The links between drugs, alcohol, and serious violence: a review of evidence and practice in West Yorkshire

Evidence from Young People and Family Services and themes from mapping services.

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Contents

1 Introduction

This Review of evidence and practice has been commissioned by the West Yorkshire Violence Reduction Unit (WY VRU) so that they and their stakeholders may better understand the context and interdependencies between substance use and violence among young people and how relationships between generations influence those links. The Review commenced during the development of an Adversity, Trauma and Resilience Strategy for Health and Care Services in West Yorkshire, led by the West Yorkshire Health and Care Partnership's (WYHCP) Improving Population Health Team and the Public Health Lead in the WY VRU. The rationale for the Violence Reduction Units in the UK was to take a 'public health approach' to tackling violence. This means looking not only at the incidences of violence but the conditions in society and the contributing factors in communities that enable violence to occur.

The context of trauma has been a useful lens to focus this Review as both cause and consequence of both substance use and violence. The WYHCP Adversity, Trauma and Resilience Evidence Review (Crowe et al., 2021) lays out clearly how trauma and adversity, occurring in childhood re-emerges not only in the life-course but in the life-cycle of an individual, and may be transmitted generationally as well as culturally. This Review takes that learning and primarily explores how earlier intervention to address trauma could be effective among vulnerable cohorts in the population. The trauma informed approach to the subject also elicited the gendered nature of trauma, how the experience of violence and the experience of services and support or consequences of punishment disproportionately affect women.

The recommendations made in this Review are proposed in the context that most—if not all—services and support will be moving towards individual and collective trauma informed approaches of service delivery with the aim of preventing further trauma.

The Review is structured in four parts:

1. Context and Literature Review – containing an Executive Summary, Overview of all Findings, Conclusion and Recommendations, References
2. Briefing on the Alcohol Harm Paradox – stand-alone paper with Literature Review, Findings and Recommendations, References
3. Briefing on the Impact of Covid-19 on Young People's Substance Use and Violence – stand-alone paper with Literature Review, Findings and Recommendations, References
4. Review of Evidence from Young People and Family Services and themes from mapping services

1.1 Acknowledgements

The authors would like to acknowledge the support of Megan Bennett at the West Yorkshire Violence Reduction Unit and the contributions of colleagues in the West Yorkshire Health and Care Partnership, Forward Leeds, Calderdale Recovery Steps and Humankind.

2 Executive Summary: Evidence from Young People and Family Services and themes from mapping services.

The qualitative portion of this report involved interviewing three teams working with young people who have experience of drug and alcohol use, either by themselves or those around them. This included the Family Plus team from Forward Leeds, the Calderdale Young Persons' Team and the Leeds Young Persons Drug and Alcohol Team. Each team had a varied but overlapping demographic caseload and each provided valuable insight into the motivations and consequences of substance use in the young people of West Yorkshire. These insights are supplemented by the findings from the mapping of services in *Adversity, Trauma and Resilience in West Yorkshire – a review of life-course evidence, approaches and provision to support the transformation to a trauma informed health and care system by 2030* (Crowe et al 2021) and are the basis for the recommendations.

2.1 Violence

The evidence collected pointed to substance related violence being largely localised in the home environment. In terms of perpetration, both young people teams highlighted domestic violence and extortion of the family when the child was unable to obtain drugs. Furthermore, this was echoed in the older substance users, with many cases seen by the Family Plus team having been through FDAC or MARAC proceedings. There was evidence that many young people were also the victims of violence with teams asserting that most of their clients who had perpetrated violence had also been victims of it. In addition, young women using substances had a strong association with an undisclosed history of sexual abuse or violence.

Violence outside of the home was noted in the lives of the teams' clients; however, it was difficult to link directly to substance use. There were reports of knife carrying, in both the Leeds and Calderdale teams, including in children as young as 10; however, this was usually for protection rather than perpetration of violence. The Leeds teams also noted that this violence had a strong geographic link, with young people from West and South Leeds being at greater risk than North.

2.2 Mental health and self-medication

Our findings illustrate how young people use substances as a way to self-medicate difficult emotions and frustrations as well as untreated mental health issues. The primary driver for use depended on age, with younger individuals use stemming from diminishing aspirations while older individuals were more likely to be self-medicating a mental health issue. Our findings highlight how co-current mental health and substance use issues often bar young people from accessing appropriate mental health support. Consequently, self-medication traps young people in a vicious cycle of degrading

mental health and increased reliance on substances. The number of young people with co-current substance use and mental health issues seen by the YP teams stems from the larger scarcity of mental health provision in West Yorkshire and is indicative of services being unable to meet an ever-growing need for support.

2.3 Services under pressure

Teams feel unable to discharge clients out of their service for fear of leaving them unsupported, and teams believe that they have become a de facto "*holding service*" for young people unable to access more appropriate support. Consequently, young person drug and alcohol teams are increasingly dealing with clients with complex mental health issues, which they have not been appropriately trained to deal with. The lack of strong referral pathways means drug and alcohol teams face a cyclical, multi-layered challenge of relapse and repeat presentation, with treatment times extending but with worsening overall outcomes. The collected evidence points to a structural disconnect between what professionals understand about poor mental health driving substance use in this demographic, and the various systemic barriers in place preventing appropriate referral.

2.4 Schools

Schools were repeatedly brought up as both an avenue for building resilience in young people and a source of frustration due to repeat inappropriate referral to already stretched services. The benefits of involving schools in the process of supporting young children with substance using parents/carers was clear; however, school involvement was conditional on the parents' consent and often slow to obtain. Schools could also be a source of pressure on young people teams. Teams often had to re-investigate referrals from schools and re-refer individuals to appropriate services, taking up valuable resources and time. The Calderdale team noted that referral issues had been successfully mitigated in schools where mental health workers were integrated into school nursing teams.

2.5 Service mapping

Whilst services are often successful on their own terms, that definition of success does not often extend to how well people are supported by multiple services, either sequentially or simultaneously. There is a tendency to privilege "professional" services and interventions at the expense of community and social interventions. There is a virtuous circle of public health benefits (reducing adversity) and personal resilience growth, from the more equitable distribution of economic and social benefits – employment, housing, arts, sport, culture, transport and environmental improvements. However, these remain largely disconnected, structurally, from the planning of health interventions. Generic youth services are frequently cited as having significant potential

benefits but these have been heavily hit by reductions in local authority budgets leaving opportunities restricted to those families that can afford to take part and leaving the most vulnerable young people without the independent "trusted adult" support that can help overcome adversity and access support to tackle trauma.

2.6 Recommendations from Young People and Family Services and themes from mapping services.

2.6.1 Provision of services

Services are diverse but unevenly spread across West Yorkshire with some highly specialist services being centred in Leeds. Too many seem to be on short term funding cycles, have long waiting lists or don't have a ready pool of staff to draw upon to increase capacity even if the money was there to expand services. Furthermore, there are varying levels of integration with associated services. These include different technical approaches to joint working or co-working with service users, sharing information, and having common assessments.

- **Improve provision of youth services** as they can play a key role in combating low aspirations of young people impacted by COVID-19.
    - The service provision needs to be **easily accessible**, with either no-fee or heavily subsidised attendance.
    - **Transport consideration** should be included in any future service planning to not alienate children living in rural/deprived areas with poor transport links.
    - Push for **services to become trauma informed,** to help to prevent re-traumatising young people accessing the service while improving their long-term health outcomes.
- Increasing **provision of mental health services** is essential to combating the negative impacts of COVID-19 on the mental health of young people.
    - Increase **provision of support for low-level mental health conditions** so they can be address before reaching a crisis state by increasing the number of **non-clinical volunteer/peer-based staff**.
    - Investigate novel ways of **utilising existing resources to service a wider population** e.g. FACT 22 (see page 33 for further detail)
    - Develop **specific treatment pathways** for individuals who are dealing with co-current mental health and substance use issues, so they are not barred from specialist support.

- Increase training and support for drug and alcohol teams to help support clients with complex mental health needs and/or integrate a mental health lead (or team) into existing team structure.

- Improving **access to victims support** for those who have experienced sexual abuse/violence. This includes developing a specific treatment pathway for individuals with co-current trauma and substance use conditions, so they are not barred from specialist support.
- Improve **provision of perpetrator support** for domestic/sexual violence offenders across West Yorkshire. Current provision in West Yorkshire is limited, and the services which are present are not particularly visible.
- Improve **access to mediation services** by publicising the available support. Help more families access this unique non-combative proceeding.

3 Demographics and Drug Choice

3.1 Family Plus Team

Families were able to access the service if at least one parent was currently in treatment with Forward Leeds; meaning the families seen by the team all had at least one parent/caregiver with a history of substance use. There was a 60:40 split (female to male) in the gender of caregivers accessing the service. This is unusual compared to the general demographics of service users; however, this may be because the majority of the families that the team supported had the sole caregiver being the female party.

The drug use of individuals accessing the service varied, "…*from opiates and alcohol to cannabis*". Many of the female caregivers were opioid users, with their substance use problems starting with over the counter/prescribed painkillers, usually after childbirth. The young people the team supported were too young to exhibit substantial substance use behaviour.

3.2 Calderdale Young Person's Team

The team caters to young people aged 10-21y but majority of clients are aged 13-15y and typically male (66%). Currently, the service has 60 young people in treatment and capacity for up to 80, there is no waitlist. The young people came from a diverse mix of backgrounds, although the team estimated 80-90% were from a single parent household. Clients were referred into the service predominantly from schools and the Liaison and Diversion Service (a service for those who have been arrested and are seeking extra support due to a mental health/disability/ vulnerability issue).

The drug used by this group was predominantly cannabis, with alcohol being a lesser factor as it is not as readily available. This finding is particularly surprising because, according to the VRU needs assessment (VRU, 2022), Calderdale has the largest proportion of underage drinkers in West Yorkshire (8.5%).

As the young people got older, alcohol was more prevalent and cocaine use became a factor. Female service users in particular preferred alcohol due to it reducing inhibitions, this however introduced additional risks when obtaining it, as they often had to engage in high-risk behaviour such as "*befriending older men*" in order to access it. These findings may partly explain Calderdale's high rate of alcohol-related hospital admissions for young women (VRU, 2022).

3.3 Leeds Young Person's Drug and Alcohol Team

The team catered for the largest age ranges out of all the services, seeing anyone aged 10-24 years. The upper boundary being 24 years led to the service supporting more university students. The

younger clients mainly came from suburbia, whereas older ones tended to be university students and so come from conventionally student areas such as Hyde Park. This made robust correlations between low SES and substance use *"…less clear-cut"* for the team to observe in their case load. This was also the largest service included, currently working with between 170-180 young people with no waiting list for support.

The way clients were referred to the service depended on age. Older clients would either self-refer, be signposted by mental health services, or being referred in crisis by A&E, whereas younger clients tended to be through youth justice, college, or social care.

Regarding substances used, similar patterns of cannabis and alcohol were seen, with the older clients seeing a larger amount of alcohol and cocaine use; also noted in student populations were ketamine and benzodiazepines (e.g., Diazepam/Valium, Temazepam). The team deals with many clients with poly-use, where cannabis was present but not the "…*more pressing*" drug issue they were dealing with.

4 Violence

4.1 Inside the home

The teams interviewed were unable to draw strong conclusions about the relationship between drug use and severe violence. When asked about their clients and their experience of violence, the teams were more likely to highlight violence within the family unit rather than outside it. This ranged from domestic violence to financial exploitation. The teams also made sure to emphasise that those who had perpetuated violence, had also been some form of victim themselves.

> "*We get a lot of young people who were the perpetrators of domestic violence to their parents or emotional abuse as well… But in a lot of those cases those young people have witnessed domestic violence themselves*" (Participant 1, LYPT, 2022)

The Leeds YP team highlighted how young people could act out against their parents/caregivers when they were unable to obtain substances, usually cannabis. This could take the form of domestic violence or extortion by the young person. One practitioner commented that "*…a lot of the time it's just kids demanding money to buy drugs*". Of the young people who had become violent against their caregivers, many of them had been victims or witnesses to similar acts of violence.

The Family Plus team also emphasized violence within the home. Many of their clients had been through Family Drug and Alcohol Court (FDAC) and some have had Multi Agency Risk Assessment Conferences (MARAC) plans about a parent or parents. These processes are used in high-risk domestic violence/abuse cases, and our findings reflect the literature regarding how parents using

substances can increase the chances of children experiencing Adverse Childhood Experiences (Boyd, 2020; Hughes et al., 2017).

> "*I have got a lot of young people on my caseload who have been the victims of domestic and sexual violence but it's not being recorded anywhere…literally, I've got a whole host of 19 to 24 year old females and every single one of them has disclosed some sort of abuse, rape, or assault*." (Participant 1, LYPT, 2022)

One of the most illuminating findings from the Leeds YP team was the ubiquity of sexual and domestic violence victimisation among female clients. Although it is unknown if this violence was perpetrated under the influence of substances, it is clear that the trauma it caused in these young women has become a key factor for their own drug use. Another practitioner elaborated: those young women "…*then internalise it and it leads to them increasing their substance use*", this will be discussed further later in the findings. Importantly, this finding adds further evidence to the claims in the Violence Reduction Unit's needs assessment (2022), that sexual violence in West Yorkshire is both underreported and underestimated.

4.2 Violence outside the home

Although much of the focus within the interviews was on violence within the home and family unit, violence outside the home was also discussed in both the YP teams. Calderdale YP team highlighted how some of their clients had "*acted out*" whilst intoxicated, and in one case, this resulted in a young person stabbing a worker. The team also highlighted how many of the young people they saw had persistent low level anger issues.

The Leeds and Calderdale YP teams discussed the connections between drug use and gang violence. Both teams highlighted their client's use of knives. In Calderdale, most referrals to the service from Liaison and Diversion were for carrying knives, including children as young as 10. However, in most cases these were reported as being for protection from rather than perpetrate violence. Similar sentiments were echoed by the Leeds YP team, with one worker stating that "…*there's also a lot of violence associated with that stuff, you know knife crime, gang viol*ence".

The chance of being involved in violence was associated with the client's location, with those from lower SES areas being most at risk. One practitioner for Leeds YP team previously worked for a youth inclusion project, he described how "…*many of the kids had anti-social behaviour issues and many of the referrals were coming from East, West and South Leeds, not so much North Leeds*". Giving their opinion on why this is the case, they believed "…*it's because North Leeds is more affluent and so they have more access to after school clubs*".

It is important to note that it is difficult to draw firm associations between serious violence outside the home and substance use in these interviews. We did not find a strong association among young people in services of being perpetrators of violent crime or wounding, leading to us to conclude that people involved in violent crime or wounding would likely come to the attention of the emergency services in the first instance, and then custody services (prisons, YOI, secure children's homes etc.). One reason for this is that some services will not treat people known to be violence for fear of the risks to staff and other service users.

5 Mental health and Self-Medication

The connection between mental health and substance use was repeatedly emphasised by both the YP teams and the Family Plus team. The teams believed young people used substances primarily as a means to manage their mood or self-medicate. For the families affected by parents/carers in treatment, parental substance use had impacted their mental health, fuelled anxieties, and created problems at school.

From the discussion with the YP teams, it became apparent a key reason young people used substances was as a means to manage their mood and emotions. This could vary from less problematic uses such as enhancing social situations, to the more problematic, such as compensating for feelings of antipathy around school/aspirations and to cope with untreated mental health conditions and trauma.

5.1 Falling aspirations

Many of the young people seen by the Calderdale YP team turned to substances out of boredom and antipathy towards education. The team discussed the factors feeding these experiences, and much of it stemmed from the apparent disconnect between the lack of opportunities in the district and the representation of lived experience seen on social media, as young people have "…*got their heads in the internet*". Regarding their environment, low aspirations are not so much a result of the poverty of families and individuals, but of the poverty of service provision and investment in local amenities. Reduction of choice, of quality and the visible reminders that if something is broken it doesn't get repaired, all contribute to diminishing expectations. These findings mirror a wider picture in the literature, The Office of National Statistics survey (*Smoking, Drinking and Drug Use among Young People in England*, 2018) found that the most common reasons young people repeatedly took substances all related to mood, 42% 'to get high or feel good' and 19% 'to forget my problems'.

5.2 Untreated mental health

> "*A lot of mine use cannabis and alcohol to self-medicate, to help deal with the mental health aspect, and obviously the more they use the harder being sober becomes and so their use goes up*." (LYPT, 2022)

Despite primarily being a drug and alcohol service, many of the teams believed they also provided the majority, if not all, of their client's mental health and wellbeing support. This was most prominent in university students and was described as "*…one of the biggest issues with the older young people*". Many were referred to the service in crisis or had been bounced to the drug and alcohol team by mental health services.

Practitioners were all aware of the connection between the mental health of their clients and their substance use. The Leeds YP team highlighted a case study where "*…kid who's on a waiting list for Leeds mental wellbeing service but, he's drinking as well. He's alcohol user and a student. So, he's come to me to help resolve his drinking issue, but his mental health issues are the real problem".* This connection was especially apparent in women. Another practitioner highlighted how "*…every single one of them (female clients) has disclosed some sort of abuse, rape, or assault…and ones that have happened very recently that they feel unable to report…They then internalise it and it leads to them increasing their substance use*". Long waiting lists and limited capacity meant young people resorted to dealing with their mental health issues themselves by self-medicating with substances.

A lot of young people had ended up in the care of the drug and alcohol team after exhausting attempts to access mental health services in the past. When young people had accessed mental health support it often had not provided what they were looking for, "*…then the thought of going back through a very long process to access these services just puts them off*". The provision was typically remote and delivered in a group setting, which the teams believed young people did not see as valuable. Furthermore, some young people had expectations of receiving medication when accessing services, such as sleeping tablets. Young people are usually offered talking therapies instead, as there is hesitation within the service to provide sleep aid medication, as they come with their own risk of addiction. Participants believed that this need for medication could be a factor driving young people to seek other substances which are easier to access for relief.

5.3 Effect on families

The families of those who use substances were also shown to be struggling with mental health issues. The Family Plus team shared two case studies detailing the families of individuals in treatment. In both, the young children were all exhibiting a mental health issue, predominantly anxiety, although in one case, a child had been in and out of hospital due to self-harm. Much of the

anxiety described by the team stemmed around fear of the safety and wellbeing of the child's family and poor experience in school.

The parents were also described as struggling with poor mental health, and self-medicating with substances. In one case, this had led to the parent neglecting the care of their children, resulting in poor diet and a lack of routine and structure which was affecting their attendance at school. These case studies are illuminating as they demonstrate the more subtle form of adverse childhood experiences that can occur when the primary caregiver is struggling with substance use.

Estimates of future demand indicate that over 17,588 children in West Yorkshire currently live with a parent or caregiver who uses drugs or alcohol (WYFI, 2021). Our findings did not include cases of more severe ACEs. Similar to the discussion of serious violence above, many of the high-risk cases would be dealt with by the social work service (CSCS) or the child and adolescent mental health service (CAMHS) rather than the Family Plus service included in our research.

5.4 Services under pressure

During our interviews many of the teams discussed the increase in pressure due to COVID-19 and highlighted a structural disconnect in treating cases like this. This was most apparent in the Leeds YP team as they dealt with an older client base who are more likely to self-medicating mental health issues.

> "*…it's almost like certain criteria have been prioritised and we are not meeting that criteria for mental health, like many of my colleagues have said many of our clients have been bounced back because they've been told that they need to get their drug use under control first where we have been pushing back on that saying no it's the mental health needs that need to be addressed first for us to be successful in our reduction plan.*" (LYPT, 2020)

The Leeds YP team believed their lack of a waiting list has turned the service into a *de facto* holding service for young people struggling with their mental health, and the pandemic has only exacerbated this problem. The emotional stress successive lockdowns have caused in young people put further pressure on mental health services pushing them to capacity. To make sure they are using their limited resources effectively, mental health services started to prioritise access and co-current drug use is one of the criteria which tends to exclude individuals from treatment. One participant stated that clients they refer on to mental health support "*…often come back to us even if they're using one joint of cannabis or something and told to come back once they've sorted out their drug use*". This means the team regularly find themselves providing mental health services, even though they are not formally trained to do so.

"I do feel we are a type of mental health worker, but without the label and without the qualification." (LPYT, 2020)

The YP teams provide sleep management, stress reduction techniques and work on client's emotional wellbeing. One participant highlighted how they "…*got a lot of complicated cases and our role is mostly as a mental health support, but we are only recognised as substance misuse workers"*. The lack of recognition of the relationship between mental health and substance use was a source of frustration for the team, with one participant stating "…*the only reason they've (young people) ended up like that is coz they've not been caught early with their mental health problems, and so they've ended up self-medicating and trying to turn that around without the mental health support, well it's futile sometimes*".

The Team felt unable to discharge clients safely "…*because there's nowhere for them to be picked up immediately, so the practitioners have felt that they can't just end involvement even though they've completed their bits of drug work".* Increased caseloads and longer discharge times have made the service less efficient, treatment courses are extending but are becoming less effective. To meet increasing demand, clients are seen less frequently, and the team sees "…*reduction plans failing relapse prevention plans failing, many of the treatment goals are being unsuccessful because there's just not that consistency of support".*

Services which were already under pressure before the pandemic have now been pushed even further. The teams face a cyclical, multi-layered challenge of relapse and repeat presentation due to the fact they are unable to refer their clients to appropriate mental health support. Our findings point towards a disconnect between what practitioners understand about the relationship between mental health and substance use and how the services are structured/set up to help support young people struggling with substance use.

5.5 Schools

Schools were repeatedly brought up as potential sources of support for young people, by identifying behaviour early and building resilience. However, discussion also focused on what the teams believed schools could be doing better.

The Family Plus team talked extensively about the benefits of involving schools in the care of children connected to substance use. The team highlighted a case where a young person had "…*benefited no end from becoming part of like a lunchtime group*". The group was "*an emotional and confidence building type of group, but they're effectively just getting kids together and they're having fun and building those friendships. And I've seen a massive difference in the little person just*

from getting that extra bit of support from school to the point where she no longer feels actually needs my support because she's got that covered now". Unfortunately, according to the team this support is often slow to manifest. The caregiver/parent is frequently hesitant to share their treatment status with school, due to the perceived stigma and fear of being judged. Schools pose a unique position to identify and support young people connected to substance use as they are their most frequent point of contact with a trusted adult as "*…they're there every day for five years, or for as long as they've got left at school*".

However, the YP teams believed schools could be doing more to identify mental health problems early and refer appropriately. The Leeds YP team discussed how when schools refer to their service, regularly very little has been done to explore the young person's mental health. One practitioner expressed that they "*…get a lot of referrals where it states that the young person might have mental health issues but it's not being spoken about so it's up to us to investigate it".* This typically means the team had to re-refer the young person to services more appropriate to their needs, taking up valuable resources. Similar sentiments were shared by the Calderdale YP team, who explained they frequently discharge YP back to the original referrer (predominantly schools/college) with the main reason cited as "*inappropriate referral".* The team highlighted how inclusion of mental health workers alongside school nurses in some Calderdale schools has helped decrease inappropriate referrals.

Although they are frequently highlighted as a possible route for improvement, it is also true that schools much like drug and alcohol services, are over worked and understaffed. Although they see young people regularly, they may not have the capacity to additional support on top of the support they already provide.

6 Service Mapping

In previous work published by the WYHCP (Crowe et al., 2021), there was a substantial section on the role that the system of health and care—in its broadest sense—has in re-traumatising people who access it. "*Whilst there are many pathways within* [and between] *services, it appears there are relatively few that have been designed with each other in mind either simultaneously or sequentially*" (Crowe et al., 2021, p. 33). Although individual services may meet their goal in terms of intervention or treatment, people's overall recovery journeys suffer from disjunctures in the system between services. These disjunctures occur due to age-based transitions from children's to adults' services (highlighted in the ATR Report), exit and re-entry into services and having sequential support needs met (or not).

Elsewhere in the ATR Evidence Review (Crowe et al., 2021) there is a clear narrative thread about the importance of a wide range of services and amenities that are conducive to supporting young people in particular, building resilience, creating opportunities and expanding their aspirations. This supportive environment that lies outside of the health and care system is integral to the prevention and resilience agendas although it sits outside them structurally.

This is reflected in the YMCA's report '*Out of Service'* (2020) in which the definition of…

> *'youth services' broadly encapsulates two types of service: 'open-access' (or 'universal') services, including a range of leisure, cultural, sporting and enrichment activities often based around youth centres; and more targeted provision for vulnerable young people, including teenage pregnancy advice, youth justice teams, and drug and alcohol misuse services.* (p. 5)

The service mapping exercise in the ATR Review of Evidence (Crowe et al., 2021) provided evidence about the second set of services, those targeted at vulnerable young people with specific needs. The different distributions of services by district may reflect the different perceptions of what constitutes relevant services in each area, and the extent to which the survey successfully penetrated the networks of organisations delivering services to Children, Young People and Families.

Outside of that network lies the work of the Youth Services supported by local authorities. This is most often delivered through youth centres and sometimes—still—through detached youth work teams. These are the services that have been most severely impacted by the years of austerity (as noted elsewhere in this report) and have survived only in the most disadvantaged areas of the districts or in some cases the most rural areas where there would otherwise be no provision at all. Although there may be a service in these places, access is often limited, certainly not every day and maybe only a few hours one day a week.

As a result of the decline in local authority support, there has been a relative growth in public sector youth provision by the Youth Justice sector (Youth Offending Teams and the VRU, among others) as part of early intervention, education support and custody diversion. Whilst the provision of support is to be welcomed, it may be self-defeating if participation leads young people to self-stigmatise and as a result self-exclude from support opportunities. Options to engage young people in mainstream provision (see recommendations below) could be risk managed, particularly where the concern is vulnerability rather than supervision.

The evidence from West Yorkshire Liaison and Diversion Service clients in the WYHCP ATR Review of Evidence (Crowe et al., 2021) identified that early behavioural expressions of vulnerability to familial substance use and or violence were frequently interpreted as '*deviant*', particularly in the school

system. There were a number of testimonies to the work of youth services and individual workers in rectifying this stigma, with several interviewees reflecting nostalgically that these opportunities had been lost now.

The bulk of youth provision is made up of Third Sector or private organisations. This can be loosely themed as follows:

- Uniformed provision – Scouts, Guides, Cadets and their affiliated groups
- Religious provision – faith-based youth clubs and activities
- Sports, arts, crafts and culture, education (e.g. science activities, coding), and music activities – ranging from a high level tuition to a gateway to engagement

Whilst the spread of this kind of provision is broader geographically, it generally relies on subscriptions/ fees and possibly the purchase of equipment thus narrowing the spectrum of people who can afford to participate. This type of provision has been less affected by austerity, and to some extent has bounced back with fewer challenges after the Covid-19 lockdowns than public sector provision. Whilst local authority youth provision has been scaled back, this self-funded provision has been largely sustained leading to the observation made elsewhere in this report that less disadvantaged areas have a greater proportion of provision of activities for young people.

Directories of services for children and young people, youth services and activities in each district are available as follows:

- Bradford: Directory | DIVA Bradford
- Calderdale: Search results: Youth centres and projects: Calderdale Council
- Kirklees: Our Members (kirkleesyouthalliance.org)
- Leeds: Professional Services Children and families (leeds.gov.uk). Activities information for children/ young people can be found at Breeze Leeds – Under 19 in Leeds? Get caught up in the Breeze: Youth Clubs and Services information can be found here: youth services leeds west yorkshire - Search (bing.com)
- Wakefield: The Directory - Nova (nova-wd.org.uk)

The ATR Review of Evidence (Crowe et al., 2021) not only looked at the distribution of services across West Yorkshire, but asked respondents about the degree to which their organisation was Trauma Informed. Naturally at an early stage in the journey to being a Trauma Informed Integrated Health and Social Care System the responses were mixed. However, it was evident in the responses that organisations were generally focussed on their own staff adopting trauma informed practice in relation to their own service users. SAMSHA's "*domains of implementation … for establishing*

trauma-informed care" (SAMHSA, 2014, p. 11) include cross-sector collaboration. This emphasises the need to work in a trauma informed way not just within individual organisations but more importantly, between them. This requires a mutual and collaborative approach across organisations that individuals and families, who are vulnerable to, or at risk of perpetuating, intergenerational substance use and/ or serious violence, receive a pathway of support and are able to return to support when the need arises without being re-traumatised.

It is worth noting here, that, the provision of generic Youth Services is a factor in building community as well as individual resilience and also a means of reducing or mitigating localised adversity. One of the challenges in undertaking this piece of work families and young people in particular who are most affected by the issues discussed live their daily lives outside of the services intended to support them. To some extent we are reliant on hypothesising their experience based on what we know from professionals and service users in contact with this "disconnected" cohort of the population.

7 Recommendations

7.1 Professional service provision across West Yorkshire

Services are a key provider of resilience in young people. These services are often unequally distributed throughout the county, allowing uneven occurrence of violence and substance within or between districts. This piece of work has highlighted thematic challenges in the distribution, availability, and provision of services for those who are affected by both their own and other people's drug use across West Yorkshire. We found that:

- Services are diverse but unevenly spread across West Yorkshire with specialist services being centred in Leeds
- Too many seem to be on short term funding cycles, have long waiting lists or don't have a ready pool of staff to draw upon to increase capacity even if the money was there to expand services
- There are varying levels of integration with associated services. These include different technical approaches to joint working or co-working with service users, sharing information and having common assessments.

This poses a challenge to creating long-term sustainable pathways out of violence and substance use. This is particularly true for the disconnect between services for adults who are affected by these issues and services for those who are impacted by the same persons substance use such as their parents, partners, children, and families.

This point was illustrated by our discussion with the Forward Leeds family plus team. The team highlighted how support for the user's family was often removed when families were identified as being in greater risk and care was transferred to Child services or Social Care. This support was also only available for the families of individuals in treatment. This means the care of those around a user can often be dependent on the behaviour and engagement of the user themselves. Similarly, the ability of schools to engage is compromised by service users' perception of the school's interactions with them and with other services.

7.2 Provision of youth services

Transitions for 16-25 year olds within a service area (i.e. from children to adult services) are well supported in a flexible, person centred way in some service areas. Typically these are the services where there are fewer age-based statutory obligations. By way of illustration the Young People's service in Forward Leeds can continue support for service users or admit anyone up to the age of 25 whereas at 18 someone already serving a Community Sentence moves from the Youth Justice services to the adult service which has a wholly different approach. Examples of models also exist which support positive moves for homelessness to sustainable housing for young people (e.g. Latch and Gipsil in Leeds) and for young people leaving care (Wakefield Leaving Care Team). These are transitions into and out of services that are trauma informed in their design and delivery which other services can reflect on and learn from. Increased use of Liaison and Diversion services for young people approaching transition age in the Criminal Justice System may be more appropriate than a "sharp" switch in service delivery.

Our qualitative findings highlighted some of the reasons young people turn to drugs at a young age. The Calderdale YP team spoke about how a combination of educational apathy, disconnect between their lives and those seen on the internet, and experiences of disinvestment in their environment as well as themselves all contribute to a decline in the aspirations of young people. Substances then, become a way to disconnect and manage their feelings and emotions. Low aspirations are a focus of VRU research, it is believed that continued experiences of deprivation, poor housing, and intergenerational trauma all contribute to a growing cohort of young people who have an increasingly bleak outlook on life (VRU, 2022). Our findings reiterate that many young people already experiencing multiple disadvantages were further impacted by COVID-19, both in terms of short-term mental health and long-term life outlook and creates the ideal context for criminal violence and exploitation to occur (Lumley & Rolfe, 2021). The Calderdale YP team also found that youth services were immensely valuable to young people; however, the hardest problem was

getting them into the first session. The main barrier faced by the Calderdale team was transport two and from the available activities, due to limited local public transport. Our findings match those of Lumley and Rolfe (2021), who also highlighted transport and access as barriers to youth engagement in their CREST review.

Youth services should be affordable with either no-fee or heavily subsidised attendance for those who need it. In addition, transport needs to be considered too and from the activity, especially for young people living in the most deprived and/ or rural areas with poorer transport links. In addition, youth services can play a role in building the aspirations of young people. They can help counter educational apathy by providing gateways to vocational training and organising work experience (if it is properly compensated) to help young people build skills outside of the confines of traditional education. Furthermore, they can organize trips to other parts of the UK to increase young people's exposure to other environments and broaden their horizons.

Due to the diversity of youth service provision and the relative lack of accessibility it may make sense to look at a "personalisation fund" approach to supporting those vulnerable to (or who have experienced) serious violence/ intergenerational trauma to access youth services which would help their inclusion and engagement in their communities and act as a gateway to more formal support services if necessary. The personalisation fund is a simply administered "pot" which would enable young people meeting set criteria to access funds (via a support worker) specifically for youth activities which would otherwise be out of reach. A similar scheme ran in WY-FI (via Humankind) for adults experiencing multiple disadvantage successfully over 7 years. Among other things this provided training and education opportunities, leisure and social activities as well as transport to and from activities.

Like all service sectors, youth services can benefit from becoming more trauma informed. Trauma can have a large impact on a child's response to both stress and care. According to Tony France in his blog post for CYPN (2019), many of the traumatic experiences in children with multiple disadvantages occurred pre-verbally, meaning that the impact of these children's behaviour is not something they can easily comprehend or even be fully aware of themselves, as there is no story or narrative to those early experiences. Therefore, these experiences tend to be stored in the body, rather than in memory and can affect the way traumatised children respond and behave (Van der Kolk, 2015). Many of these behaviours can be interpreted as problematic or difficult and may partly explain the extent to which those with history of childhood trauma end up in the criminal justice system. It is important that workers be trauma informed so they can understand the root of these behaviours and react appropriately, with compassion rather than condemnation.

Additionally, further support can be provided to those with a history of trauma by strengthening referral links between youth services, mental health services, and schools.

Youth work can be an important pillar in targeting the most at-risk young people in the West Yorkshire. The sector has been consistently stripped back by a decade of cuts, the YMCA's report estimating that spending on youth services had reduced by 75% over the last ten years (YMCA, 2020). These services were further impacted by the COVID-19 pandemic, with 64% of youth service providers reporting being at risk of closure within the next 12 months (YouthUK, 2020). In 2019 the government pledged to increase funding to the sector by £500m. Services have scarcely been able to access this investment due to a two year delay in its availability (NYA, 2021). These commitments were recently cut by £122m in early 2022, before many sectors had even felt the impact of the investment (Eichler, 2022). This represents a further blow to a sector desperately in need. The cut represents another example of youth services being pathologically undervalued by the government, both for its ability to build resilience early and reduce long term negative outcomes for young people.

Tackling these issues involves increasing the provision of youth services. Primarily, the VRU has the capacity to increase pressure on the government to boost funding to the sector. Beyond that work needs to be done on local, community level to address their specific provision needs. The Yorkshire and Humber Youth Work Unit and district level Youth Service Networks are in a strong practical position to support this work and consideration should be given to the resources required. Our findings echo and reinforce the recommendations of the CREST review (Lumley & Rolfe, 2021). Youth services need to build young people up to improve aspirations whilst being affordable and accessible to everyone.

7.3 Provision of mental health services

Our research has highlighted the link between young people's drug use and their mental health. Evidence provided by the Leeds YP team illustrates the vicious cycle young people can fall into when using substances to self-medicate mental health issues. As discussed previously, struggling mental health services have been pushed to their limit by COVID-19, often meaning they have to prioritise individuals by need, usually meaning those who receive help are already in a crisis state. Some young people choose to turn to substances as a form of self-medication for their mental health issues, which bars them from accessing specialist mental health support, even when reaching crisis states. As mental health underpins substance use in this client base, attempting to reduce use without effective mental health provision is futile, as they will re-present again. The work of supporting these individuals then falls to drug and alcohol teams who are tasked with providing additional mental

health support on top of their drug and alcohol work. Subsequently, drug and alcohol practitioners are feeling the squeeze themselves, absorbing much of the client base unable to access support from mental health services. Poor referral links mean teams are unable to discharge clients safely, causing treatment times to extend and treatment plans to fail.

Improving the provision of mental health services needs to be viewed as a keystone in reducing substance use and violence among young people. Substance use is not often even considered when planning or reviewing mental health services. For example, in the recent review of children and young people in the Bradford mental health service by the Centre for Mental Health (2020), there was no mention of drugs or alcohol throughout the whole report. This is increasingly important as the document suggests moving to a 0-25y service rather than a 0-18y service, meaning provision will encompass the age group that our findings suggest are most at risk of turning to substances for self-medication.

In their review, Lumley and Rolfe (2021) highlighted similar concerns that services were only concerned with the most at risk, leaving individuals with low level mental issues to either deal with it themselves or come back when they are worse. We would like to echo some of the recommendations they made in their review with a few additions more closely related to substance use.

One of the most pressing issues facing mental health provision is time. It may not be feasible to expand the provision and increase capacity in time to meet the growing need of a generation impacted by COVID-19. Services may need to look to alternate methods of structuring provision to be able to tackle the low level, non-clinical mental health issues before they reach crisis levels. Lumley and Rolfe (2021) recommended simplifying pathways for accessing mental health, empowering schools, and increasing the number of non-clinical volunteer or peer-based staff as trained referrers and listeners (p. 119). This model of trained referees and listeners could be an essential element in tackling the mental health crisis, by increasing access to support for those with low-level or non-clinical needs. Additionally non-clinical staff require less specialist training, meaning services would be able to increase the overall capacity of the system more quickly.

Building on this, a notable intervention to consider is FACT 22 (Families Achieving Change Together) delivered by Catch 22. The intervention was praised by the Department for Education for their ability to reduce referral, caseloads, and reliance on staff (Heal et al., 2017). The model employed relied on a ‘pod’ structure of teams, with volunteer peer mentors/family role models and trained family workers who were managed by a qualified social worker to oversee them. The majority of time the children spent was with the volunteer workers, who were able to provide consistent support and

were trained to appropriately escalate problems when necessary. This allowed teams to unburden highly trained staff and consequently service a wider population. Not only did this decrease caseloads of specialist staff but also increased how supported children felt who were 'on the cusp of the system' (Catch 22, 2020). A pilot scheme testing a similar organisational structure in the provision of mental health services could be run on a small case load and its effects monitored. If similar results can be achieved (reducing caseloads, reducing re-referrals, and reduced reliance on specialist staff) it could help tackle the rising mental health crisis in West Yorkshire and its associated substance use, utilising the resources already available in the county.

Specifically to substance use, there is a need to establish a specific treatment pathway for individuals with co-current mental health and substance use issues. This would help prevent those with co-current presentation from being automatically excluded from mental health treatment. Additionally, building strong referral links between drug and alcohol and mental health services would allow teams to discharge clients safely and reduce re-presentation. Our findings also point to a need to provide greater support for young person's teams. Additional training could be given to YP drug and alcohol teams in providing mental health and wellbeing support to their clients. In addition to training, YP teams could have trained mental health practitioners integrated into the existing team structure to provide specialist support reducing the need to refer to mental health services.

7.4 Greater access to support for sexual abuse/violence

One of the most alarming findings of our research was the connection between substance use and trauma from previous sexual/physical abuse in young women. Interviews with practitioners from the Leeds YP team informed us that every young female client on some caseloads had some form of undisclosed sexual or domestic abuse. These findings further illustrate the issue of undisclosed sexual violence in West Yorkshire, as well as the country as a whole. It is believed that only 1 in 6 sexual assaults are reported to the police (ONS, 2021). Research has shown that much of the hesitancy to report incidents of sexual violence stems from emotions such as shame and embarrassment, as well as a reluctance to label their experience as 'rape', especially if the perceived traditional markers—such as violence or coercion—are not present (ONS,2021). Additionally, there is also a perception that the police are unable to help in any meaningful way (ONS, 2021). The range of difficult emotions led the young women seen by the Leeds YP team to self-medicate with substances in lieu of appropriate support.

Provision of these services needs to improve if the VRU wishes to address a key cause of substance use among young women in West Yorkshire. The county currently offers many local and county wide

services of support including: Support after Rape & Sexual Violence (Leeds), The Rape and Sexual Abuse centre (Kirklees, Calderdale, and Wakefield) and the Bradford Rape Crisis and Sexual Abuse Survivors Service (Bradford). Currently, none of these services are explicitly tailored to the experience of women who are co-currently dealing with both substances use and a history of sexual abuse or violence.

West Yorkshire has Women's Centres in each district (and a larger consortium of women's services in Leeds) which practice holistic therapeutic support tailored to the clients' needs. For example, Project 1325 works across both Calderdale and Kirklees to support women aged 13-25 through a variety of needs. Their work underscores the need for services to adapt to different target groups, rather than devise completely new ways of working (for review, see Crowe et al., 2021, p. 39). However, there are limits to the degree of expertise they can offer.

Similar to the mental health findings, women dealing with co-current issues of trauma and substance use currently struggle to access appropriate support. Using similar principals outlined by organisations like Project 1352, women's centres as well as traditional mental health services need to develop tailored support for those dealing with co-current conditions, by strengthening referral pathways and ensuring they are not excluded from specialist support.

7.4.1 Perpetrator support services in WY.

While not explicitly mentioned in the findings, increasing the provision of services aimed at tackling perpetrator behaviour may also be an important tool in addressing sexual violence in West Yorkshire and its related substance use.

The Violence reduction charity Drive stated in their call-to-action release 'A *Domestic Abuse Perpetrator Strategy for England and Wales*' (2020) that only 1% of offenders receive any form of targeted intervention (p.3). Additionally, a quarter of perpetrators are repeat offenders, and some may have up to six different victims (p. 4). Low level offenders have also been shown to escalate their levels of violence, with the Femicide Census report (2020) detailing that half of all the men who killed women between 2009 and 2018 had a previous history of violence against women. Much of this violence is linked to substance use, with a Home Office review (2016) finding that 60% of domestic homicides involved some form of substance use.

Working at increasing the availability of targeted interventions for perpetrators of sexual violence will help to reduce the perpetuation of the cycle of violence against women. There is minimal perpetrator support in West Yorkshire, of the links listed on West Yorkshire Police website, all are either broken or dead. Further work could be done in increasing access to these services in the county or making the ones which already are more explicitly visible.

7.5 Provision of family mediation services

Findings from the Leeds Family plus team highlighted the fact family mediation is often difficult to access or is only available privately, restricting access to those who can afford it. Family breakdown can be a driving factor in youth substance use as highlighted by our interviews with the Calderdale YP team who stated that 80-90% of their young clients are living with a single parent.
Without mediation, other forms of resolving family breakdowns are inherently adversarial and often result in long legal battles in family courts. This can often be traumatising for the children as well as re-traumatising for the parent, especially if they were victims of abuse or violence.

Mediation services require those who can't afford it to apply for legal aid. This currently requires individuals to apply for funds or grants which can be a complex process to navigate alone. This has been addressed by the government's recent mediation voucher scheme in March 2021, which offers £500 vouchers towards mediation cases regarding or relating to a child. This scheme was recently extended to offer an additional 2,440 £500 vouchers in March 2022. The scheme is successful in widening the pool of families able to access mediation, however, depending on the case and mediator the voucher still may not cover all accrued costs (Family Mediation Council, n.d.).

Increasing the visibility of and access too family mediation can help reduce the traumatising experience of family courts on children and families Expansion to this service would build on previous recommendations from Lumley & Rolfe in the CREST review (2021) which asserted a family centred approach was required for combating generational transfer of substance use.

8 Future research

The present study has helped highlight some of the cultural, societal, and systematic factors which contribute to intergenerational nature of substance use and how it pertains to violence. Further research needs to be done to build on this study's foundations. Two possible areas of focus could be expanding the geographical reach as well as a qualitative exploration of some of the identified themes.

The qualitative component of this research included young person's teams from two of the five West Yorkshire borough (Leeds and Calderdale), future research could expand scope of the study to include the other three districts. As highlighted in our literature review, the prevalence of both drug use and violence amongst young people can vary substantially between districts. Bradford consistently ranks highly in multiple metrics including for cases of youth violence, alcohol-related

hospital admissions, domestic violence, and sexual assault whilst having relatively low levels of young drinkers and drug related deaths. Wakefield as well has the highest rate of death across the whole county. Insights from the teams in these areas will help identify if the same issues are present across the whole county, or if there are specific issues, unique to the district, which need to be addressed.

Additionally, research could expand to include individual service users as well as those involved in their care. The present study is limited in its ability to identify the connections between adverse childhood experiences and the aetiology of substance use in service users. Our findings also highlight that the reasons behind substance use can change depending on their age group, with the younger being driven by social pressure and apathy and the older being for self-medication. By interviewing individual service users, we may help shed further light on how these motivations link to childhood experience, and the extent to which its affects compound over time. Such work would deepen our understanding of the ways substance use can transfer through generations and help to develop effective interventions.

Another step for further research could be to explore the themes identified in this work through a quantitative lens. Qualitative analysis is an important step in assessing the generalisability of the claims made during the interviews in this study, by looking for similar trends in a larger sample. Possible routes of quantitative analysis could include the development of a surveys around key themes identified in this study e.g., adolescent mental health and aspirations, and see how they correlate to substance use.

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