



Mentor UK Youth Involvement Project

Project Report

June 2008



Final project report and recommendations from the Mentor UK Youth Involvement Project, supported by the Rank Foundation and the Clore Duffield Foundation.

Mentor UK Youth Involvement Project Report, May 2008

Executive Summary

1. Aim

In 2005, with funding from the Rank Foundation and Clore Duffield, Mentor UK began a Youth Involvement Project with the aim of consulting young people about substance misuse prevention issues.

2. Methodology

Between May 2006 and March 2008 Mentor UK worked with sixty three young people aged 12-20 from around England and Wales. Each young person participated for a year, during which time they attended residential meetings every 2-3 months to develop their ideas around drug prevention, to take part in consultation meetings and to receive training.

3. Achievements and Impact

We developed an approach that enabled the views of a group of vulnerable young people to reach some really key people developing policy around drugs and young people. The young people:

- Influenced two sets of National Institute for Health and Clinical Excellence (NICE) guidance on drug and alcohol interventions with young people;
- Inputted into the 2008 Government drug strategy 'Drugs: Protecting Families and Communities';
- Presented their views to the Commonwealth Parliamentary Association conference 'Tackling Drugs, Changing Communities Challenges for Parliamentarians';
- Met with Vernon Coaker MP, Parliamentary Under Secretary of State for Crime Reduction;
- Presented to the All Party Parliamentary Group on Drug Misuse and
 - Made a presentation to the Office of the Children's Commissioner.

"It's actually good to know that the government and people like that actually ask you how [young people] like to be taught and what do they know and what they don't know."

Young person aged 16.

"[the project] was really good, at the beginning I didn't like speaking in front of everyone, but by the end I felt like I could stand up and say what I thought"

Young person aged 16.

This has resulted in some significant and positive changes to policy relating to drug prevention work with young people. For example, in response to the young people's feedback, NICE amended their public health guidance to make it more relevant for young people and therefore more effective in helping them avoid drug misuse.

4. Young People's Views

Over the course of the project the young people told us:

- **We need to trust the adults delivering drug education and advice.**
- **Our rights should not be infringed in an attempt to prevent drug misuse and antisocial behaviour.**
- **We need to be able to talk to our parents or carers about drugs and want better support for families affected by drugs.**
- **Some young people are drinking large amounts of alcohol regularly. There is a lack of awareness about the harm alcohol can do to health and very little understanding of sensible drinking guidelines.**
- **We think issues such as deprivation, lack of confidence and personal problems make us more vulnerable to drug misuse and want help to tackle these.**
- **Drug education needs to be dramatically improved; it should be a specific subject on the curriculum; should include simple straight forward messages about the known risks and should be delivered by professionals who are motivated and skilled to deliver a balanced message. Our experience of receiving drug education from teachers is that they often don't seem motivated or knowledgeable and they give a biased view.**
- **We don't think there is enough support for young people who use drugs and services that exist are not properly advertised.**
- **We recognise that our behaviour is strongly influenced by media portrayal of drug use both on television and by celebrities. Our peers are another strong influence and we believe that peers who don't use drugs are a positive influence.**
- **Boredom contributes to young people using drugs and positive activities need to be more accessible.**
- **Drugs and alcohol are widely available and easily accessible to young people.**

“The young people have got so much out of having a say in some important decisions that affect their lives, it's really boosted their confidence. They've embraced the new experiences they've had with a lot of maturity and have worked really hard to develop their ideas and to gain a qualification for their work. It's great to see that some of them are continuing to develop their work in the drug policy field after their involvement in the project.”

Susi Farnworth, Project Officer, Mentor UK

5. Recommendations

Mentor UK makes the following recommendations based on the findings and learning from this project.

1. Government needs to invest resources in meaningfully engaging young people, particularly vulnerable young people, in developing and implementing drug policy.
2. Government should establish a youth drugs advisory group to advise it in developing and implementing drug policy.
3. Government and others consulting young people in policy development should be aware that young people need preparation and support to engage in such consultation. They should ensure that resources are available to facilitate this.
4. Government should ensure that young people receive honest, unbiased drug education which is delivered by professionals who are motivated and competent to do so.
5. Government should facilitate the development of further work to support families to develop better communication between young people and parents about drugs and alcohol.
6. Government should recommend schools cease the use of sniffer dogs and random drug testing.
7. Statutory organisations such as schools, local authorities and the police should respect children and young people's rights when carrying out policies to prevent substance misuse and anti-social behaviour.
8. NICE should ensure that young people are meaningfully engaged in consulting on the development of their public health guidance relating to young people.
9. Mentor UK should continue its work involving young people in developing strategies to prevent them misusing alcohol and drugs now and in the future.

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1. Introduction

Mentor UK is a registered charity that works in conjunction with its partners in the international Mentor family. Our mission is identical:

- To focus on the prevention of drugs misuse in our efforts to promote the health and wellbeing of children and young people and to reduce the damage to their lives. Mentor aims to support the effective use of human, financial and intellectual resources to achieve this goal.

Mentor UK's work has always had a strong focus on involving young people in developing projects, through consulting them in development and by involving them in making key decisions.

In 2005 Mentor UK secured funding from the Rank Foundation and the Clore Duffield Foundation to extend this youth involvement work, with the aims of establishing a network of young people to advise Mentor UK and others working in prevention, and to enable young people to be central to planning, evaluation and dissemination of prevention work.

Aims and Objectives

These were as follows:

Aim of the Project

To establish a youth involvement project to consult young people about substance misuse prevention issues.

Objectives of the Project

To establish a network of young people to give their views on:

- Health and social issues that are relevant to drug prevention work with young people.
- The effectiveness and relevance to young people of current approaches to drug prevention work.
- Mentor's drug prevention projects.

To establish a Young People's Reference Group which was:

- Youth-led – young people were to be involved in every step of the planning and implementation of the project.
- Diverse – the young people participating in the Reference Group were to be from diverse backgrounds.
- Facilitated in an empowering and supportive way.
- Trained and supported to give their views.

2. Methodology

Between May 2006 and March 2008 Mentor UK worked with **sixty three** young people

The young people

- were aged 12-20;
- were from Pembrokeshire, Staffordshire, Tyneside, Rotherham, the West Midlands, Essex, London, West Yorkshire and Lancashire;
- comprised thirty-nine females and twenty four males;
- included one young person from a Black/Black British background, two Mixed White and Black Caribbean, one Mixed White/Asian, fifty-eight were White British and one was Mixed White/Belgian.

They were selected on the basis that they were not young people who had previously displayed problematic drug misuse but did have many of the characteristics known to be risk factors for substance misuse such as disengagement from school, being in or about to leave the care system and having parents who misuse drugs.

“One of the great things was some of the things we learnt – you learn quite a bit from just listening to the others in the group talking about random stuff that’s going on where they live.”

Young person aged 19

They were recruited and supported in their involvement in the project by partner agencies who were working with them locally. These included youth services, young peoples’ drug and alcohol services, participation projects and agencies working with families of drug users.

Each young person participated in the project for a year. They attended residential meetings every 2 to 3 months to develop

their ideas around drug prevention; took part in consultation events and received training.

Many of the young people had not travelled further than the next county prior to involvement in this project. So the opportunity to travel to other areas and build friendships with other young people who came from very different backgrounds and experiences helped broaden their perspective.

Some of the young people also accredited their involvement in the project through the Youth Achievement Awards. Many of these young people were not in school and some did not have other formal qualifications.

Our approach to youth consultation

During this project we worked closely with the young people to develop an approach which enabled them to engage in meaningful consultation and impact on UK drug policy and practice.

Key to this outcome was that we worked with the young people over a long period to develop their skills and confidence, help them work well together as a group and build their trust that we would support them in meaningful consultation. In their evaluation of the first year of the project the young people themselves acknowledged that working with them over a long period was essential.

All consultation with young people initially involved providing them with information in appropriate language about what they were being asked to consult on and we frequently followed this up with exercises to reinforce their understanding. We then facilitated activities to engage them in thinking about and discussing the issues and frequently concluded with an exercise to summarise and prioritise views and feedback. Prior to any presentations or meetings with policy makers, we always prepared the young people well so they were clear about arrangements and expectations.

We also developed a good work-play balance within the project, which was a strong incentive for young people to stay engaged. All consultation sessions were based around creative, fun and energetic ways of training and consulting the young people and Leisure activities, for example kayaking, dry slope skiing, going on the London Eye, visiting the London Aquarium, taking a tour of the Houses of Parliament, also formed an important part of each residential consultation meeting.

During the project we also spent some time communicating to policy makers that an approach which includes working with young people over a long period, thorough preparation and a good work-play balance is essential to support high quality credible youth consultation.

“They can actually make a difference, their views and opinions count and they get to do some accreditation; they’re doing the Youth Achievement Awards.”

Darren Foley, Participation Officer, Staffordshire Youth Service

3. Achievements and impact

Key achievements by the young people were

- Influencing National Institute for Health and Clinical Excellence (NICE) guidance on Community Based Interventions to Reduce Substance Misuse amongst Vulnerable and Disadvantaged Young People by giving feedback on the draft guidance document in November 2006.
- Having their views presented by Mentor UK to a special meeting of the European Union of 25 National Drug Coordinators and the European Commission in November 2006.
- Making a presentation to civil servants from the Home Office and Department for Children Schools and Families (DCSF) who were involved in developing the new government drug strategy in April 2007.
- Making a presentation to the Office of the Children's Commissioner in April 2007.
- Inputting into Mentor UK's Strategic Plan, via a presentation to Mentor UK Trustees in May 2007.
- Influencing NICE guidance on alcohol interventions delivered in schools by giving feedback on the draft guidance document in July 2007.
- Inputting into the 2008 Government drug strategy '*Drugs: Protecting Families and Communities*' by participating in the DCSF consultation on the strategy in November 2007.
- Presenting their views to the Commonwealth Parliamentary Association conference, '*Tackling Drugs, Changing Communities Challenges for Parliamentarians*' in February 2008.
- Presenting to the Team Leader of the Substance Misuse Team at the DCSF in March 2008.
- Presenting to the All Party Parliamentary Group on Drug Misuse in March 2008.
- Meeting with Vernon Coaker MP, Parliamentary Under Secretary of State for Crime Reduction at the Home Office in March 2008.

"We found the presentation by the young people from the Mentor UK Youth Involvement Project very useful as an insight into the priorities that young people feel should influence government policy on drugs."

Matthew Scott, Substance Misuse Team Leader, Department for Children, Schools and Families

The young people found the opportunity to influence policy empowering and we observed their growing confidence.

The training and facilitation they received helped participants to develop confidence in their communication and presentations skills. Some of the young people developed a real interest in drug prevention work and continued work in this area after the project had ended. One young person has gone on to carry out a survey of drug education in his area and another to chair a national drug conference.

“It was so easy to talk to top bosses from different places (Home Office and Office of the Children’s Commissioner) and I’m glad they came to see us.”

Young person aged 15

Promoting the value of youth involvement in policy development

At the inception of the Youth Involvement Project the National Institute for Health and Clinical Excellence (NICE) did not routinely involve young people in developing their public health guidance . The project’s input highlighted the importance of engaging with young people to make guidance more relevant to them. NICE have since confirmed that they are now working on consulting with children and young people, (where appropriate), as a regular part of the development of public health guidance.

Likewise, the young people’s presentation to the All Party Parliamentary Group on Drug Misuse enabled this group of MPs, Peers and others key people with an interest in drug misuse issues to hear from a group of young people for the first time in many years. The Commonwealth Parliamentary Association also said the opportunity to consult young people was a highlight of their conference.

These young people also shaped Mentor UK’s future work through input into the strategic plan in which the development of youth involvement work is central to the organisations’ vision.

Overall, the project demonstrated to policy makers that meaningful consultation with young people in the development of policy can make this more relevant to young people and therefore more effective in helping them avoid drugs. This has changed the way that key stakeholders such as NICE involve young people in their work.

4. Young people's views

The young people exchanged ideas on a variety of issues relating to drug prevention.

The following themes emerged:

The need for trusted adults

There was a strong emphasis on the importance of trust in adult professionals who support and educate young people.

"I don't think [teachers] actually care about it, they're just paid to do the job."

Young person aged 15

The young people were adamant that the personality of the worker who delivers a drug intervention is key to its effectiveness.

There was a general lack of trust in the ability of some teachers to deliver drug education. It was felt that they were not really motivated to teach the subject and were biased in their messages; they only talked about the negative effects of drugs

and did not give a balanced view.

Confidentiality was a key concern and the extent to which an adult would maintain this contributed to the young person's trust in them and their decision as to whether to go to them for support.

Youth workers were viewed as people whom young people could trust to provide support and advice. They believed they gave a balanced view, had the required training, didn't patronise young people, didn't stigmatise or judge young people and held a role somewhere between a friend and a parent.

School nurses and older siblings were also seen as trustworthy sources of support and advice about drugs and alcohol.

It is important to note that many of the young people we worked with, while in education, were at risk of exclusion and the majority were supported by youth workers.

Rights, penalties and empowerment

The young people felt that their rights were being infringed, in ways that adults' rights would not be, in attempts to prevent drug misuse and antisocial behaviour.

These infringements included the use of drug dogs to find drugs in schools, the possible

Impact

As a result of the young people telling NICE their views on whom they trusted to provide alcohol education and support, NICE amended their draft guidance on alcohol interventions delivered in schools so that the guidance named youth workers as key people who should facilitate the delivery of the alcohol interventions.

“Drug testing in schools is patronising and demoralising and it shows a lack of trust.”

Young person age 19

introduction of random drug testing in schools, and the use of dispersal orders whereby police split up groups of more than two people.

They felt that drug testing and drug dogs infringed young people’s privacy and potentially led to stigmatisation of young people

who use drugs. They believed it would weaken trust between pupils and teachers and could ultimately lead to some of the most vulnerable young people becoming disengaged from the school system. Some of the young people felt that they had not been properly informed of their right to refuse to participate in drug dogs schemes. However, some of the group did say that the fear of being found with drugs had stopped their peers taking drugs to school and in one case led them to stop using altogether.

Dispersal orders were being used to disperse young people who gathered in groups; this made young people angry, particularly as they felt the police targeted the less intimidating young people.

Whilst they highlighted these rights issues, the group did endorse higher penalties for drug dealing, drug misuse and drink driving as the best ways of keeping young people off and away from drugs.

They emphasised the importance of empowering young people by enabling them to have a say in policy development, to run youth led projects and to mentor and train other young people.

Parents, carers and families

Overall, the young people saw the benefit of their parents being involved in supporting and educating them about drugs and alcohol, but this depended to some extent on the individual’s relationship with their parents. There was a sense that the young people, like adults, saw this as a challenge and would want to think about it and explore it in more depth to identify the most effective way to facilitate such a dialogue.

Impact

The young people raised their concerns about the use of drug dogs and dispersal orders at the Commonwealth Parliamentary Association conference in February 2008. This led to a discussion amongst international parliamentarians about the use of such tactics which some considered ‘heavy handed’.

The group took their concerns about random drug testing in schools to civil servants in April 2007. Since then the government have indicated that they are going to review this practice but are yet to commission such a review. In the interim, partially due to general lack of interest from schools in this approach, it has not been rolled out widely across the UK.

The young people were clear that parents needed to build up a relationship of trust with their children - rather than framing the conversation as an accusation - where rules and boundaries could be negotiated. They should make the young person feel relaxed by not showing anxiety themselves and shouldn't overreact to what they have to say. They didn't want what they perceived to be 'unnecessary intrusion' into their lives and emphasised that parents should not keep repeating their messages about drugs.

Parents need to be given information, training and support to support their children around drugs and alcohol. However, this should be done in such a way as to engage rather than alienate parents, and to ensure they didn't feel their parenting was being questioned or undermined. The young people suggested

one way to do this was to offer local community events but not to present these as specifically linked to drugs. Providing parent support workers who could visit parents in the home was also suggested.

A negative relationship with parents was seen as making young people vulnerable to drug misuse and some of the young people who did not live with parents highlighted that guidance around parenting needed to take account of carers other than parents.

"I've had the drug talk from my parents, but it wasn't really a talk, more of a threat."

Young person aged 15.

"Parents might think that [the worker] is telling them what to do and [their parenting] is wrong. You don't want them to think it's butting into the way they are doing things."

Young person aged 16.

Impact

The Government's new drug strategy promises better information and parenting skills support to enable parents to educate their young people about drugs and alcohol. The young people expressed their views on this as part of their feedback on the strategy and this was taken into account alongside feedback from other stakeholders.

As a result of the young people's feedback, NICE guidance on 'Community Based Interventions to Reduce Substance Misuse amongst Vulnerable and Disadvantaged Young People' was amended to refer to 'parents and carers' rather than specifically parents.

The group presented their ideas about offering local community events to engage parents and about parent support workers to Mentor UK Trustees in May 2007. The trustees used these to develop Mentor UK's strategic plan for 2008-2013.

Alcohol

Alcohol appeared to be a part of everyday life for the young people; a number told us they drank regularly, in large quantities, and did not generally view alcohol as a 'drug'.

The majority of the group had drunk alcohol, about half drank frequently and a handful of the females reported drinking a quarter to half a bottle of vodka each night over three nights of the week. None of these young people perceived themselves to be misusing alcohol.

They did not know about or properly understand sensible drinking guidelines or the potential effects of alcohol on their health. For example, in one exercise they underestimated the amount of alcohol that constitutes a binge drink – one estimate was that twelve pints of lager would constitute a binge - and when told that the commonly used definition was five drinks for a male and four for a female they were alarmed and said this was unrealistically low.

When asked to define what they considered to be sensible drinking the group said it involved parental supervision, knowing your limits and not going over these and drinking on special occasions, whereas not drinking sensibly was characterised by drinking daily, drinking large amounts on one day, not being supervised, drinking to have fun or because you're depressed and drinking which affects your life and results in unsafe behaviour (e.g. accidents and unsafe sex).

The group believed it would be difficult to identify a young person who was misusing alcohol either through schools or other services.

There was a sense that it was easy to get alcohol if you wanted it either by getting older young people to buy it or by going to shops which were widely known to sell alcohol to underage young people. They described areas where hundreds of young people would gather to drink and said that there were fights and other anti-social behaviour as a result, but the police would turn a blind eye to this.

Impact

The young people gave feedback to NICE that it would be difficult for schools to identify those who are misusing alcohol. As a result of this feedback and feedback from other stakeholders NICE amended their guidance on alcohol interventions delivered in schools so that it called for schools to identify those deemed 'at significant risk of harm from using alcohol' rather than those already misusing alcohol. NICE also extended their recommendation concerning partnership working to call for schools to work more closely with youth services and young people's drug and alcohol services.

“I think they should space out exams so there’s less stress from school. “

Young person aged 14

“Schools shouldn’t judge young people just because of their background”

Young person aged 15

Young people’s vulnerability

Some of the young people saw themselves as vulnerable to drug misuse because of issues such as lack of confidence and deprivation and they identified the need for specific support for vulnerable young people like themselves.

Sources of vulnerability they identified included their environment; coming from a poor area where the community is stigmatised, where there is a lack of jobs, lack of aspiration and lack facilities and

affordable activities for young people. There was also a strong sense that many vulnerable young people were either not in school or not actively engaged in education.

Emotional health issues were repeatedly mentioned as increasing vulnerability; stress due to school and personal problems, depression, low self-esteem and lack of confidence, eating disorders and bereavement issues. The young people said there should be better provision of specialist counsellors to help young people with these problems.

Several members of the group highlighted the needs of young people in families where drugs are used. They thought specially trained workers were needed to support these young people as well as structures to identify drug problems within the family early on.

Despite this recognition of vulnerability there was

Impact

The young people highlighted some of these issues around vulnerability to NICE in their feedback on ‘Community Based Interventions to Reduce Substance Misuse amongst Vulnerable and Disadvantaged Young People’. As a result of this, NICE made a number of amendments to their guidance, including stating that a variety of services, (not specifically schools), should try to identify those young people at risk and refer them for drug interventions.

The government drug strategy has a strong focus on supporting families where substance misuse is an issue, including prioritising the protection of children in these families and identifying earlier those families where parents are misusing substances. The young people’s presentations to civil servants in April 2007 emphasised the issues faced by children of substance misusing parents and feedback from the civil servants indicated that they would consider the young people’s views alongside other priorities when developing the new strategy.

concern about how 'vulnerable young people' would be defined and identified so as to avoid stigma.

Need for improved education and information

The young people were unimpressed by the quality and quantity of the drug education they had received and expressed a desire for this to improve. They thought that drug

"I prefer it when they just tell it like it is."

Young person aged 14

education should be put on the curriculum as a subject in itself, rather than taught as part of other subjects and that more time should be spent on it.

They wanted simple straight-forward messages about drugs which told them the

key facts in an unbiased way and they wanted these to be delivered by someone who knew about the subject, and who was unbiased and motivated to teach it. For this reason they preferred 'experts' such as drug workers to be brought into schools to teach drug education rather than teachers who they perceived to be biased towards telling young people about the negative aspects of drugs, lacking knowledge about drugs and not really wanting to teach drug education.

Drug education lessons needed to be short and keep information simple, be interactive, use practical learning methods, use role play and use the language that young people use. Drug education should also start early, before young people go to secondary school and the messages delivered to younger children should focus on the dangers but be delivered sensitively so as not to scare them.

In addition to school, the young people felt there should be more websites and helplines providing information about drugs and alcohol.

They wanted to hear from people who had experienced the negative consequences of drugs; some support the idea of ex-drug users being brought into schools to teach them about the dangers of drug use. They also said advertisements showing the negative consequences of drug use were far more effective if they featured real people rather than actors.

Impact

The Government's new drug strategy calls for improved drug education. The young people called for this in their feedback on the drug strategy and this was taken into account alongside feedback from other stakeholders.

The Government has commissioned a review of evidence on effective drug education. The young people's views on how to improve drug education will form a core part of the evidence on which the review's recommendations are based.

Support for young people using drugs

The young people talked about their perception that there was not enough support for young people who are using drugs or that there was a lack of advertising so they weren't aware of where they or their peers could go for such support.

They were keen on the idea of open-access drop-in services because they were seen as places young people could go for information and advice about drugs if they felt they needed it.

Pressures – media and peers

The group frequently discussed the pressure that they felt from others about drugs, including their peers and the messages they got from the media.

The younger young people particularly perceived what they

“I’m lucky I’ve got a close group of friends who don’t do drugs”.

Young person aged 14

called ‘peer pressure’ to be a key cause of young people using drugs. However they didn’t appear to have experienced this themselves, instead they talked of their own experience of positive peer pressure; friends who didn’t take drugs.

The young people also felt that others older than themselves were often a source of negative peer pressure – particularly if they were over eighteen as they would buy alcohol for those under 18.

They thought that seeing drug taking and drinking in the media influenced their attitudes and behaviour a great deal. Seeing celebrities drinking and taking drugs made them curious to try it and increased the perception amongst the public of young people taking drugs. However, seeing celebrities whom they perceived as having a negative image such as Pete Docherty taking drugs put them off. TV programmes featuring drug use also made them curious, but those that showed the negative consequences such as vomiting due to alcohol also put them off.

“When you see Skins [TV programme] and they’re drinking and smoking, it makes you want to try it, but then they show them being sick in the morning and that’s like the real side of it so it puts you off. “

Young person aged 13

Impact

In feedback to Mentor UK, the Home Office Drugs Minister, Vernon Coaker MP told us that the young people’s presentations were excellent and their views would help make public policy more relevant to young people.

Specifically, he said advertising and communications would take account of their views about lack of advertising of services.

Impact

The young people's presentation at the Commonwealth Parliamentary Association conference in February 2008 prompted discussion from the attendees about the media's trivialisation of celebrity drug taking.

The young people raised the importance of media and peers' influence on their alcohol consumption in their feedback on the NICE's guidance on Alcohol Interventions Delivered in Schools. In response to this and other feedback NICE added a recommendation that effective alcohol education in schools should include helping young people 'explore their own as well as other's perceptions' of alcohol use.

Positive activities

Boredom was seen as an important factor in leading to drug misuse problems and the group thought a key protective factor would be young people being engaged in activities which didn't involve drugs.

They expressed a need for more diversionary activities for young people and also action to make existing provision more accessible by reducing the cost and improving local transport. There were concerns about local parks which they felt should be places young people should be able to enjoy, but were no longer perceived as accessible to all because of intimidating groups of young people.

They called for money from other approaches (such as drug testing in schools), and from taxes on cigarettes to be channelled into positive activities for young people.

The young people wanted more youth led activities and peer mentoring programmes, because these were both felt to help those benefiting from the projects and empower and give new opportunities to those who deliver them.

“Getting your highs from other things, that makes people less likely to do drugs”.

Young person aged 15.

“If [young people] are doing fun stuff, like going on residential, there'll be less of them on the streets, they'll get new skills, it'll boost their confidence, give their parents some time out and they'll all have fun. “

Young person aged 13

Impact

At a Mentor UK trustees strategic planning meeting held in May 2007 the young people emphasised the importance of positive activities for young people including youth led activities and projects such as the Mentor UK Youth Involvement Project. Mentor UK's new strategic plan includes a focus on the development of youth initiated projects.

Availability

There was a strong consensus that drugs and alcohol were both widely available and easily accessible for young people, should they wish to acquire them.

The low cost of drugs and alcohol was seen as enabling young people to access them. The group suggested prices should be increased to make alcohol more difficult to acquire.

“I know at least twenty places in my area where you can get drugs easily.”

Young person aged 15

Impact

It was informative but perhaps surprising for Mentor UK trustees to hear from the young people in May 2007 that in some of their local areas cannabis was easier to access than alcohol.

4. Recommendations

Mentor UK makes the following recommendations based on the findings and learning from this project.

- Government needs to invest resources in meaningfully engaging young people, particularly vulnerable young people, in developing and implementing drug policy.
- Government should establish a youth drugs advisory group to advise it in developing and implementing drug policy.
- Government and others consulting young people in policy development should be aware that young people need preparation and support to engage in such consultation. They should ensure that resources are available to facilitate this.
- Government should ensure that young people receive honest, unbiased drug education which is delivered by professionals who are motivated and competent to do so.
- Government should facilitate the development of further work to support families to develop better communication between young people and parents about drugs and alcohol.
- Government should recommend schools cease the use of sniffer dogs and random drug testing.
- Statutory organisations such as schools, local authorities and the police should respect children and young people's rights when carrying out policies to prevent substance misuse and anti-social behaviour.
- NICE should ensure that young people are meaningfully engaged in consulting on the development of their public health guidance relating to young people.
- Mentor UK should continue its work involving young people in developing strategies to prevent them misusing alcohol and drugs now and in the future.

5. Conclusion

The views of the young people who participated in the Mentor UK Youth Involvement project have reached some of the key people developing policy around drugs and young people. This has resulted in some tangible changes to policy and led some key policy makers to change the way they think about and approach youth involvement in policy development.

We have developed a way of working with young people which engages them and enables them to build up trust in the consultation process. As part of this we've learnt a lot about how much can be gained from involving particularly vulnerable young people.

The young people who participated have told us that this has been a great experience for them both in terms of the opportunity to influence policy and to develop new skills and confidence and the more immediate opportunities to travel to new places and work with young people from very different perspectives to their own.

This work has helped Mentor UK continue to develop its ongoing focus on youth involvement and further embed it in our future plans. Using our learning we would like to further develop this work by enabling young people to deliver something training and resources which provides solutions to some of the issues they've raised.

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Mentor UK Staff Involved in the Project

2006-07: Susi Farnworth, (Project Officer), Eric Carlin (Chief Executive) Derek Ferguson, Vicky Brooks, Apostolos Polymerou,

2007-08: Susi Farnworth (Project Officer), Andrew Brown (Project Manager)

Annex 1. Case studies of participants

Case study: Dave

Dave is from an economically disadvantaged rural area in the West Midlands and was 17 when he joined the Mentor UK Youth Involvement Project. At the time he was in an Education to Employment Programme, he was extremely shy, would not speak in groups and was wary of trying new activities. He lacked confidence and did not know what he wanted to do for work; he had tried several jobs, none of which had worked out. He was involved with helping out in a voluntary capacity at his local youth service.

During the year in which Dave was involved in the project, he became a lot more confident in both personal and work life and much more willing to try new things. For example, when his group had arranged to visit the Home Office to present their views to civil servants involved in developing the new drug strategy the youth worker who usually chaperoned him to meetings was unable to attend. Dave was so keen to be there to present his ideas that he travelled to London by himself. Dave's youth worker said that he could never have imagined him travelling so far on his own and under his own initiative prior to being involved in this project.

After Dave had been involved in the project for six months he secured full time employment and some time later was promoted. He also started driving lessons and began volunteering for his local youth service. He now recruits and trains young people as part of a peer mentoring scheme. He also accredited his involvement in the Youth Involvement Project through the Youth Achievement Awards.

Case study: Sally

Sally is from Pembrokeshire, Wales. When she started on the Mentor UK Youth Involvement Project she was 15 and living in foster care because of her mother's mental health problems. She was attending school taking part in an alternative curriculum programme (a package of GCSEs and vocational qualifications).

Sally really enjoyed being involved in this project and made the most of the opportunity. She attended all four residential meetings during the year and was a positive and helpful influence as part of the group. These meetings and the training she received boosted her self esteem and confidence enabling her to express views and communicate with influential people. This culminated in her making a presentation at the Office of the Children's and to key civil servants from across government at the Home Office; she highlighted issues around the stigma of living in a deprived area and the lack of facilities and available activities.

During this time she developed an interest in politics, organised a school election and a trip to Parliament for fellow pupils. She also appeared in Children and Young People Now magazine to highlight her concerns about the possible introduction of random drug testing in schools; arguing it would lead to some of the most vulnerable young people disengaging from school and that the money could be better spent to support young people to avoid drugs.

While Sally was involved on the project she began working towards a Gold Prince's Trust award which she has since completed. After completing her GCSEs she went on to college to study Travel and Tourism.

In March 2008 Sally won the Prince's Trust Educational Achiever Award; a national award for young people who have shown outstanding academic achievement.

Her youth worker feels that the work she did developing presentation skills and communicating with influential people on the Mentor UK Youth Involvement Project not only boosted her confidence, but also significantly helped her with the presentation and media work she did for the Prince's Trust Award.

Sally hopes to train as a nurse in the future.