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University Health Board



Gwent Substance Misuse
Area Planning Board

Children and Young Person's Substance Use Health Needs Assessment: Executive Summary April 2023

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 including poor mental health and domestic violence in the home. A whole systems approach is therefore required with collaborative multi-agency partnerships undertaking evidence-informed commissioning of monitored and evaluated interventions.

The aim of the health needs assessment is to inform the recommissioning process of the children and young people's substance use service from April 2024 **and** provide data and intelligence for local partners contributing to reducing substance use related harm through prevention and early intervention.

In addition to this Executive Summary a full report is available on request. The scope does not include vaping as this is not part of the commissioned substance use service. The HNA was undertaken from August 2022 to March 2023.

Key findings

Demographics

- There are 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 an ethnically diverse population with three in ten pupils from a non-White British/Welsh background.
- Children are experiencing poverty and socio-economic disadvantage in communities across Gwent. 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 at 30%.

Vulnerability factors

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 at greater risk of future harmful substance use (PHW 2020). 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 and between children who are placed outside of home and substance use (PHW 2020).

- Nearly 4 in every 100 young people aged 10 to 17 years were involved with the Criminal Justice System¹ (38 per 1,000 population)
- 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.
- An estimated 3.5 in every 1000 population (aged 0-17 years) were victims of child sexual exploitation in Gwent with Child Sexual Exploitation present in all Local Authority areas in Gwent.
- There has been an increase in fixed term exclusions for all areas except Monmouthshire in 21/22 compared to those figures in 19/20

¹ 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 of children (under 18 years) looked after by local authorities has been increasing across all local authority areas since 2016 with the highest rates in Torfaen Local Authority.
- Of domestic abuse incidents reported to the police in Gwent children were present at 40% of domestic violence incidents in the Spring Term (Jan-April) and at 39% of incidents during the Summer Term (April-August).

Prevalence of alcohol and drug use in children and young people

Early initiation of alcohol use is associated with future harmful drinking.

- Around 1 in 12 young people (8%) Year 7 to 11 pupils in Gwent drink anything alcoholic at least weekly, with more than half of those (55%) drinking more than one alcoholic drink when they drink. Nearly a quarter of young people report first getting drunk at 13 years or younger.
- Alcohol use is much more common in young people who neither identify as male or female at 42% compared to 8% for males and 7% for females.
- Alcohol-specific hospital admissions has fallen from 2012/13 to 2021/22 in Gwent from around 100 to approximately 65, equivalent to an age-specific alcohol-specific hospital admission rate 54 per 100,000.
- An estimated 1 in 12 young people in Year 7 to 11 in Gwent had ever used cannabis, similar in males and females, though this was higher in young people who neither identified as male or female at 1 in 4.
- Overall, 15% of pupils had ever used drugs, with this slightly higher in males at 16% compared to females at 13% but with the highest number in those who neither identified as male or female at 38%.
- The number of drug-related hospital admissions for children and young people under 18 years in Gwent has fluctuated with no overall decline in admissions since 2012/13. Age-specific drug-related hospital admission rate 139 per 100,000

Evidence Review key findings

The evidence review aimed 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. The quality of the systematic reviews was high; however, the evidence was moderate or low for most outcomes, primarily owing to concerns around selection, performance and detection bias and heterogeneity between studies.

For primary prevention of substance use 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. Targeted individual or group intervention (for example counselling or a brief intervention) can be offered to pupils who are assessed as vulnerable to alcohol use.

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. The clinical management of drug use or dependence could comprise pharmacotherapy in addition to psychosocial therapy identified above, or a combination of these.

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 were also found to be ineffective.

[Qualitative feedback from service users](#)

A focus group, 1:1 interviews and an online survey gathered the views and experiences of young people who had accessed support from the substance use service. Though there were small numbers (n=8) with resultant limitations, key themes were consistently highlighted:

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.

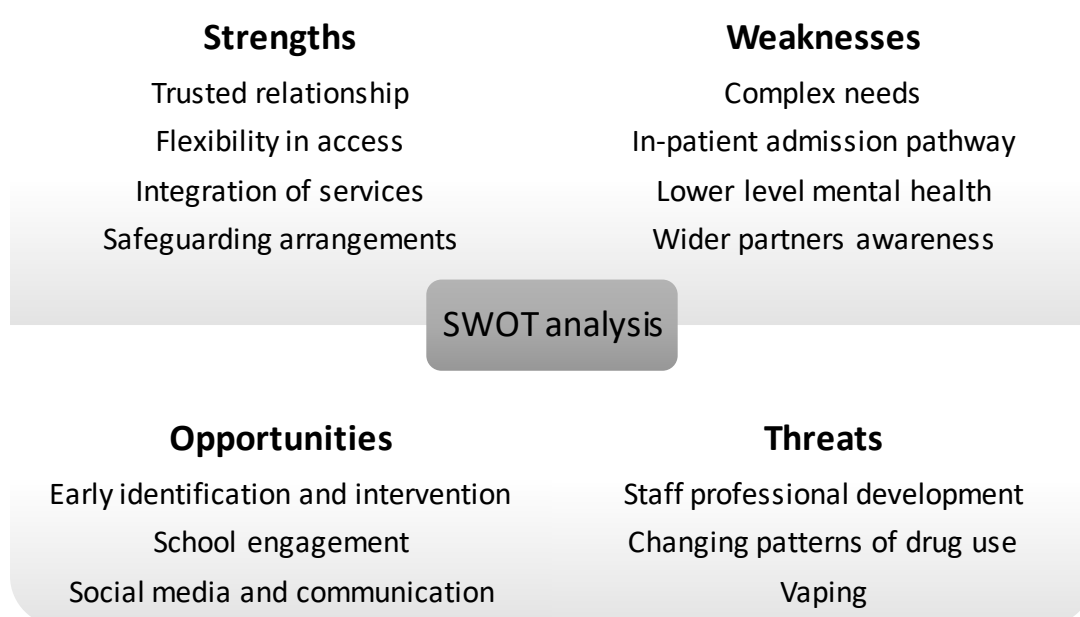
4. Varying recognition of need for support

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.

Staff consultation

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 across varied roles within the service. Key strengths were determined as a flexible and integrated service. Weaknesses were identified as the lack of provision for those with more complex needs and lower-level mental health needs. Opportunities exist for greater awareness around service provision with increased focus on early identification and intervention particularly within the school setting. Staff highlighted a lack of professional development opportunities which impacted on recruitment.

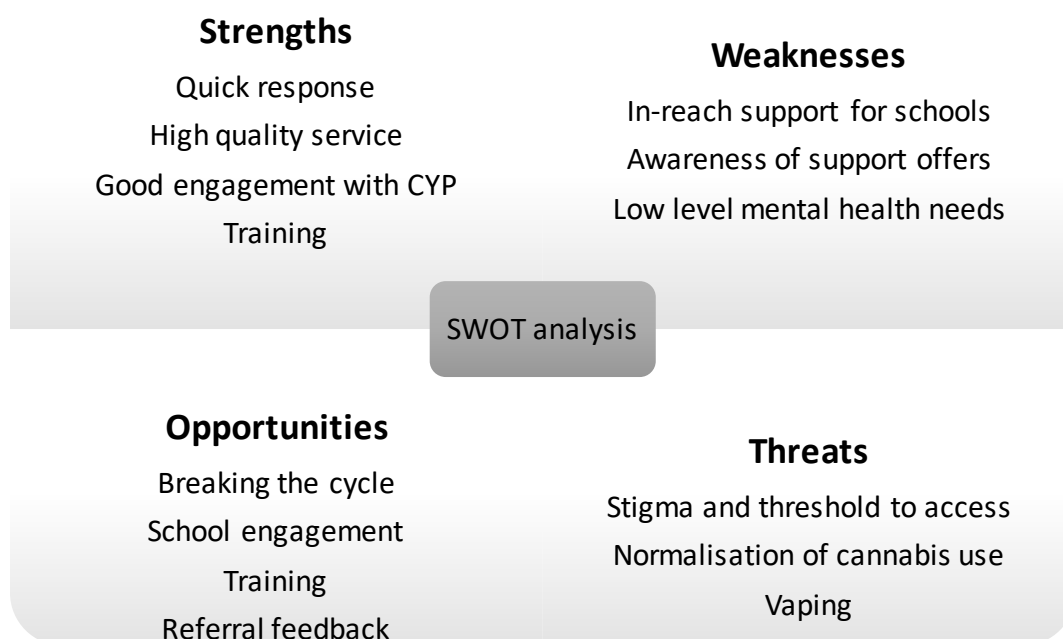
Figure 1: SWOT analysis of staff consultation



Professional and wider stakeholder consultation

Two professional stakeholder consultations reported on a high quality and responsive service who engaged well on a 1:1 level with service users. However, there was poor awareness of available support. Schools highlighted the need for additional in-reach support particularly for those learners with low level mental health needs who did not reach referral criteria. Prevention and early intervention were identified as a focus for future activities, through training and engagement with schools in order to break inter-generational cycles of substance use. It was reported that there were barriers to accessing support with often referral only being made once an individual had reached crisis point.

Figure 2: SWOT analysis of professional stakeholder consultation



Prevention mapping

Mapping of preventative services in Gwent highlighted a pan-Gwent provision of prevention activities utilising a wide range of intervention types. It was clear that different interventions were considered under the term of "prevention". Services were delivered in a range of settings with the most common within schools and communities. It was highlighted that varied funding models existed for service provision that was not always aligned. There was coordination and connection through the SPACE-Wellbeing panel. Despite the focus on the best start in life there was a lack of services being delivered in the early years.

Outcomes framework

Outcomes should demonstrate meaningful impact of substance use services rather than on delivery of services measured by activities undertaken. 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 1: 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

Population-level outcome monitoring

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 2: 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 1 st contact with police Reduced re-offending rates	Safe and resilient communities	Drug-related crimes Anti-social behaviour

Recommendations

The full list of 53 recommendations can be found in the full report but can be grouped into themes and accountability for delivery.

Recommendations for new service specification

1. Future service provision should reflect anticipated increased demand within Newport and reflects the diverse communities it serves.
2. Service provision should be convenient and easily accessible for the child, young person and their families, limiting the need for travel.
3. Family Services should be integrated across the Children and Young Person's Service, Transition Service and Adult Substance Use Services
4. 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.
5. Alcohol-specific and illicit drug related admissions should be identified as a high-risk event for future harmful substance use.
6. Tier 4 Pathways for Children and Young People is required including the commissioning of dedicated alcohol detoxification beds for young people through joint commissioning arrangements with Area Planning Boards across Wales.
7. Children and young people should be involved in the planned re-design of the co-occurring needs pathway for those experiencing substance use and mental health concerns.
8. 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.

9. If requested, specialist drug and alcohol services should contribute to delivering substance use content within school settings. Information should be factual acknowledging cultural differences
10. Peer mentor programmes should be further developed with a sustainable model within educational settings developed
11. 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.
12. Consultancy from specialist services would be valued by partners and parents/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.
13. Website and social media channels should be developed with a digital media and comms officer role. Exploration of online or digital intervention tools should be explored using evidence-based approaches. Digital resources and communication should adopt a behavioural science informed approach and harm reduction lens.
14. A dedicated partnership and engagement officer would facilitate the connections between any commissioned service and wider partners.
15. 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.
16. 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.
17. There should be integration and close alignment of services during transition to ensure that vulnerable young people continue to be supported by appropriate services.
18. 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.

Recommendations for wider partners

1. A common assessment tool across all partner organisations in Gwent would improve data recording and reporting. This would improve data collection and enable a greater understanding of the scope and scale of childhood adversity across organisations.
2. Training to identify substance use and respond to concerns including onwards referral for Criminal Justice partners, Housing partners and Children's services
3. 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.
4. All interventions delivered to prevent harmful substance use should be evidence informed and result in positive outcomes that reduces substance use related harms.

5. 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.

Recommendations for APB

1. A trauma-informed approach should be embedded within all organisations and agencies that are working with Children and Young People to ensure a consistent approach to trauma-informed practice and delivery of person-centred, compassionate care.
2. Midwives should be provided with appropriate training and resources to undertake initial identification of alcohol and substance use in pregnancy followed by brief intervention as indicated. Clear referral pathways should be in place for midwives to access specialist support for women who are using alcohol during their pregnancy.
3. 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.
4. 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.
5. To determine an outcomes framework that considers meaningful outcomes to the young person, building on the domains of recovery.
6. 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.