for those with significant comorbidities and/or limited social support.

Assessment of young people aged 16 years and over, whose personal circumstances put them at increased risk of being vulnerable to drug use for example CYP who may already be using drugs on an occasional basis or CYP who

may already be regularly excessively consuming another substance, such as alcohol

- In NICE (CG 51) a range of psychosocial interventions are effective in the treatment of drug use; these include contingency management and a range of evidence-based psychological interventions, (NICE, 2007 reviewed 2016).
- Cognitive behavioural therapy and psychodynamic therapy focused on the treatment of drug use should not be offered routinely to people presenting for treatment of cannabis or stimulant use or those receiving opioid maintenance treatment, (NICE, 2007 reviewed 2016)
- Evidence-based psychological treatments (in particular, cognitive behavioural therapy) should be considered for the treatment of comorbid depression and anxiety disorders in line with existing NICE guidance for people who use cannabis or stimulants, and for those who have achieved abstinence or are stabilised on opioid maintenance treatment (NICE, 2007 reviewed 2016)
- The clinical management of drug use or dependence could comprise pharmacotherapy in addition to psychosocial therapy identified above, or a combination of these.

Lack of evidence

- Media campaigns, there is clear evidence to indicate that prevention approaches relying on standalone mass media and education campaigns are ineffective. Mass media campaigns should, therefore, only be delivered as part of a multi-component programmes to support school-based prevention
- Scare tactics, negative approaches or glamorising alcohol.

Section Five: Qualitative feedback from service users

To determine the views and experiences of young people who had accessed support with N-GAGE and SCAHMS for substance use qualitative feedback was gathered. A focus group was held in November 2022, and subsequent 1:1 interviews in December 2022, with five young people from across Gwent. In addition, an online survey was developed and three young people returned these. These are small numbers with resultant limitations however, key themes were consistently highlighted.

To capture the views of the wider population of children and young people, in January 2023, the Blaenau-Gwent Youth Forum were also invited to take part in a discussion to gather their thoughts and experience in relation to substance use.

The Area Planning Board and Aneurin Bevan Public Health team are extremely grateful for the support of the caseworkers for helping to facilitate these sessions and especially the young people who attended these sessions in their own time and gave their honest accounts of the support they have received.

Focus Group

In attendance at the focus group were two young people, both female, aged between 13 and 17, and their case workers. The focus group questions were semi-structured there were nine questions (see appendix 2).

Key theme 1: Trusting and consistent relationship with keyworker

The two young people (YP) felt that their support from their case worker was beneficial, and especially during holidays. Both the YP felt that their lives had improved as a result of having the support of the N-Gage workers.

'The advice I got from my keyworker was really helpful and beneficial, it helped me to stay safe.'

'Especially helpful over half terms and holidays, really helped me to get motivated, to get up, get dressed, get out of the house and do something different. Knowing

When asked had their life changed as a result of the support from their case workers, both young people felt that it had for the better with a score of 8 out of 10 indicating positive change for them.

The young people felt the interaction with the same person was what made the difference and it was really good to have someone to talk to. Part of the relationship

is building trust and in doing that having a dedicated person is important, at least initially. Trust building was identified as strength of the N-GAGE service, enabling a young person to discuss their issues or challenges with their case worker and why they use substances, even before they set goals to reduce substances.

The other YP had a good relationship with keyworker but also with the activity's worker, had started different activities, going to the gym doing weights which was really enjoyable for them. They said they had noticed changes for the better since going to the gym with the activity worker.

> *"Having the same keyworker who I trust, good to have that consistency, liked going for coffee and talking regularly (hadn't engaged with the activities team but did different things with her keyworker)*
>
> *'Good relationship with keyworker but also with the activities worker, had started different activities, going to the gym doing weights which was really enjoyable.'*

When asked in one word or sentence, describe the best thing about the service the relationship with a trusted adult was repeatedly identified as key to the service.

> *"I think the best part of the service would just be the interaction with an adult and someone who listens and understands the younger person"*
>
> *"Having someone to talk to when feeling down"*

Key theme 2: Ease of accessing support in appropriate setting

When asked what they found least helpful when accessing support from N-GAGE neither of the young people could think of anything that hadn't been helpful, both were OK with the more formal side of the service i.e. assessment.

When asked had anything stopped you accessing support when you need it, both of the young people felt there was not anything that had stopped them accessing support. One young person had been referred via another service who was supporting her and was comfortable with that.

In regard to improve the service & what N-GAGE could do better again, neither young person could think of anything that could improve the service, when asked if a more informal drop-in style service (as highlighted by professionals in recent

workshops) would work they both seemed to think it could – although there was no strong feeling either way.

However, one young person did highlight some concern about seeing their case worker in a school setting due to potential lack of privacy that limited their ability to be open.

> *"Because I see X caseworker in school with other people present, there can be a lack of privacy and I don't feel like I can speak about things"*

Key theme 3: Peers lack of perception of need for support for substance use

When asked 'would you recommend the support to others?' Both YP replied that 'yes' they would but both young people felt their friends wouldn't access support even if they recommended it. When asked why, they didn't think their friends were ready to ask for help or accept it even if it was offered. Furthermore, that it did not seem to matter that they had had a positive experience from N-Gage and could relay this to their friends.

> *'My friends didn't think they had a problem, their substance use wasn't an issue as they weren't using hard drugs.*

One to One interviews

Three young people took part in the one-to-one sessions, aged 16-17, one female and two males. One young person was Newport, one from Caerphilly and another from Blaenau Gwent. There were 15 questions and can be found in in appendix 3.

Key theme 1: Varying identification of initial recognition of need for support

All three were referred by different routes one via their Consultant Psychiatrist, one YP from their school and one via their mother. All three felt they were ready for some support though the extent of this recognition varied.

One young person said that he did not recognize that he had an issue, it was only when he stopped smoking that he felt better in regard his thoughts were clearer and he had more clarity.

'Talking to xx I haven't smoked for 3 weeks, when I stopped, I realised that I was remembering more throughout the day my mind felt sharper, clearer in my head.'

'Helping to get me to stop, I did doubt it and clearly I had a new mindset to think about stopping (smoking) with my case worker."

Two of the young people described how they had to be ready to give up the drugs and substances. One young person, did not realise at the time that they needed help or support, but after a couple of lessons at N-GAGE, they realised they did.

However, once the young people were engaged in the service it was important and a priority for them, demonstrating a shift in the recognition of need for support. In regard to how high a priority it for you at attend the sessions? (1 = not a priority, 10 = highest priority a scale of 1-10. Two of the young people scored 10 and one 8 that it was a high priority to receive help and support.

Key theme 2: Trusting and supportive relationship with case worker

'I would say 10 a priority I've really only missed a couple of days because sorting out the bank, (personal admin at his bank) I have been committed to the process,'

'Things feels clearer in my mind, they have got better and since changing and stopping smoking regularly.'

'Yes 10, given up weed & cannisters, they were masking anxiety, & bereavement. My nan died I was very close to nan and used to visit her often in the week, after school.'

All three young people felt that talking through their difficulties with their case worker had helped them to understand them better. Two young people described their increased understanding of how they used substances to mask bereavement.

One of the young people felt the case worker cared that they stopped drugs and Barod was a good place for them to relax.

'The person, the people, x (caseworker), the relationship with my case worker, X genuinely cared that I will stop the drugs. Barod is a really nice place to relax I struggle to sit still and its chilled.'

All three agreed that they would recommend the services N-Gage and SCAHMS, they received to friends. All three gave a 10 (excellent) on rating the service that they had received from N-GAGE and SCAHMS.

'Really great team they are very friendly, I would say go visit this person they are very friendly get the information that's need before you do it (take drugs)'

Key theme 3: Importance of advice and support, including goal setting with case worker

Undertaking activities and making plans to meet their case worker and setting goals were identified as being helpful for the young person. One young person with chronic anxiety said she didn't always want to go out but, felt better for doing it with her nurse.

'Yes, X (caseworker) picks me up, we go to Barod or for a walk or we play ping pong or pool '

'Talking to X (case worker); we'd go out for a walk with X (caseworker), it is stressful for me but I feel better afterwards, although I do not always want to go out.'

One young person felt that their case worker has helped her to own her anxiety and the drugs were masking anxiety and that she had to do the work as well.

'Stopped drugs all together, then realised the tablets (anxiety medicines) were going work, I had to put the work in as well X (case worker) pushed me a lot to do things (to keep me busy and distract myself)'

'Nothing in particularly talking to X (caseworker) he is really good nice person helped me to stop the drugs. In August I came off the cannisters, then the weed in September. I noticed the effect would wear off and the feeling of stoned would wear off quickly (that why I needed to stop). My mates supported me to stop, they leave me to do my thing.'

Another young person had set goals with his case worker to reduce the smoking and come off cannister altogether.

The young people felt that the most useful part was the advice and support from the case workers.

> *'The information I was getting give to give it a go for a week, I felt better leaving smoking, the info (mation) was a big difference, and I felt better for stopping'*
>
> *'Challenging to give up smoking I had a whisper in my head about I want to smoke, I would tell it to shut up, setting my goals to come off weed and cannisters.'*

Key theme 4: Varying recognition from support networks of need to access support

Three young people had very different experiences from accessing support. One found that his mother and his friends in college encouraged him to stop smoking despite smoking themselves. Another found that there was no stigma from his friends, and that he has to see his counsellor and he see his friends after the session.

However, another young person found difficulty in accessing SCAHMS as her father did not perceive there was a problem and was suspicious of outside support (agencies) and didn't want her to get help. The whole of this young person's family on her father's side did not want her getting support. This must have been very difficult for her and contradictory information from family members and is a real concern regarding support and access for this young person.

> *'No, mum wanted me to do it, my friends were smoking my mates respected me for trying to stop in college.'*
>
> *'I had difficulty in accessing the service and making contact with case worker. My family, my dad's family, do not understand, and didn't want me to go, I kept it bottled up, until I exploded.'*
>
> *'No stigma from my mates, I have to see my counsellor and see my mates once I've seen X '*

Key theme 5: Digital provision of information

To the question what is the worst thing about the service, only one YP answered this question he said that the case worker gave him cards about drugs. He said they would rather a website or information to read from apps.

'Last year I was in a bad place and I've not got someone to talk to about what's going on I'm starting to feel better in myself and I love sharing my thoughts and feelings with X (caseworker)! I've managed to quit my weed use! which I'm so bloody happy about and feel myself more…. I finally know what path I'm going down in life also!

Online survey

An online survey was developed and the link given to case workers to share with the young people that they are working with, there were 11 questions in total (see appendix 4). The young people were aged 13, 15 & 16 years and were all female. Two young people identified being Welsh, White and British and one Gypsy or Irish Traveller heritage. One of the three young people had a disability, two young people were from Blaenau Gwent and one live in Caerphilly.

Two of the young people had one to one support with a case worker and one had activities support, and had been working with the case worker for a year, two young people had been working with their case and activities worker for 4 to 12 weeks and in the main saw them once a week. One young person had never used the service before and the other two this was the second time accessing the support.

Key theme 1: Ease of accessing support

Three of the young people knew how to contact the service if they need support, and the time to referral was excellent. They have all had opportunities to discuss their challenges and also to consider what is working well for them, they had regular sessions with their case worker and understood their goals. When asked if their family was involved in their care two replied yes and one no and that individual did not want them involved.

Key theme 2: Trusting and supportive relationship with case worker

Three of the young people felt that they felt strongly listened & understood without feeling judged. Three of young people had said their drug use has got better since they assessed support.

All three said the support from the case workers was the best thing about the service. None of the young people could think of any service improvements.

Blaenau-Gwent Youth Forum

In attendance at the Youth Forum were seven young people, all female, aged between 16 and 17. The Forum were asked 10 semi-structured questions on their understanding of substance use services and drug and alcohol use amongst their peer group. The young people attending the Youth Forum had little exposure to drugs or alcohol both personally and in their peer groups. Vaping presented as the main issue that they were aware of. There was no awareness of the current service provision as none of the young people had ever required any support. All young people had received some awareness of drugs and alcohol from police provision in their school setting but had received no practical information and their recollection of the police provision was in relation to the punitive measures in place for the possession of drugs. All the young people in the Forum felt more awareness raising of the issues and where to get help was essential for young people across Gwent.

To ensure a more accurate representation of young people's views across Gwent, further engagement with Youth Forums and other youth settings is essential but was not possible in the timeframe of this Needs Assessment.

Limitations

The limitations of these qualitative interviews are that one cannot assume that the views are representative of others who are accessing services across Gwent. In addition, despite intense efforts to recruit participants numbers were low. However, data saturation was achieved within these small numbers with the same themes emerging across the focus groups, interviews and online surveys.

Summary of key findings from qualitative approach

Despite low numbers of participants, common themes were established across the three approaches to gathering service user feedback. The young people were overwhelmingly very positive about the service they had received. Key themes identified were:

1. **Trusting and supportive relationship with case worker**

All the young people identified the key benefit of the service was the opportunity to build a trusting and supportive relationship with an adult.

2. **Ease of access to support**

Flexibility of accessing support was important with consideration for how a young person's privacy could be protected when meeting in settings such as school

3. **Goal setting and activities**

The young people described the support from their case worker in providing information but also setting goals for them to achieve and being supported to achieve their goals.

4. **Varying recognition of need for support**

At the time of referral to N-Gage there was varying levels of recognition of need for support by both service users and their families. This can lead to conflicts that can impact upon access to appropriate support. Despite the positive experience of the service users there was a lack of recognition amongst their peers that they may also need support for their substance use.

Section Six: Staff Consultation

To determine the views and experiences of staff involved in providing current substance use services two focus groups were held with the N-GAGE staff in January 2023. There were ten staff in the first group and five staff members in the second group. Staff had varied roles including: case worker; activities workers; training officer for staff and external staff; team leads; manager and family support workers. The focus groups were facilitated by a Principal Public Health Practitioner and the Substance Use Lead Officer from the APB.

Strengths of the service

- Development of trusted relationship with young person

All the staff that took part were passionate about their work and the difference that they can make to a young person's life as soon as they have begun working with the young person. Staff emphasised the importance of building trusted relationships with the young person, gained over time. The relationship is built on transparency and honesty with the case worker ensuring that they are accountable to the young person

> *Being yourself, authentic, open and honest and ensuring young people are part of the decisions, on their level*
>
> *Never been able to speak to an adult like they can a drugs and alcohol worker*

Staff are often the voice of the young person where they feel they don't have one. They can help support their interactions with different support agencies by advocating on their behalf.

The service is not time bound or punitive such as if an appointment is missed. This results in a young person being able to engage with support on their terms. This flexibility within the service helped give a young person autonomy to engage and feel respected and understood.

> *N-Gage don't do the one strike and you are out which lots of services still do and is a real barrier to them re-engaging or seeking support when they need it again.*

Importance of integration across services

Integration of services, both within N-Gage and across other disciplines was highlighted as crucial to the success of the service and achieving positive outcome for young people.

The N-GAGE Complex & Specialist service were reported to work well togther to make sure the young person gets the right support at the right time. For example working with the transition service between GDAS and ABSDAS and when they need specialist or complex support step down or step up provison.

> *The Complex Service respond really well with urgent cases, it goes above and beyond to facilitate.*
>
> *There (are) lots of barriers which they work to remove for the young people*

Transition was identified as a potentially difficult time for young people. The transition service and its integration with other services helped to ensure that this worked well and young people remained engaged with services

> *Transitions service is working really well, engagement has been better… nice to tell young people and professionals that this service exists, especially colleges with young people*

Integration and co-working across services was also identified as important for safeguarding, which was considered paramount for staff across the N-Gage service.

> *Safeguarding is robust especially between specialist and complex, this is helped as JAM is weekly so any issues can be discussed jointly and dealt with, appointments are offered when needed, lateral checks carried out on all people.*

The value of integrated services was supported by the positive experience of the new integrated Family service team that offers to the parents and children that are affected by substance use within the family. The benefits of a flexible service that could adapt to the needs of the family was felt to be important.

> *Team around the family approach which works really well – for example one Family works with adults, X (N-GAGE Specialist) works with person using (the service) and they can ask N-GAGE Complex to come in too.*

Gaps in existing service provision

- Young people with complex needs

There were specific areas that the staff noted gaps in provision of services for young people presenting with harmful alcohol use. This included tier 4 provision for young people presenting with moderate to severe withdrawals and there was no existing provision for in-patient beds.

There is nowhere for these young people to go to access support.

The staff felt there could be a number of key recommendations these are:

Young people who presented to A&E following an accidental overdose where previously referred to the Complex Service for follow up. However, due to turnover of staff between services this referral pathway was no longer operating.

We need to re-establish the recreational overdose pathway which was working well, but is no longer… probably due to the turnover of CAMHS and A&E staff

For young people with complex family issues their housing needs were not felt to be sufficiently considered. Lack of appropriate housing prevented them from making changes in relation to their substance use.

Lack of appropriate housing for complex young person significantly impacts on their ability to make change in other factors of their life.

Improvements needed to support early identification and intervention

Staff reported that CYP do not access substance use support is because they do not realise that they have an issue until it escalates and a concern is raised.

They just don't want it, got to be willing and ready, workers need skills to plant the seed.

The young person's environment such as where they lived and their experience of adversity in childhood also impacted on their ability to seek help. It was commented that young people were role modelling adults with young people who see adults accept help more likely to accept help themselves. There was also stigma associated with seeking help and also a lack of understanding by families of substance use due to different lived experiences. This was noted in ethnic minority families were "*some adults had never seen drugs*".

Staff reported that current awareness and intervention in schools begins in Year 7. However, it was felt that this is often too late need with appropriate information needed earlier. It was thought that current year 7 students were as knowledgeable around substance use as previous Year 11 students. Education was also needed for families of young people who had little knowledge of substance use and relied on their children to keep them informed. Families of those young people also educating adults with no knowledge

A proposed solution was to intervene at an earlier stage, in Year 6, as children are transitioning to secondary school.

Youth services do some work with year 6 transitioning to year 7 so N-GAGE could piggy-back on to those.

Early engagement and targeted work with primary schools were there was identified need was also felt to be of value. This would identify families that were known to services and provide training and support for primary school staff to aid early identification and intervention. Building the relationship between N-Gage and schools and learners in Year 5 and 6 was felt to be beneficial as provides a basis before the transition to secondary school.

Going into Primary Schools can capture the families that were known to services as current N-Gage training may not catch the primary school staff

Social media and communication

It was felt that the N-Gage website required improving and developing. It was thought to be out of date and not specific to Gwent N-Gage. Staff felt that using social media and online platforms was an opportunity to meaningfully engage with young people with improved information on the website and better social messaging including better advertising of the service.

Increasing the use of video content was supported, potentially as the front screen for N-Gage (website). This acknowledged that when in crisis you struggle to take in information so creating opportunities for live chat for N-Gage would be helpful. Supporting this work requires a dedicated role to managed social media and develop content.

Needs to be done properly as young people know what is rubbish or not, so many different apps that young people are using that adults don't know about.

Increased need for those with co-occurring mental health concerns

The staff all agreed that the mental health needs of CYP had increased in the pandemic. Substance use was felt to be masking underlying symptoms of anxiety and depression that had not been appropriately supported.

There were concerns raised that the prevention activities within schools in relation to mental wellbeing and health was not sufficient with PSE curriculum sessions not sufficient such as in covering the interlink between mental health and substance use. It was also noted that this missed young people not attending school who were at highest risk. The methods of communicating with young people were also felt to be out of date with an over-reliance on written leaflets that did not resonate with young people.

> *Leaflets are really complicated and too long, booklets don't work, face to face is better.*

Earlier intervention for people with mental health issues and "lower-level" substance use, including cannabis was highlighted as needed. At present, the situation often deteriorated resulting in a crisis. It was felt that a more preventative approach was needed where substance use was a factor but hadn't reached the threshold for specialist service.

> *There is lower-level substance use (ie cannabis use) but have escalating risks and increasing mental health issues – nowhere for these people to go to*

Difficulties in referring into mental health services and consequent long waits following referral were noted. Possible solutions were to consider co-location of services with mental health clinics delivered within bases for YP. Or drop-in service. Additional specialist training for N-Gage workers, so they are skilled up, was thought to be helpful. This would enable staff to be confident at low-level

mental health but aware that they can refer into higher level mental health support when needed.

Referral to mental health services is really difficult, paperwork too difficult if you are in a bad place, needs to be more streamlined.

Waiting lists for mental health services are also a barrier.

Transition worker – 18-year-olds need support for the referral process to mental health services, the worker can't do it, then their motivation goes.

Barriers to service delivery

Lack of awareness by multi-agency partners of N-Gage offer

Partnership working with staff in other agencies was welcomed and it was felt that was beneficial for all. However, staff felt that often partners weren't aware of the work of N-Gage including health professionals, criminal justice partners and in education. It was felt that the engagement team could have a greater presence in schools, supporting integration of N-Gage workers with others in this setting. Increased visibility in the school would help to facilitate those informal discussions.

Having a visible presence and better understanding for professionals of what N-GAGE Complex Service do as still not widely understand

It was reported that there was a misunderstanding amongst other professionals who think N-GAGE are counsellors so the wrong information is then communicated to the young person

Some professionals sell it wrong (the service) say its counselling

In particular, it was noted that professionals did not understand the flexibility of the young person's services that adapted to suit the needs of the young person.

They go to the young person, meet them in their community or setting they prefer and ask the young person what do they do, how can N-Gage support. This needs to be communicated to young people so they know.

This was then not communicated to the young person who couldn't make an informed decision around consenting to a referral to the service.

Lack of staff professional development

Lack of capacity was felt to prevent extending therapeutic services such as play therapy, activities and alternative informal methods of working with people. Capacity was impacted by difficulties retaining staff with agency working was required to support the service due to lack of staff.

The service was looking at innovative solutions such as how to develop the posts through continued professional development opportunities and improved salary structure.

Supervision was reported as good but career development opportunities were lacking with a flat hierarchy for career progression. It was felt that salary scales don't represent skill and expertise compared to colleagues outside substance use services. This would be supported through more formal qualifications to recognise their skills and competencies alongside statutory colleagues.

Changing patterns of drug use

Staff explained that social media has changed substance use over the last 5 years. Young people are able to contact a dealer much more easily and quickly arrange to meet. Through social media there are more drugs available with greater variety offered. Cultural influences such as through TV and Netflix shows around substance use was noted with parental control on the availability of media not effective.

Alcohol and cannabis were identified as the primary substances causing harm for young people. It was felt that despite reports consumption of alcohol declining this

> *Professionals don't see the alcohol as a problem but it is still a massive issue*

was still a massive issue. This had changed since the pandemic with more young people drinking on their own as was the norm in lockdowns. It was considered that other professionals may have unconscious bias towards alcohol as it was so normalised within society.

Vaping was also identified as a new and worrying trend for staff in schools and within substance use services. When young people report vaping there is a lack of support for how to approach vaping with nowhere to refer children

> *Vaping is a huge issue especially in schools, no one supports or gives advice on this to young people*

Section Seven: Wider Stakeholder Feedback

Two consultation events were held for a range of professionals working with Children and Young People in Gwent. The events were held on 19 October 2022 in Newport and on 27 October 2022 in Ebbw Vale with the invitation to attend disseminated by email through local authority and health board partners.

Table 21: Organisations by sector represented at workshops

Local Authority (Social Care/Community)	Local Authority (Education)	Criminal Justice	Health
Families First TCBC	Monmouthshire Youth Service	Youth Justice HMPPS	Public Health Wales
Building Resilient Communities TCBC	Pupil Referral Unit – MCC	Youth Justice Service, Newport	Health visiting service ABUHB
Communities for work TCBC	Healthy Schools	Office for the Police and Crime Commissioner (OPCC)	School nurse service ABUHB
Area Planning Board Team	Caldicot School	Gwent Police (Problem Solving Hub)	
Prevention and Inclusion including Youth & Play– NCC		Youth Offending Service (YOS)	
Social Services/Youth Engagement, Social Services, BGCBC			
Drug and Alcohol Team, Social Services, CCBC			

The consultation events included three workshops

1) To gather feedback on current substance use service provision
2) To map current service provision for preventative activities to reduce harms related to substance use for Children and Young People across Gwent.
3) Determine an outcomes framework for substance use services and partners

Workshop 1: Current service provision

Positive feedback

The N-Gage service was reported to respond quickly and provide high-quality professional support. Professionals reported that they had observed good engagement with young people by N-Gage staff. The delivery of training to school staff was also valued.

Stigma and threshold to access services

It was reflected that when a referral for a young person is made to N-Gage the substance use is already chaotic. Professionals indicated that earlier intervention to prevent these issues escalating to problematic levels would be preferable. However, it was acknowledged however that some young people did not acknowledge an issue with substance use until crisis point had been reached. Referral wasn't possible without the consent of the young person and their family. Therefore, any referral required the young person to admit that they had an issue.

Normalisation of substance use

Cannabis use has been normalised for young people and its use was not seen as an issue. Young people do not see substance use as a problem with widespread availability of drugs online. The normalisation of drug use was felt to reflect attitudes and behaviours of some within wider society however, other felt that family members were disconnected from the realities of substance use in young people with a lack of understanding and knowledge.

It was felt that drug use, particularly cannabis was more prevalent, with reduced use of alcohol due to the restrictions and limitations on accessing alcohol. Concerns were also raised around vaping with a lack of acknowledgement around potential harms from vaping.

Substance use was also noted to occur at younger ages than previously. However, the data available on substance use was limited.

Breaking the cycle

Early preventative work rather than reactive was the consistent preferred approach amongst wider professional staff. This recognised that by the time referral to N-Gage had been made then the situation had deteriorated.

Partnership working across services including youth services, police liaison, ASB Teams, other outside agencies was highly valued. With support offered to young people that focussed on building self-esteem and developing safe relationships.

Training for staff was requested so they are all confident to have conversations with young people. Training should include the wider staff within educational settings. This could be supported by toolkits and online resources.

Support for schools

Schools requested additional support with developing the PSHE curriculum with lesson plans to address substance use appropriately. Some education partners felt delivery of sessions in schools by external providers was more impactful for learners. Increased engagement with schools was requested as it was felt greater awareness of N-Gage provision within school settings would improve sharing of knowledge and skills and also increase acceptability of referrals.

To address lack of engagement with professionals in school settings, peer support models were encouraged. This intervention trained learners to provide peer support and improved accessibility for young people.

Access and availability

It was reported that the services that were available from N-Gage were not widely known and greater promotion of N-Gage to professionals, children & young people with substance use issues and family members would increase the numbers accessing the service.

Professionals were not aware of the extent of services available such as consultancy. It was reported that training and consultation for professionals to help them manage young people in their own setting, rather than automatically referring straight in, would provide better support for young people.

It was felt that there was an associated stigma to accessing N-Gage services which could be addressed through easier access to services such as drop-in. This would remove the formal referral process that could prevent help-seeking behaviour.

Gaps in provision

It was felt that the links to mental health with substance use masking mental health concerns, was not sufficiently addressed with lack of clear support available.

The process and pathway for transition needs to be better communicated, understanding for 18–25-year-olds, interface with different services with different age thresholds

Professionals would like feedback from referrals they have made into N-Gage detailing if the YP engaged, what interventions did they receive and what was the outcome of treatment if they exited the service etc;

Workshop 2: Prevention mapping

Initial discussion focused on the Welsh Government definitions for prevention:

- Primary prevention (PP)

  Building resilience creating the conditions in which problems do not arise in the future. A universal approach.

- Secondary prevention (SP)

  Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principles of progressive universalism.

- Tertiary prevention (TP)

  Intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.

- Acute spending (AS)

  Spending, which acts to manage the impact of a strongly negative situation but does little or nothing to prevent problems occurring in the future. A remedial approach.

The definitions were not considered easy to understand or translated in a meaningful way to work undertaken by the professionals present at the workshop. There was a lack of consensus opinion around the definition of prevention with participants considering prevention activities in a broad sense across primary, secondary and mitigation of further harms.

The four tiers of substance use services were considered more approachable in aligning with current service provision with most participants able to outline at what tier their service provision operated.

Table 22: Tiered approach to Children and Young Peoples Substance Use Services

Tier 1	Universal; generic and primary services for young people
Tier 2	Targeted; Youth-orientated services offered by practitioners with some drug and alcohol experience and specialist youth knowledge.
Tier 3	Specialist; drug and alcohol teams for young people.
Tier 4	Very specialist (Complex); Highly specialist interventions including prescribing, detoxification or respite support for the young person.

The workshop was facilitated with open conversation and sharing of experiences and expertise encouraged.

Findings

- **Location and setting**

Services for children and young people and their families were delivered across all five localities in addition to pan-Gwent services. Funding for services was through core funding from Welsh government, local authority, health board, police, OPCC in addition to grant funding from Welsh Government.

Services and interventions were delivered in a range of settings with the most common being within educational settings followed by the community such as in community hubs. Services were also delivered with and for families such as in a service user or family members' home. Many services described a flexible approach with delivery of services happening within community venues, the service users' home or educational setting dependent on the request or suitability for service users.

- **Audience for service or intervention**

Services with a universal, open access approach were described, such as Gwent Police Problem Solving Hub or Healthy Schools Scheme. Most services however,

offered targeted interventions for those children, young people or families who were identified as being at increased need. This could be in relation to lack of employment, contact with criminal justice or issues with educational attendance at mainstream schools. Examples of this provision include Families First, Youth Justice Service and Looked After Children team within ABUHB.
Services such as Monmouthshire Life Youth Services and Health Visiting Service offered universal provision in addition to targeted interventions for children and young people in greatest need.

- **Types of services or interventions**

Interventions were varied from educational programmes; community hub spaces to 1:1 key worker providing support for families. To illustrate the diversity of services three programmes have been highlighted as case studies

- **Connections between services**

The SPACE and Wellbeing Panel was a connection between the services with most services who provided targeted intervention support attending the panel and those

Youth Justice Service
Youth Justice Service work with young people who may have been charged in court with a statutory order or undertake preventative work to help young people build their self-esteem and develop supportive relationships. The team will look at the causes or triggers for behaviour and work with the young person to identify and help them to manage them, working in collaboration with other agencies.

Families First
Families First is a Welsh Government funded scheme that offers targeted support for families who have needs that need a multi-agency approach. This will include a lead worker developing a family plan building on strengths within the family to achieve set goals

School nursing
School nursing teams are a universal provision across schools able to provide support and education for young people this includes drop-in sessions for young people to talk with the school nurse.

who offered a universal approach were aware of the Panel and how to link in with existing services.

- **Definitions of prevention**

Definitions and understanding of prevention varied across the different professionals who attended the workshops. Prevention could indicate upstream work to prevent substance use occurring, such as the universal healthy schools whole schools approach or to prevent risk factors for substance use such as social services work with families to prevent or mitigate adverse childhood experiences. However, for other partners preventative work occurred following an individual being identified as high risk of substance use or had begun using substances. The intention was for early intervention to prevent more harmful substance use.

Mapping to life course

The services identified were mapped based on a life course approach, considering the age profile for the intervention and the focus of the intervention delivery such as within a family context, school or educational setting, within the community or a healthcare setting (appendix 5).

There were a wide range of services identified that provided support across all stages within a life course. However, it was noted that there was less provision within the early years with greater focus in middle childhood and early adolescence due to increase activity within school setting.

It should also be noted that that representation at the workshop consisted of statutory partners with limited representation from third sector, voluntary and community organisations. A vast scope of interventions and activities in relation to prevention have therefore not been captured and the current mapping should be considered as an initial scoping and not comprehensive.

Workshop 3: Outcomes Framework

The third workshop related to outcomes and determining an appropriate outcome framework for the children and young people's substance use service. Professionals were asked to consider three questions:

- Does your service have identified outcomes that it is expected to achieve for children and young people?
- If so, are there any that a CYP Substance Use service could help contribute to?
- What would be an important indicator to help measure this?

Outcome definition

There was an initial discussion to distinguish what is defined as an outcome rather than an output from a service or activities undertaken within a service. For the purpose of the workshop outcome was defined as: ***the impact that we are aiming to achieve from our intervention or service*.**

Outcomes were considered across different domains relevant to the professionals present, such as health and wellbeing outcomes, educational outcomes or criminal justice outcomes. It was also noted that outcomes will occur across different time frames with short, intermediate and long-term outcomes reported. Outcomes are experienced at different levels from the individual to the community

Figure 29: Outcomes by setting

Partner organisation outcomes

All professional groups had identified outcomes within the corporate plans or strategic frameworks. However, there was crossover between outcomes and outputs/activities. Key performance indicators measured the activity within a service such as referrals received rather than the outcomes for the individual or family who were being supported. However, this was not reported for all services with some community services adopting a family-centred approach. For example,

Families First did not have pre-identified outcomes, but goals were co-produced with families.

Table 23: Outcomes identified by professional grouping

Criminal justice	Social care	Health	Education
Re-offending rates	Appropriate accommodation	Alcohol and drug related admissions	School attendance
Age of 1st contact	Number of children looked after by LA	Alcohol and drug use during pregnancy	Educational attainment at Year 11 and Year 13
Positive engagement with services	Number of children looked after by LA	CAMHS referrals	Not in Education, Employment or Training
Victim satisfaction	Prevention of ACEs	Prevention of ACEs	Exclusions
Prevention of ACEs			

A common feature across partner organisations was the prevention of adverse childhood experiences.

Though partners were asked to consider their organisational outcomes prior to attending the workshop, the above table requires further consolidation and reference to corporate and organisational plans.

Shared outcomes

It was felt that the work of the substance use service could contribute to many of the identified partner outcomes. This was considered of particular benefit for school attendance and achievement, re-offending and referrals to children's services.

Participants considered what joint outcomes the wider partners and substance use services could contribute together as shared ambitions. This included:

- Stronger and more resilient communities

- Voice of child or young person is heard with support and services responding to their needs
- Increased knowledge and confidence across wider partners around substance use education
- Young people are knowledgeable and informed about how and where to seek help
- Reduced need for contact with police
- Reduction in anti-social behaviour

It was also noted the importance of aligning outcomes with partnerships such as local authority corporate plans, regional partnership board area plan and the public sector board wellbeing plan.

Measures of success

It was considered that there needs to be clarify around whether the outcomes are for the service or for the service user. Adopting a child-centred approach requires the measures of success to relate to the child and their families rather than evidence of efficiency of service provision such as in waiting times.

It was noted that the measures of success reported indicators that were aligned to outcomes previously identified.

Following consultation with wider partners the perceived objectives of the substance use service would be:

1) Young people can easily access the service and are engaged through their treatment journey
2) Young people are better informed around their substance use and able to reduce their use to minimise potential harm
3) Young people improve their health and wellbeing through improved connections with social and learning networks

Outcome framework

Outcomes should demonstrate meaningful impact of substance use services rather than on delivery of services measured by activities undertaken. A whole person approach to substance use requires consideration of the wider determinants that impact upon an individual's well-being. Progress along a recovery journey is important with consideration needed of how an individual has progressed across

the domains of recovery and the change that has occurred as a result of interaction with services.

At an individual level the following outcomes have been suggested following feedback from partners at the workshop. This considers outcomes that are meaningful to the young person, building on the domains of recovery. These have been mapped to the NEST framework to indicate how this aligns with the broader partnership landscape.

Table 24: Proposed outcomes framework

Outcome	NEST Framework	Indicator
Young people have positive and healthy relationships with trusted adults	Nurture, Trust	Self-reported in care plan Engagement with case worker Family relationships – children's services contact
Young people are engaged with education or training that is purposeful and meaningful to them	Nurture	Self-reported in care plan Educational attendance
Young people feel in control of their lives and their substance use	Empowering, Safe	Self-reported in care plan Reduced substance use Contact with criminal justice system
Young people are accessing support that is helping them achieve their goals	Empowering, Trust	Self-reported in care plan Engagement and retention with services
Young people feel safe and secure	Nurture, Safe	Self-reported (safety at home and community) Contact with criminal justice system Stable accommodation
Young people are identifying their goals with trusted adults	Trust, Nurture	Co-produced goal setting in care plan Engagement with services

Measuring success will need to be incorporated into existing care plans and will be self-reported by the young person. To support this, objective data can be collected where possible, such as in relation to educational attendance or contact with the police. This will require consent from the young person and data sharing agreements in place across organisations.

Population-level outcome monitoring

Substance use services are not only directly accountable for to individual outcomes for the young person they are working with but will also contribute to community and population level outcomes. Though the service is not directly accountable for these outcomes monitoring population level outcomes will ensure that the strategic priorities and ambitions of partner organisations are also being considered.

Population-level outcomes can be considered across the four domains identified in the workshop of education, social care, health and criminal justice.

Table 25: Proposed population-level outcome monitoring

Domain	Short term Outcome	Measure of success (indicator)	Longer term outcome	Measure of success (indicator)
Education	Educational attendance	Temporary and permanent exclusions due to substance use Improved school attendance	Educational achievement and progression	Attainment at Year 11 and Year 13 % not in education, employment or training
Health	Reduced harmful substance use	Engagement with completion of treatment with substance use services	Reduced substance use harms	Alcohol and drug related hospital admissions
Social care	Stable and safe accommodation	% Temporary accommodation Safeguarding referrals to social services	Reduced childhood adversity	Reduced ACEs Reduced child exploitation (CSE/CCE)
Criminal justice	Reduced contact with criminal justice system	Reduced 1st contact with police Reduced re-offending rates	Safe and resilient communities	Drug-related crimes Anti-social behaviour

Consideration will need to be given to the development of a national substance use framework for children and young people to ensure that this aligns with national reporting requirements.

Section Eight: Key findings and recommendations

Demographics and population projections

Key finding: There an estimated 123,000 children aged under 18 years in Gwent with 73,000 children of compulsory school age between 5 and 16 years. Newport is an area of population growth with population projections indicating an increased number of children and young people. Newport has an ethnically diverse population with three in ten pupils from a non-White British/Welsh background.

- **Recommendation 1:** Future service provision needs to account for anticipated increased demand in the Newport area due to the projected increase in population of children and young people. Service provision needs to reflect the diversity of the communities that it is serving. This should acknowledge beliefs and attitudes to substance used, acceptability of substance use and interactions with healthcare professionals within diverse communities can vary.
- **Recommendation 2**: Providers of substance use services should ensure that effective relationships are developed within ethnic minority communities with service users able to access services using the language of their choice with reasonable adjustments made to consider race and ethnicity in keeping with the Equality Act.

Key finding: Children are experiencing poverty and socio-economic disadvantage in communities across Gwent, including in Blaenau Gwent, Torfaen and Caerphilly. This is demonstrated through a variety of measures including eligibility for free school meals which is above the All-Wales average.
Key finding: Gwent has a varied population density from rural communities with low population density in Monmouthshire to areas of high population density in the city of Newport.

- **Recommendation 3:** Children and young people's substance use service delivery should be available in a range of community locations that are convenient and easily accessible for the child, young person and their families, limiting the need for travel. Service provision in accessible locations

reduces any out-of-pocket expenses for children, young people and their families such as travel expenses. This will help to support children living in poverty to have equal opportunity to access services in keeping with the Socio-Economic Duty. Outreach models of care will also ensure that those who live in rural communities and are not disadvantaged.

Adverse Childhood Experiences

Key finding: Adverse Childhood Experiences were reported by Young People accessing the N-Gage Complex Service (Specialist CAMHS), reflecting the association between experience of ACEs and substance use.

Key finding: Adverse Childhood Experiences were recorded by partner organisations across Gwent. However, data reporting was not comprehensive with inconsistencies across data sets. Data was not easily accessible from partner organisations

- **Recommendation 4**: A common assessment tool across all partner organisations in Gwent would improve data recording and reporting. Recording and reporting of data through established tools such as the common assessment framework (CAF) including by statutory services would provide a consistent approach. This would improve data collection and enable a greater understanding of the scope and scale of childhood adversity across organisations.

Key finding: Across Wales there were 5155 children who were receiving care and support where parental substance use had been highlighted as a factor, representing 31% of all children receiving care and support. In Gwent, there is variation in the percentage of children who were receiving care and support where parental substance use had been highlighted as a factor, ranging from 39% and 38% in Torfaen and Caerphilly respectively to 17% in Blaenau Gwent.

There are an estimated 1300 households with children in Gwent where adults are drinking to harmful levels.

- **Recommendation 5:** Though outside of the scope of commissioned children and young people's services, identification of children within the family should be prioritised when adults are in contact with substance use

services and the criminal justice system. There should be clear, robust and monitored pathways for safeguarding concerns to be raised to children's social services.

- **Recommendation 6:** Family Services should be available to support babies and children whose parents have harmful substance use to mitigate the impact of substance use within their family home on the child or young person. Family Services should be integrated across the Children and Young Person's Service, Transition Service and Adult Substance Use Services.

Key finding: Around 3 in 100 young people in Gwent have contact with the Criminal Justice System. Young people in the criminal justice system are at higher risk of substance use. This provides a key intervention point for early identification of substance use and referral to appropriate support services.

- **Recommendation 7:** Criminal Justice partners require specialist training in enquiry and identification of young people's substance use, increased confidence and skills in responding to any immediate concerns and increased knowledge of appropriate referral routes for specialist support through dedicated substance use services. A consistent data set that records substance use history of the individual in contact with the youth offending service will provide more comprehensive understanding of substance use within this population group.

Key finding: There is a strong association between children who are placed outside of home and substance use. The rates of children (under 18 years) looked after by local authorities has been increasing across all local authority areas since 2016 however, the increase is higher in Torfaen and in Blaenau Gwent

- **Recommendation 8:** Children's services require specialist training in enquiry and identification of young people's substance use, increased confidence and skills in responding to any immediate concerns and increased knowledge of appropriate referral routes for specialist support through dedicated substance use services. A consistent data set that records substance use history of the individual in contact with children's service will

provide more comprehensive understanding of substance use within this population group.

Key finding: Homelessness, including the threat of becoming homeless, can have significant impacts on the lives of families. All areas in Gwent saw an increase in households in temporary accommodation. Newport had the highest number of households in temporary accommodation at 346 with the rate per 10,000 households of 52.0 per 10,000 households. Blaenau Gwent had the lowest number of households in temporary accommodation at 38 with the lowest rate of 12.1 per 10,000 households.

For any young person, experiencing homelessness will have a hugely detrimental impact on their health and mental wellbeing. In 2020/21 there were 120 single people aged 16 to 17 who required placement in bed and breakfast accommodation with a further 69 care leavers aged 18 to 21 who were accommodated as currently homeless.

- **Recommendation 9:** Local authority housing partners require specialist training in enquiry and identification of young people's substance use, increased confidence and skills in responding to any immediate concerns and increased knowledge of appropriate referral routes for specialist support through dedicated substance use services. A consistent data set that records substance use history of the individual in contact with housing service will provide more comprehensive understanding of substance use within this population group.

Key finding: In 2020/21, an estimated 4 in every 1000 population (aged 0-17 years) were children who were criminally exploited in Gwent with highest rates in Newport of 12 per 1000 population with very low rates in Blaenau Gwent, Caerphilly and Torfaen. An estimated 3.5 in every 1000 population (aged 0-17 years) were victims of child sexual exploitation in Gwent. Rates of child sexual exploitation are highest in Newport and Blaenau Gwent though Child Sexual Exploitation is present in all Local Authority areas in Gwent.

Key finding: Children were frequently present at domestic abuse incidents and often experiencing repeated exposure to domestic abuse defined as more than one incident in one month.

Key finding: ACEs will often cluster with intersectionality with domestic abuse, substance use and parental mental health concerns. Mitigation of the impact of ACEs should be targeted to the most high-risk families where multiple ACEs are occurring. Consideration should therefore be given to how information on children, young people and their families in contact with substance use services is appropriately shared with other agencies involved with the family so that appropriate level of need can be determined to inform a targeted intervention for that family.

- **Recommendation 10:** Data indicates a small but high-risk cohort of young people who have experienced trauma and adversity including child criminal exploitation, child sexual exploitation and homelessness. All agencies should engage with complex need multi-agency panels that can offer cross-sectoral support for young people and their families at highest risk through targeted interventions.

Key finding: Measuring and quantifying Adverse Childhood Experiences is important but this knowledge should then inform our actions to prevent, address and mitigate the impact of ACEs. This can be achieved through organisational change to ensure that the policies, processes and services that support people adopt a trauma-informed approach. Different organisations and agencies who are involved with families and children are at different stages on the journey to being ACE-informed and trauma-informed. Without a trauma-informed approach, that provides supportive factors and interventions, the cycle of ACEs and inter-generational trauma can continue.

- **Recommendation 11:** The Children and Young People's Substance Use Service must be built on an ACE-informed and trauma-informed approach ensuring that substance use practice is delivered in a trauma-responsive way. The Service should be expected to work with the ACE Hub Wales to

adopt the Trauma and ACE (TrACE) informed organisation toolkit and framework.

- **Recommendation 12:** A trauma-informed approach should be embedded within all organisations and agencies that are working with Children and Young People. The Area Planning Board should therefore advocate for member organisations and their partners to adopt a trauma-informed approach and develop trauma-informed practice. This can be supported by the ACE Hub Wales funded by Welsh Government. All partner organisations and agencies should be encouraged to adopt a trauma informed approach, applying the TrACE framework produced by the ACE Hub Wales to their service to ensure a consistent approach to trauma-informed practice and delivery of person-centred, compassionate care.

Alcohol-related harms

Key finding: Around 1 in 6 adults in Gwent are drinking above the low-risk alcohol consumption guidelines with 1 in 50 drinking at harmful levels of above 50 units a week for men and 35 units a week for women. Around 1 in 5 adults in Gwent report heavy binge drinking with 1 in 10 reporting very heavy binge drinking.

Adult consumption of alcohol is influential for alcohol consumption for children and young people with parental acceptability of alcohol use, lenient attitudes towards alcohol and current alcohol use risk factors for early initiation of alcohol consumption and risky drinking.

- **Recommendation 13**: Consideration should be given to improving knowledge and understanding of parents and caregivers of the importance of safe drinking habits to reduce the risk of future harmful alcohol consumption by their children

Key finding: The alcohol paradox, where despite higher consumption of alcohol in the least deprived areas, the greatest harms from alcohol are experienced in the most deprived areas, is evident in the adult population in Gwent. Blaenau Gwent has the highest rate of alcohol related hospital admissions despite having the lower levels of alcohol consumption.

Key finding: The overall trend for alcohol-specific admissions in Gwent for young people is declining, however, there were still 67 admissions to hospital for people aged under 18 due to an alcohol-specific condition. There were 171 illicit drug related admissions in 2021/22 for young people aged under 18 years with the trend fluctuating.

- **Recommendation 14**: Alcohol-specific and illicit drug related admissions are easily identifiable by clinicians and should be identified as a high-risk event for future harmful substance use, in addition to unidentified mental health concerns. Appropriate assessment should be undertaken in emergency care settings with the re-instatement of the acute intoxication and accidental poisoning pathway so all admissions are referred to substance use services for a holistic assessment.

Key finding: Young people with highly complex needs that require an acute detoxification are not able to be treated in the Gwent area as no alcohol detoxification beds are available.

- **Recommendation 15:** The development of Tier 4 Pathways for Children and Young People is required including the commissioning of dedicated alcohol detoxification beds for young people. This should be explored nationally through joint commissioning arrangements with Area Planning Boards across Wales.

Key finding: There are an estimated 10 children a year in Gwent who are diagnosed with Foetal Alcohol Spectrum Disorder (FASD) per year, however this is likely to be underestimate of the true numbers due to difficulties in diagnosis at birth and in infancy. FASD is the result of foetal exposure to alcohol during a mother's pregnancy as alcohol is passed from the mother's blood through the placenta to the developing baby. This can cause both physical problems and neurodevelopmental disorders including learning disabilities and emotional and behavioural problems with children requiring ongoing medical and social support.

- **Recommendation 16**: Though outside the scope a commissioned children and young people's service, midwives should be provided with appropriate

training and resources to undertake initial identification of alcohol and substance use in pregnancy is required followed by brief intervention as indicated. Consistent reporting of alcohol use in pregnancy will help develop understanding of the scale of the problem to inform future mass media campaigns. Clear referral pathways should be in place for midwives to access specialist support for women who are using alcohol during their pregnancy.

Co-occurring mental health and substance use

Key finding: There are over 1500 children currently engaged with CAMHS in Gwent. Young people with mental health problems are more likely to use substances. People who neither described themselves as male or female had significantly lower life satisfaction than those who identified as either male or female.

- **Recommendation 17**: Young people with complex needs including mental health concerns and substance use related harms should be supported by specialist services that are staffed by professionals experienced in responding to co-occurring needs. Services need to provide equitable provision for people who are part of the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex or Asexual (LGBTQi+) community.

Key finding: Substance use is often a result of unrecognised or untreated mental health concerns, used to mask symptoms of anxiety and depression. Accessing support for mental health concerns was identified as difficult with the substance use and mental health often deteriorating to crisis point before support was provided.

- **Recommendation 18:** Provision of appropriate self-help information and resources that are appropriate for young people should be available through an open access digital resource.
- **Recommendation 19**: Improved training for frontline professionals including education staff, children's services and substance use workers to increase their knowledge, skills and confidence to have mental wellbeing conversations and identify when further support for mental wellbeing is required.

- **Recommendation 20:** Consideration should be given to children and young people in the planned re-design of the co-occurring needs pathway for those experiencing substance use and mental health concerns.

Primary prevention of substance use

Key finding: Definitions of prevention and early identification of substance use were not considered easy to understand or translated in a meaningful way to work undertaken by the wide range of professionals present at the workshop. There was a lack of consensus opinion around the definition of prevention with participants considering prevention activities in a broad sense across primary, secondary and mitigation of further harms.

- **Recommendation 21:** It would be helpful for all partners to have a common understanding of prevention. The following definitions have been considered by the Area Planning Board in their December 2022 meeting and it is recommended that they are adopted for future use.
    - ***Primary Prevention*** aims to stop problems arising in the first place. This is undertaken through universal approaches including education and training or through targeted approaches to higher-risk groups
    - ***Secondary Prevention*** is to detect substance use early and intervene to prevent development of more harmful behaviours.
    - ***Tertiary Prevention*** is to reduce the impact of established substance use and prevent associated complications such as treatment of blood-borne viruses

Key finding: The scope of primary prevention is wide due to the range of vulnerability or risk factors for substance use across inter-personal, intra-personal and environmental domains. Many individuals, community groups, third sector and statutory services undertake activity to mitigate for those vulnerability factors as part of a primary preventative approach. Understanding the scope of existing provision will identify how a commissioned substance use service could inform primary prevention approaches and provide reassurance that activities are taking place by partners. It will also benefit other commissioners of primary prevention services to understand the prevention landscape and avoid duplication.

However, due to the complexity of the system it needs to be considered if with scarce resources this would provide actionable insights to inform APB planning and commissioning of services.

- **Recommendation 22:** The prevention mapping should be presented to the APB as part of the development of their approach to prevention. Consideration should be given by APB members regarding whether further resources should be identified to undertake full mapping of existing service provision for primary prevention of substance use. Further discussion within the structures of the Public Service Board would be valuable.

Key finding: The mapping of current prevention provision identified interventions undertaken across the life course however, this was clustered within middle childhood and early adolescence. This is likely to be a consequence of universal school-based approaches. The UNODC/WHO International Standards on Drug Use Prevention adopt a life-based approach and demonstrate evidence-based intervention points across different settings.

- **Recommendation 23:** All interventions delivered to prevent harmful substance use should be evidence informed and result in positive outcomes that reduces substance use related harms. It is recommended that consideration is given to the evidence review within this report to ensure that universal and targeted approaches align with NICE guidance and high-quality systematic reviews.

Key finding: Current activity in prevention in Gwent indicates reduced activity in the pivotal early years. Increased activity within this space would align with the Marmot principle of giving every child the best start in life. Maximising on existing universal services such as primary care, maternity services, and health visiting, who work with women and their families through pregnancy and early childhood should have maximal support to identify mental health concerns and substance use that will have a long-term negative impact on their own family and wellbeing.

- **Recommendation 24:** Preventing harmful alcohol and drug use during pregnancy requires identification followed by specialist support as needed. Support for those providing universal health services, already in contact with women and their families, to increase their knowledge around substance use

in pregnancy and their confidence and skills to offer brief advice and appropriate signposting to services. This should include provision of appropriate resources for women and a clear referral pathway to specialist drug and alcohol services.

Primary prevention of substance use (role of specialist services)

Key finding: 23% of young people in Year 11 reported that they had first drunk alcohol at 13 years of age or younger. Early initiation of alcohol is associated with future harmful alcohol use.

Key finding: Similarly, to alcohol use, 8% of young people in Year 7 to 11 reported that they had used cannabis with 25% of young people in Year 11 reporting that they had first tried cannabis before 14 years of age. This was higher in boys in comparison to girls.

- **Recommendation 25**: Information around safe alcohol guidelines for young people should be provided through a universal school-based intervention that targets multiple risk-behaviours that includes alcohol and drug use. This approach should encourage young people to participate, make them feel safe to make healthy choices and be appropriate for their age and level of maturity. Universal school-based approaches should not adopt "scare tactics" but provide information in a balanced way as appropriate for a young person's age. Support can be provided through the Welsh Network of Healthy Schools Programme.

Key finding: Education staff felt that they did not always have the knowledge, skills or confidence to appropriately deliver PSE curriculum in relation to mental health and substance use.

- **Recommendation 26:** Specialist services should be invited to inform the content of universal school-based education programmes as part of the new curriculum in Wales at a local level as part of the whole school's approach to mental wellbeing. If requested, specialist drug and alcohol services should contribute to delivering substance use content within school settings. Information should be factual acknowledging cultural differences in perception of substance use.

Key finding: Evidence indicates that targeted or group intervention can be offered to pupils who are assessed as vulnerable to alcohol use. This should be appropriate for the age and maturity of the pupils and aims to minimise the risk of any unintended adverse consequences and stigma.

- **Recommendation 27**: Specialist drug and alcohol services should support the delivery of targeted or group interventions in appropriate educational settings for learners who are identified as vulnerable to alcohol use. This can include brief intervention, motivational interviewing, personal and social skills training and activities to increase resilience.

Key finding: Specialist drug and alcohol staff and education staff reported that current activity within school settings can be initiated too late. Staff reported that current awareness and intervention in schools begins in Year 7. However, it was felt that this is often too late need with appropriate information needed earlier.

- **Recommendation 28:** Substance use services should undertake partnership work with targeted primary schools where learners are identified as being high risk due to ACEs or known to services. This could include working with youth services who are supporting Year 6 children transitioning to secondary school

Key finding: Both non-specialist professionals and substance use staff identified the benefits of peer support within educational settings. This provided a trained peer who could provide accessible support for other young people who would not approach a professional or teacher. Retention of peer supporters was noted to be challenging.

- **Recommendation 29:** Peer mentor programmes should be further developed with a sustainable model within educational settings developed

Key finding: 8% of young people in Year 7 to 11 drink anything alcoholic on a weekly basis with most young people who do drink alcohol consuming more than one alcoholic drink. Young people are advised not to drink any alcoholic drink

before the age of 18. It is illegal to sell alcohol to anyone under the age of 18 years.

- **Recommendation 30**: Local authorities trading standards teams working in collaboration with the police should be supported to identify and take appropriate action against premises and retailers that are supplying alcohol to young people aged under 18 years.

Secondary prevention of harmful substance use

Key finding: Recognition of the need for support for substance use by young people was low with problematic substance use normalised by young people who did not think it was an area of concern. It was reported by service users, N-Gage staff and education colleagues that young people and often their families, do not recognise that there is a problem with their substance use until a crisis point is reached. This prevents early intervention and access to support.

- **Recommendation 31**: Specialist services should be invited to inform the content of universal school-based education programmes as part of the new curriculum in Wales including the whole school approach to mental wellbeing.
- **Recommendation 32:** For children and young people aged 10 to 17 years who use alcohol, services should offer: individual cognitive behavioural therapy for those with limited comorbidities and good social support and/or multicomponent programmes (such as multidimensional family therapy, brief strategic family therapy, functional family therapy or multisystemic therapy) for those with significant comorbidities and/or limited social support.
- **Recommendation 33:** For young people who may already be using drugs on an occasional basis or regularly excessively consuming another substance, such as alcohol a range of psychosocial interventions are effective in the treatment of drug use; these include contingency management and a range of evidence-based psychological interventions

Key finding: If substance use was not identified as a concern for the young person then a referral is often refused. Professionals in contact with the young person do not have the knowledge, skills or confidence to appropriately support the young

person in their current setting such as in schools, youth centres or community spaces with specialist support.

- **Recommendation 34**: Multi-disciplinary and multi-agency training by substance use services for partners will help to upskill professionals from non-substance use service backgrounds. Training should be accessible, relevant and adapted for the needs of different professional settings.
- **Recommendation 35:** Consultancy from specialist services would be valued by partners to offer advice and support as they work through a young person's substance use journey. This could include an outreach plan for the young person.
- **Recommendation 36:** Drug and alcohol workers should be supported to have an increased presence and visibility in schools and youth centres. This would increase awareness and familiarisation of services offered to young people and improve access for educational staff to specialist drug and alcohol workers

Key finding: When substance use is not identified as a concern by the young person the family often feel that they do not have the knowledge, skills or confidence to appropriately support the young person to mitigate further harms.

- **Recommendation 37:** Consultancy from specialist services would be valued by families to offer advice and support as they work through a young person's substance use journey. This could include an outreach plan for the young person.

Trends in drug use

Key finding: There has been an increase in substance use assessments for alcohol since 2019/20 with 51 assessments undertaken. Cannabis has been the most common reported problematic substance used in young people presenting from assessments since 2013/14. Both alcohol use and cannabis use were seen to have been culturally normalised with increased alcohol use noted anecdotally during the Covid-19 pandemic lockdowns.

- **Recommendation 38**: Problematic alcohol use and cannabis use should be identified and referral to specialist services encouraged to prevent normalisation of usage and to meet the needs of an individual.

Key finding: Vaping was identified by professional stakeholders and substance use staff as a new trend in substance use over the last 5 years. Young people who were not aware of potential dangers from high strength nicotine vapes. As an emerging issue there was little information available for services and settings to share with young people and no established referral pathway for young people with problematic use.

- **Recommendation 39:** Vaping is outside of the remit of substance use services, however, joint working is required with tobacco control colleagues across public health, local authorities and third sector partners, to firstly develop appropriate educational resources for young people and secondly, determine an accessible referral pathway for young people who are looking to reduce or stop their use of vapes.

Communication and engagement

Key finding: Service users and substance use staff reported that the digital provision of information from substance use services was either lacking or not relevant. This was included both the content and the format of delivery which relied on paper leaflets.

- **Recommendation 40:** To support the development of website and social medial channels a digital media and comms officer role is required. This role should ensure that any website and social media channels are linked in with existing digital offers and provide information for young people in Gwent. Digital resources and communication should adopt a behavioural science informed approach and harm reduction lens.
- **Recommendation 41:** Exploration of online or digital intervention tools should be explored using evidence-based approaches. This should adopt a behavioural science informed approach and harm reduction lens.

Key finding: Understanding of existing substance use service provision by partners was not well understood with misconceptions around the type of support that was available. Gaps in service provision identified in the professionals' workshop are

already existing components of the current substance use service provision. There was a disconnect between the current treatment service offer and the awareness and/or uptake of this within wider partners.

- **Recommendation 42:** A dedicated partnership and engagement officer would facilitate the connections between any commissioned service and wider partners. This would enable two-way communication of services, identification of support that can be offered such as training and educational packages in addition to consultancy.
- **Recommendation 43:** Provision of non-medical support for young people through community assets such as sport and leisure, arts based and creative opportunities should be readily available and coordinated through a third sector partnership role.

Key finding: Professionals who had referred into substance use services were not aware of the outcomes of the intervention. This prevented further engagement and support for the young person adopting an integrated approach to their needs

- **Recommendation 44**: Substance use services should establish feedback mechanisms to original referrer into their service highlighting the management plan and opportunities for joint working with substance use teams.

Delivery of substance use services

Key finding: The strength of the N-Gage service as reported by service users and staff was based on a trusting relationship between the young person and key worker. Consistent support from a trusted adult is a crucial aspect of the recovery journey.

- **Recommendation 45:** A person-centred approach must remain as a central tenet of substance use services with the service promoting a flexible, honest and open relationship between a designated key worker and young person.

Key finding: The current service was viewed positively by service users and professionals, once the service had been accessed. Ease of accessing support was important to service users however, it was noted that accessing the service in a school setting could cause issues with privacy.

- **Recommendation 46:** Services should be accessible at a time and location that is best suited for the service user, with this regularly reviewed and agreed.

Key finding: The integration of specialist and complex services was considered highly beneficial by staff with a clear referral pathway for wider partners. Transition was highlighted as difficult for young people with the integration of the services ensuring that young people remained engaged.

- **Recommendation 47:** To ensure clarity of referral pathways into substance use services through continued use of a single point of access. Substance user services should also attend SPACE Wellbeing panel to ensure that appropriate referrals for the service are identified at an early stage.

Key finding: Integration with external organisations and agencies such as youth services, police liaison, youth offending service and children's services was identified as the next stage for integration. This will enable more consistent and holistic support for young people whose substance use is one factor within their complex needs.

- **Recommendation 48:** A partnership officer role should be established to support agencies to identify families at greatest risk of ACEs and young people at high risk of substance use such as Looked After Children or those at risk of Child Criminal or Sexual Exploitation. Engagement with a joint multi-disciplinary and multi-agency approach for those with high risk and complex needs would aim to mitigate those risks.

Key finding: The clinical management of drug use or dependence could comprise pharmacotherapy in addition to psychosocial therapy or a combination of these.

- **Recommendation 49:** Treatment services should offer a range of evidence-based treatments using a person-centred approach. This should include psychological therapies, contingency management, family-based services and pharmacotherapy as indicated by appropriately trained and skilled clinicians.

Key finding: Service provision has been impacted by difficulties in staff retention relating to lack of career progression, lack of recognition for expertise and skills of staff within substance use services and lower pay to comparator statutory employers

- **Recommendation 50:** An All-Wales qualification for drugs and alcohol workers should be advocated for to ensure appropriate recognition of knowledge and skills. Services should consider how staff are supported through continued professional development and enabled to progress.

Monitoring outcomes

Key finding: Outcomes should demonstrate meaningful impact of substance use services rather than on delivery of services measured by activities undertaken. Progress along a recovery journey is important with consideration needed of how an individual has progressed across the domains of recovery and the change that has occurred as a result of interaction with services.

- **Recommendation 51:** To determine an outcomes framework that considers meaningful outcomes to the young person, building on the domains of recovery. This can be mapped to the NEST framework to indicate how this aligns with the broader partnership landscape.

Key finding: Substance use services are not only directly accountable for to individual outcomes for the young person they are working with but will also contribute to community and population level outcomes. Population-level outcomes can be considered across the four domains identified in the workshop of education, social care, health and criminal justice.

This outcomes framework has been developed following discussions with professionals involved in substance use. There has been no meaningful engagement with young people.

- **Recommendation 52:** The proposed outcomes and indicators should be shared with young people to determine if this is appropriate for their needs and outlines what is important for them. This should be developed and considered by the APB.

Key finding: This needs assessment focused on children and young people aged under 18 years, as defined within the Social Services and Wellbeing (Wales) Act 2014. Transition into adult services at age of 18 was identified as difficult

- **Recommendation 53:** There should be integration and close alignment of services during transition to ensure that vulnerable young people continue to be supported by appropriate services.

Conclusion and Next Steps

This children and young person's needs assessment primary aim is to inform the recommissioning of a new children and young person's substance use service. A series of recommendations have been outlined above that have been determined following: a review of the literature; epidemiological analysis of the substance use related harms in Gwent including vulnerability factors for substance use; qualitative analysis of current service user feedback in addition to consultation with staff and wider professionals around the existing service with the aim of identifying areas for improvement.

Feedback on current service provision has identified that that once a young person has engaged with the current substance use service and developed a trusted relationship with their key worker, positive outcomes are achieved. However, recognition of need for service intervention, by both the young person and their families, was often only once crisis point had been reached. Earlier intervention was consistently considered essential by all professionals, existing staff and young people themselves once they had entered the service. To address this, innovative models of service delivery need to be considered including outreach and peer support. Access to services through traditional referral routes is important but the decline in the number of assessments undertaken over time, despite continued evidence of substance use related harms, indicates novel approaches are required.

Training and consultancy were highly valued by professionals. However, awareness and uptake of these services was low. Therefore, an increased focus should be given to communication and engagement with partners through defined roles within the service. This will help to improve the reach of services to both professionals but also families and parents who will in many cases be best to support their children.

The second aim of the needs assessment was to consider the scale and scope of preventative activities in Gwent taking place to reduce harms from substances from across the wider partnership landscape. The mapping undertaken indicates a range of activities and interventions delivered by statutory partners. The mapping exercise did not include voluntary and third sector organisations and is likely to have only detailed only a small proportion of existing activities. The mapping exercise also highlighted the many different approaches to preventative practice. Greater clarification of preventative and early intervention would improve commissioning across organisations and reduce the risk of duplication.

Conversely, in the early years of the life course approach, apart from statutory services limited activity was reported. This conflicts with the first Marmot principle, recently been adopted by the Gwent PSB as Gwent becomes a Marmot region, of giving every child the best start in life. Further consideration will be needed by Gwent PSB partners to consider how effectively they can support preventative action.

Childhood adversity is frequently the result of a complex interplay of interconnected factors including substance use, domestic violence and mental wellbeing. Mitigating the risk of childhood adversity to prevent poor health and wellbeing outcomes can begin with adoption of a trauma informed approach by partner organisations. Professionals across organisations supported further integration to improve connectedness of services who support babies, children, young people and their families. This can be enhanced through consistent data collection tools, improved data connectedness and adoption of a multi-agency approach to providing targeted support for those most at risk of poor health and wellbeing outcomes.

As next steps the Area Planning Board are requested to:

1. **Approve** the recommendations for consideration within the development of the service specification for the new Children and Young People's Substance Use Service
2. **Note** the outputs from the preventative workshops and consider if further mapping of preventative activities should be undertaken
3. **Approve** further development of an outcomes framework with young people as users of the service
4. **Advocate** for the adoption of a trauma-informed approach within member organisations

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Appendices

Appendix 1: Steering Group Membership

Heidi Anderson, Substance Use Lead Officer, Gwent Area Planning Board

Bethan Bowden, Consultant in Public Health, Aneurin Bevan University Health Board

Chesney Chick, Youth Offending Service - Monmouthshire and Torfaen

Alison Dally, Healthy Schools, Torfaen County Borough Council

Sam Heatley, Gwent Police

Rhiannon Hobbs, Principal Practitioner in Public Health

Daniel Jones, Children and Families Services, Torfaen County Borough Council

Alison Minett, Blaenau Gwent County Borough Council

Lisa Meredith, Gwent Area Planning Board

Joan Ogonovsky, Aneurin Bevan Gwent Public Health Team

Rebecca Stanton, Families & Therapy, ABUHB

Jordan Watkins, Gwent Office of the Police & Crime Commissioner

Appendix 2: Focus Group Questions

1. Has the support / service helped you better understand and deal with your experiences?

What has improved / got better for you since you've had support from the service?

Prompts:

- After talking with your case worker, are your challenges/experiences clearer to you?
- Do you understand why the support is needed?
- What in your life has changed for the better since having support e.g., anger management, relationships with others, how you manage day to day life, learning new skills?
- Why does that matter? E.g., family relationships – may mean everyone gets on better so it is a nicer environment to be in. New skills – may be something that has made life easier for you.
- Have you noticed that you are managing better day to day and if so in what way?

On a scale of 1-10, how has your life changed as a result of the support?

(1 = no change, 10 = lots of positive changes)

2. What have you found most helpful?

Prompts:

- What parts of the support have been most helpful e.g., activities / one to one session with case workers?
- What makes it helpful? e.g., talking with my case worker about my problems, anger / anxiety / school / friendships, why is this important or helpful?
- Activities – why does this matter e.g. Have certain skills improved? Are you learning something new?

3. What have you found least helpful?

Prompts:

- What activities or support have you found least helpful?
- Why has it been unhelpful? / What was it about the support that didn't make a difference?

- Was there pressure from someone else for you to attend? E.g., family, another service – teacher, probation, YOT

4. Has anything stopped you accessing support when you need it?

Prompts:

- Time / place of where it is – was this agreed
- Haven't been able to get hold of someone
- Don't think I have a problem
- Family, parents or friends discouraging / not encouraging me to attend
- Was attending / accessing the services a priority for you

5. What do you think we could do to improve the service / what could we do better?

Prompts:

- Is there anything you can think of that would make the service better?
- Are there any other activities or type of support that are not already offered that would be helpful?

6. Would you recommend the support to others?

Prompts:

- If you knew someone with similar experiences to you, would you recommend the service to them?
- If someone you knew had been referred to the service, what would you tell them about the service?

7. What impact has COVID 19 had on the support you received, either positive or negative?

Prompts:

- During the pandemic, were you still able to access the service?
- Did you have support online?
- Were you happy with online support?
- Would you rather have support via videocall / telephone or face to face?

8.	**In one word or sentence, describe the best thing about the service and put it on this post-it note. We will then collect them all together to see what everyone thinks**
9.	**In one word or sentence, describe the worst thing about the service and put it on this post-it note. We will then collect them all together to see what everyone thinks**
Thank you for taking part in this focus group I/we appreciated your honest feedback & support; it will help to improve the service for other CYP	

Appendix 3. Semi structured interview 1:1

Referral

1. **How were you referred to the service?** E.g., self-referral / referred by someone else

Prompts:

If referred by someone else, did you recognise that you needed support?

Has there been a wait between referral and you seeing someone for support?

Support

2. **What support have you been getting support from the service?**

Prompts:

How long have you been receiving support?

Have you used the service more than once?

3. **Were you happy with where the support was offered?** E.g., school, community, home

Prompts:

Was this mutually agreed before meeting?

If not, where would you have preferred to access support?

Are you happy with the support coming to you?

4. **On a scale of 1-10, how high a priority was it for you at attend the sessions? (1 = not a priority, 10 = highest priority**

If low priority <5 was there something else taking priority e.g. home life, education, community

Impact of support

5. **Have things got better since you have been having support?**

Prompts:

On a scale of 1-10, how would you rate the changes you have been able to make? (1 = very little change, 10 = lots of positive change.

Strengths

6. **What have you found most useful and why?**

Prompts:

Why was this useful / important? What made it useful?

Has your case worker listened and understood what is important to you?
7. Did you work with your case worker to set your goals? Prompts: Do you work with your caseworker to review and change your goals when necessary? Have you been asked what you are finding difficult and what is going well for you?
Challenges **8. What has not been helpful?** Prompts: Why was it unhelpful? What makes it unhelpful?
9. Has anything stopped you accessing support when you need it? Prompts: Stigma of attending service Difficultly accessing service/making contact with case worker Family, parents or friends discouraging / not encouraging me to attend
Opportunities **10. What could we do better to improve the service?** Prompts: Is there anything that you would have found helpful that wasn't provided and if so, what?
11. If someone you knew had been referred to the service, what would you tell them about the service? Prompts: Would you recommend the service to them? If yes, why? If no, why?
12. Has COVID had any effect on the support you have been offered, either positive or negative? Prompts: During the pandemic, were you still able to access the service? Did you have support online? Were you happy with online support? Would you rather have support via videocall / telephone or face to face?

13. In one word or sentence, can you tell us what is the worst thing about the service?
14. In one word or sentence, can you tell us what is the best thing about the service?
15. On a scale of 1-10, how would you rate the service? (1 = not very good, 10 = excellent)

Appendix Four: Online survey

Age _____

Postcode (first 4 digits) __

What is your sex?

Male / Female

Is your gender the same as the sex you were registered at birth?

Yes / No / Write in gender_____

What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

1. Welsh/English/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

Black/African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background, please describe

Other ethnic group

17. Arab
18. Any other ethnic group, please describe

Do you have / consider yourself to have a disability? Y/N

Are you currently in education, training or employment? Y/N

Which area do you live in?

Newport

Torfaen

Caerphilly

Monmouthshire

Blaenau Gwent

Which service are you working with?

Specialist Team –

Psychosocial Interventions

Diversionary Activities / Life Skills

Complex Team –

CAMHS Psychiatrist and Addictions Consultant

Harm Reduction Intervention

Diversionary Activities

Prescribing

Family Therapy

How long have you been working with them? Less than 4 weeks / 4-12 weeks / longer than 12 weeks

Have you been involved with the service before? Once / twice / three or more times

I know how to contact the service if I need advice or support?

Has there been a wait for you to access support? (A 10.1)

2. I have been asked what I am finding difficult.

3. I have been asked what is going well / not going so well

4. I have regular conversations with my key worker and make changes to my goals if needed.

5. My goals are easy to understand and clearly written

6. Have your family been involved in planning your care, (if required)?

   Yes

   No

   If no, would you have liked them to be involved?

   Yes

   No

7. I feel listened to and understood without feeling judged

8. I have been given information on support and services available to me

9. What has got better for you since you have had support?

Free text answer

10. What could we do to make the service better?

Free text answer

11. In one word tell us the best thing about the service

Free Text answer

Appendix Five: Mapping of current service provision

	PRENATAL & INFANCY	EARLY CHILDHOOD	MIDDLE CHILDHOOD	EARLY ADOLESCENCE	ADOLESCENCE	ADULTHOOD
Family	PSH (Gwent Police) Youth & Play - NCC Health Visiting and Flying Start	PSH (Gwent Police) Youth & Play - NCC Families First - TCBC Health Visiting and Flying Start	PSH (Gwent Police) Youth & Play - NCC Families First - TCBC Youth Justice Service	PSH (Gwent Police) Youth & Play - NCC Families First - TCBC Youth Justice Service	PSH (Gwent Police) Youth & Play - NCC Families First - TCBC Youth Justice Service	PSH (Gwent Police) Drug & Alcohol Team CCBC Youth & Play - NCC Families First - TCBC Youth Justice Service
School	PSH (Gwent Police)	PSH (Gwent Police) BRC (TCBC) Mon Pupil Referral Youth & Play – NCC Healthy Schools Families First - TCBC School Nurse	PSH (Gwent Police) BRC (TCBC) Mon Pupil Referral Mon Youth Service Youth & Play – NCC Healthy Schools Families First - TCBC Youth Justice Service School Nurse	PSH (Gwent Police) BRC (TCBC) Mon Pupil Referral Mon Youth Service Youth & Play - NCC Healthy Schools Families First - TCBC Youth Justice Service School Nurse	PSH (Gwent Police) BRC (TCBC) Mon Pupil Referral Mon Youth Service Youth & Play - NCC Healthy Schools Families First - TCBC Youth Justice Service School Nurse	PSH (Gwent Police) Youth & Play - NCC
Community	PSH (Gwent Police) BRC/CfW/CfW+ (TCBC) Families First - TCBC Health Visiting and Flying Start	PSH (Gwent Police) BRC/CfW/CfW+ (TCBC) Youth & Play - NCC Families First - TCBC Health Visiting and Flying Start	PSH (Gwent Police) BRC/CfW/CfW+ (TCBC) Mon Youth Service Youth & Play - NCC Families First - TCBC Youth Justice Service	PSH (Gwent Police) BRC/CfW/CfW+ (TCBC) Mon Youth Service Youth & Play - NCC Families First - TCBC Youth Justice Service	PSH (Gwent Police) BRC/CfW/CfW+ (TCBC) Mon Youth Service Youth & Play - NCC Early Intervention Panel - MCC Families First - TCBC Youth Justice Service	PSH (Gwent Police) BRC/CfW/CfW+ (TCBC) Drug & Alcohol Team- CCBC Youth & Play - NCC Early Intervention Panel - MCC Diversion Service - OPCC
Health	Looked After Children Health Visiting and Flying Start	Looked After Children Health Visiting and Flying Start	Looked After Children	Looked After Children	Looked After Children	Drug & Alcohol Team - CCBC