

# Commission for Young Lives – WithYou response

**January 2022**

*WithYou is a charity that offers free, confidential support and treatment to people in England and Scotland who have issues with drugs, alcohol or mental health. WithYou has over 25 years experience of providing children and young people services, and delivers prevention and early intervention, structured treatment and universal support to 50,000 children, young people and their families, teachers and peers. We consulted with local service staff across these localities to form our responses and have collated themes.*

## **1. What leads to vulnerability and crisis and why aren't services as effective as young people and families need them to be?**

Investment in young persons (YP) services has been consistently cut for over a decade leading to longer waiting lists and bigger caseloads for services. This has led to reduced access to early intervention/prevention and diversionary activities. There needs to be more investment into preventative, early support, and partnership working between different agencies (family support, substance misuse, wellbeing and mental health, education, active/healthy living). YP's needs are complex with multiple vulnerabilities even before reaching drug and alcohol services and short term funding/shorter commissioning cycles doesn't allow enough time to gather robust evidence/learning of what works and leads to recruitment issues.

There needs to be a culture change within social care. Rather than looking at what's 'wrong' and 'fixing' it, there needs to be a strengths based approach building on what YP and families actually want. YP should be empowered to ask for help without the fear of it leading to a punitive response. The high staff turnover within child social care and early help services also acts as a major barrier to engagement, leading to increased risks of retraumatization when having to start engaging with a new worker.

It's very difficult to make positive changes to someone's drug and alcohol use without also providing them with the appropriate mental health support. However, children and adolescent mental health services (CAMHS) are

overstretched and often only address mental health at crisis point. All professionals and services that support YP need to be able to address their mental health needs and should receive mental health first aid training. Partnership working between drug and alcohol and mental health services needs to be improved alongside investment in CBT therapists for YP in drug and alcohol services.

YP are often only identified as being at risk of exploitation once they are already being exploited. However, criminalising YP reduces the opportunity to disrupt the grooming process and offer support before exploitation becomes entrenched. Greater investment in early-identification and prevention of exploitation of YP is needed alongside the role out of diversion schemes which are effective at reducing re-offending, re-traumatization, and the disruption of treatment that is often seen with short sentences.

Schools, teachers, and other education professionals often have limited pastoral provision, and lack autonomy to respond to the needs of individual YP. PHSE/RSE should be a specialist subject in its own right, rather than an add on to teachers workload, and additional investment is needed to bring in youth services to deliver this. Professionals with an understanding of the complexities of criminal exploitation should be based in schools. There is also a lack of support for YP when they turn 18, an especially vulnerable transition age. Drop-out rates from services are high and the approach of services to this age group changes more than the developmental needs of YP.

Parents play an important role in how they can/want to support a YP's access to support. Where parents do not meaningfully engage in treatment, and where there are often multiple agencies involved, it can be difficult for families to manage and they often have to repeat their 'story' multiple times adding potential to trauma experienced.

Covid-19 has increased the vulnerability YP face (missing education, exams, impacts on mental health, and a disconnection at a key time of development). Engaging YP virtually during covid-19 generally increased successful engagement, however some struggled to find confidential spaces to continue their treatment plans. New referrals into services dropped significantly and reduced face-to-face contact and changing work patterns challenged staff's ability to identify early signs of abuse and/or exploitation. Referrals have now increased with staff reporting more complexities and vulnerabilities (such as poorer mental health and increasing use in substances).

Lastly, access to drugs on social media is increasingly incredibly difficult to disrupt. During the pandemic staff reported increasing concerns around online bullying and an increased movement in exploitation of young people online through gaming and social media accounts.

**Question 2: How vulnerable families and communities living in high-risk situations can be supported to strengthen their home and support environment, providing strong support for parents who are struggling and building family resilience that gives teenagers more stability, guidance, and protection**

Additional investment in accessible one-stop shops/family hubs would help to increase access to services and reduce stigma.

Regulated housing is needed for young people aged 16–18. The transition out of care into adulthood, where YP lose a lot of support, is often challenging. Semi-independent housing for homeless YP, better alternative housing options, and more support at the transition to adulthood will reduce the number of children and young people who are homeless, or in unfit housing.

Support for young parents is localised dependent on short-term funding, rather than there being a national, consistent approach. Parents of the most vulnerable families can often lack basic skills/resources such as reading and writing, and can often not access basic services through not having phone data/minutes. Phone providers offering free mobile data for low income families to support digital access to services would be an effective intervention.

Creating change at a community-level needs an investment of time to get to know the community and what it is facing. However, this is undermined by a lack of continuation of care due to staff changes, short-term contracts and a lack of rapport between families and services.

Lastly, dual diagnosis posts are also effective but underfunded and reduced funding for health visitors has also resulted in missing early signs of neglect/abuse.

**Question 3. What support young people need to ensure good mental health and wellbeing and the services and support that are needed to deliver it.**

Substance misuse services can be more accessible and effective by placing YP substance misuse experts in community settings (such as schools, GP surgeries, CAMHS, police etc).

Schools need to have better support services in place, including youth workers/support workers trained in providing mental health support, so YP reluctant to see a school counsellor can still be effectively engaged, assessed and receive support. Teachers are often expected to do this role, but having specifically trained people would be more effective. Too many parents and teachers have a negative view of drug education, fearing they will promote drug use and schools need to be more willing to engage the drug and alcohol support on offer.

YP want support when they need it. Mental health support needs to be less formal and more accessible, for example through having CBT therapists being based in community youth hubs. Mental health and wellbeing would be well supported by detached youth work, or community youth work, through positive relationships with safe adults who are not there to fix or be an expert but to be human.

YP workers need better training, and there greater training consistency for substance misuse workers, with a salary that reflects the skills of the workforce.

Outsourcing PHSE/RSE to youth specialists and investing in early intervention wellbeing, and programmes to reduce risk taking behaviour and increase resilience are key to preventing poor mental health for supporting YP vulnerabilities linked to social media.

**Question 4. How schools and colleges can be inclusive, can identify and can respond positively and proactively to young people who are at risk, and how they can support these children to progress and achieve in school, including those children with poor communication skills and/or special educational needs.**

The education system lacks flexibility and the focus on behaviourist approaches to behaviour modification to make children fit the system is outdated. The system needs to value creativity in all its forms and should adopt a mental health approach to behavioural issues rather than traditional punitive exclusion routes.

Schools are an appropriate environment for multiple agencies to engage both young people, and parents through parent evening open days.

**5. Why a disproportionate number of children in care are getting into trouble with the law and what needs to change to prevent this and help them flourish**

Cuts to early help and youth service provision means young people and families are often only coming to the attention of services when it's "too late". We need more intensive family work to try and prevent a breakdown at an earlier stage.

Unregulated placements for young people aged 16+ is a significant issue with many hostels lacking supervision and young people expected to function as "adults". They don't work closely with local authorities and do not meet the needs of the child, but are used because they are often the only option. Local authorities also need to be more assertive in their decision making when it comes to s.20 accommodated young people with young people who are. YP- we often see YP "missing" are often who are staying with their parents or family members.

There also needs to be more support for long term foster carers once a child becomes a teenager to try and preserve the placement as the behaviours of the child escalate. This should be routinely put in place, but often stable placements don't get the attention or work they need put into them until it's too late and the placement becomes in trouble.

This cohort often comes to the attention of the police because they are reported as missing, but they don't really meet the definition or criteria for missing, (they are not missing per se, but they are not where they are supposed to be eg. at a friends house past curfew). But due to staffing shortages and 16+ not being adequately staffed overnight, these young people are brought to the attention of the police more than their peers who live at home. They are processed through police systems, are often viewed as a "nuisance", and may be caught doing things that other young people get away with because the police are actively searching for them.

Improvements can be made to how young people in care have their family visits managed. Restrictions on visits from when they were younger can be adjusted as they age, It would be safer for LA's to work with these YP, discuss what a safe visiting plan might look like, rather than work against them. LA's need to get better at risk management rather than consistently falling back on "risk aversion" as their management plan.

Local authorities must get better at how they plan for 'missing from home' , how they engage young people in this, how they set rules, curfews and planning in care homes. .

Many cared for young people just go missing to do these things their peers can,

where there could be much smarter planning around this and harm minimisation put in place so they do these things safely. There also needs to be a balance between safety and making sure these YP get some of the same opportunities as their non-looked after peers

There is also a big issue with regards to care leavers and those coming up to 18 years. This cohort is difficult to engage, they feel that nobody will care when they turn 18 soon and don't feel that they should be so closely scrutinised. Actively involving these young people in their planning is important, so decisions are made for them and not with them. This leaves them incredibly vulnerable to exploitation- criminal, sexual and financial.

Our care system needs to continue to play a role beyond 18. Young people need to see the care we are providing them with as something it is worth them investing in rather than seeing us as people who are 'just' doing a job and exploiters as offering round the clock and lifelong support and belonging that far exceeds what they perceive they are getting from us.

**Question 6: Who should be protecting vulnerable young people from exploitation and violence? What do young people at risk need and how can this be delivered at scale?**

Protecting young people from harm is everybody's responsibility. Educating a whole community - from parents to taxi drivers to shop workers - around professional curiosity would protect vulnerable young people from exploitation.

Information sharing and communication between Government departments is poor and information is often lost if a young person moves through different policing areas and information is only as good as the officer/social worker pulls together. A universal system used by all statutory agencies to communicate and share information would make a significant difference.

Commissioning Youth specialists to deliver PHSE/RSE, and ensuring funding for mental health services within substance teams and funding substance teams within statutory organisations are also essential, alongside additional investment into youth activities to improve youth self-esteem, resilience and connectivity (positive relationships) will reduce the likelihood of grooming. This is needed alongside investment into early more intervention and prevention youth work, targeted programs teaching young people emotional awareness, relationship awareness and safety online.

**Question 7 : How can the criminal justice system work more effectively to**

## **improve outcomes for vulnerable young people?**

Improved joint working between criminal justice services and the wider young persons sector is essential. Delivering diversionary schemes has been very effective and these need to be rolled out across the country.

Our services also report inconsistency in the use of Outcome 22 across different police forces, resulting in a large variety of referrals from police/youth justice services into substance misuse services. However, more research is needed into what works rather than just commissioning short-term projects when we don't really know the effectiveness of them.