

Evaluation of the Isle of Man's Alcohol Service for Young People aged 12-21

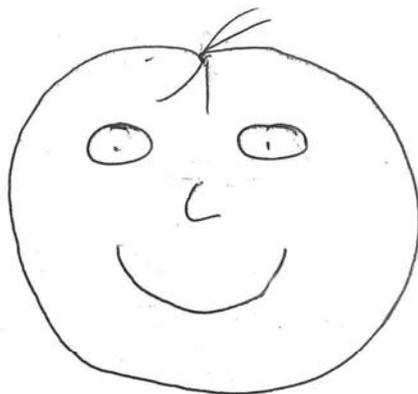
Lorna Templeton

Independent Research Consultant, Bristol, England

Final Report, June 2010

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My picture



A few words to describe my picture

This is a happy face of
quitting drinking.

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Executive Summary

- ⇒ The use and misuse of alcohol by young people is an issue of global concern. There is a plethora of evidence which indicates how alcohol use and misuse can negatively affect all domains of young lives in both the short- and the long-term. Data for the Isle of Man from the most recent ESPAD (The European Schools Project on Alcohol and other Drugs) survey reported that 97% of young people reported lifetime use of alcohol, 93% had used alcohol in the past year, 76% had used alcohol in the past 30 days and nearly two thirds had experienced drunkenness in the previous 12 months. This puts the Isle of Man near the top of the 'league table' for these behaviours across all the 35 ESPAD countries.
- ⇒ The impact of parental alcohol misuse on children is considerable and well documented, yet there are no accurate data on how many children and young people might be affected by parental alcohol problems. The most recent estimates calculated that between 1 and 3.5 million children are affected by parental alcohol misuse in the UK. Anecdotal evidence across the Isle of Man highlights that alcohol problems is one of the most prevalent problems for families in the Island's care system, whilst data collected for the GENACIS Project highlighted that one in four adults on the Island were concerned about the drinking of a close family member, indicating that great numbers of children may also be affected.
- ⇒ On the Isle of Man the issue of alcohol misuse and young people has been prioritised in the Chief Minister's Drugs & Alcohol Strategy (Alcohol Action Plan) 2009-2010, the Children's Plan 2009-2012 and the Government Strategic Plan 2007-2011. In 2007 the Isle of Man Alcohol Advisory Service, the main non-statutory provider of alcohol services on the Island, set-up its Young Person Service for young people aged 12-21 years (AAS12-21), with a three year Comic Relief grant. The aim of AAS12-21 is to offer a Tier 2 service to young people who are experiencing difficulties as a result of their own or someone else's drinking. The service is delivered by a single, full-time, young person's worker and a range of support is offered, including advice and information, alcohol education, counselling, and help for young offenders through collaboration with the criminal justice teams. The over-arching objectives of the service are that it is free, confidential, flexible, and needs led.
- ⇒ In the four years before the young person's service was established, the AAS received a total of 50 referrals from young people. In its first three years of operation AAS12-21 worked with 388 young people, with an increase in referrals in the third year from the previous two years. The majority of referrals come from the Youth Justice Team and from the Children's Ward and Medical Assessment Unit at the Hospital. There has also been an increase in the numbers of young people using the service because of problems related to parental problem drinking.
- ⇒ Towards the end of the initial three year grant from Comic Relief, an independent evaluation of the service was conducted to give young people who use the services, and professionals who refer to or work with the service, a chance to give their views on the service, its successes, its challenges and its future development. The evaluation was conducted between January and May 2010. It involved a questionnaire for young people to complete and a series of focus group discussions and individual interviews with a range of professionals (including from AAS and AAS12-21 itself) from services across the Isle of Man. The questionnaire collected some basic demographic information from the young person, and then asked them about their use of the service and how it has benefitted them in key areas, including alcohol consumption, parental drinking, family life and safety. Finally, the questionnaire included the option for the young person to draw a picture which represented what they thought of the service and how it has helped them. The interviews with professionals focused on their use of, or working arrangements with, the service, how the service benefits both young people and other services on the Isle of Man, what

successes and opportunities, and challenges and barriers, the services has brought and thoughts on future developments for the service within the bigger picture of service provision on the Island.

- ⇒ Sixty questionnaires were distributed to young people, and twelve completed questionnaires were returned. Seven of these twelve young people were female and ranged in age from 13-24 years old; the five males were aged 16-23 years old. Seven of the respondents said that they had used the service because of their own drinking and four because of a parent's drinking. There are some limitations to the questionnaire survey with young people because the number of completed questionnaires was quite small. This means that the findings must be interpreted with caution. Nevertheless, the data suggest that AAS12-21 reaches a range of young people and can benefit those who are struggling because of their own or a parent's drinking. Examples of change in a range of areas were seen from quantitative and qualitative comments made by the young people, and by the pictures which some of them drew. In particular, there were examples of how the service can help young people consider, and make changes to, their own drinking and can also influence family life and young people themselves through, for example, increased self-esteem and confidence. The core strengths of the service appear to be that it is free, flexible, confidential, responsive to the needs of young people, and offers somewhere where they can go and talk to someone. Many of the things which young people said correlate with what the professional respondents said about the benefits of the service and how they think it helps young people affected by their own or someone else's drinking. Further research is needed to find out from a larger number of young people what they think of the service and how it has helped them, and to more closely examine how the service performs against, for example, the key outcome domains of the *Every Child Matters* framework and what is known about the protective factors and processes believed to facilitate resilience.
- ⇒ Twenty four professionals, representing a wide range of services across the Isle of Man, participated in a group discussion or individual interview. There was overwhelming agreement that AAS12-21 is a much needed and valuable service, makes an essential contribution to services on the Isle of Man and must continue being funded as a service. The main strengths of the service are that it is youth-centred, fills an important gap between statutory and specialist levels of provision, has raised the profile of alcohol issues amongst young people on the Island and has some good partnerships with other agencies. The work with the Hospital, schools, College and the Youth Justice Team were particularly highlighted. However, it was acknowledged that identifying and then working with young people affected by parental drinking is much harder and an area where more work is needed. Constructive ideas for how AAS12-21 could develop were put forward by the professionals as part of the discussions which took place. Partnerships, information sharing and finding out more about the impact that the service has on young people, were three main areas where participants felt that further work was needed. However, sustaining and developing the work of AAS12-21 is about more than the individual endeavours of AAS and AAS12-21, and so these are areas where all parties need to come together to discuss how services for young people need to be developed, and how services need to work together to achieve this.
- ⇒ There has been an increase in the number of young people accessing AAS12-21 because of parental alcohol problems, yet much less is known about this area of the work. It is generally acknowledged that this remains a largely hidden problem, and one that both families and professionals are still reluctant to accept as serious. Many of the professional participants agreed that this was a much harder population group to engage and work with. The two AAS12-21 workers gave very useful insights in to why this is and how they attempted to tweak the service model to be better able to engage and support young people affected by parental drinking.

⇒ The AAS12-21 service was a completely new venture, both for the AAS and also for service provision generally on the Isle of Man. It was established at a time when the dual concerns of alcohol and drug misuse, and of their impacts upon young people and families, were gaining increased recognition and being specifically included in key policy directives, but where there was no previous experience of running a service for young people affected by their own or someone else's drinking on the Isle of Man. In setting up AAS12-21, AAS had identified a clear need for young people, and at the same time recognised that alcohol services for young people cannot be modelled on adult services and that a different approach was needed. The model which has been developed, and which is still evolving, has become firmly embedded in Island service provision over the last three years. The success of the service has been recognised by both young people and a range of professionals from services across the Island. It is perhaps because of the hard work in the first three years that, during the time when this evaluation was undertaken, it was confirmed that the Isle of Man Government has agreed to fund AAS12-21 for a further 12 months, with the proviso that the service works with the statutory Tier 3 provider to develop a plan for a tiered framework of services for young people. It is therefore hoped that AAS12-21 can therefore continue to thrive and evolve to offer the vital support which young people on the Isle of Man need because of problems associated with their own or someone else's alcohol misuse.

Introduction

Young People and Alcohol Misuse

The use and misuse of alcohol by young people is an issue of global concern (Hibell et al., 2009; Jernigan, 2001; WHO, 2004), yet the majority of alcohol-related harm is preventable (Shortt et al., 2007; Toumbourour et al., 2007). There is a plethora of evidence which indicates how alcohol use and misuse can negatively affect all domains of young lives, both in the short- and the long-term, including their physical and mental health, education, behaviour, and relationships with family and others (Chief Medical Officers, 2009; Newburn & Shiner, 2001; Newbury-Birch et al., 2009; Templeton, 2009; Velleman, 2009). There is also a related set of research findings which summarises the 'ripple effect' of how alcohol (and drug) misuse, including that by young people, can negatively affect families and other social networks (Orford et al., 2005).

The 2007 European Schools Project on Alcohol and other Drugs (ESPAD: Hibell et al., 2009)¹ reported data from over 100,000 young people aged 15 to 16 years from 35 countries. Young people in the UK reported some of the highest levels of lifetime use, frequent drinking in the last 30 days, drunkenness, binge-drinking and alcohol consumption by volume. In the UK there is growing consensus that there is an increasing 'polarisation of drinking patterns amongst young people' (Measham, 2007 p207), along with rising concerns about 'binge' drinking (Martinic & Measham, 2008). There is some evidence that more young people are choosing not to drink, or to drink at lower levels of risk and harm, but this is countered by evidence that those who are drinking are drinking at higher levels and with more problems as a result (e.g. DCSF et al., 2008; Templeton, 2009).

Nearly 21% of the total population of the Isle of Man of just over 80,000 are young people up to 18 years old (2006 Census, reported in the Children's Plan). The Isle of Man is one of the countries which participated in ESPAD (see above) (Hibell et al., 2004, 2009; Powell et al., 2006). Data for the Isle of Man, from the most recent ESPAD report (Hibell et al., 2009), reported that 97% of young people reported lifetime use of alcohol, 93% had used alcohol in the past year, 76% had used alcohol in the past 30 days and nearly two thirds (61%) had experienced drunkenness in the previous 12 months. These figures mean that the Isle of Man has one of the highest levels of such behaviours for young people across all the

¹ See www.espad.org for more details about this European study.

ESPAD countries. Furthermore, in 2006-2007 there were 54 young people aged 12-17 years who were admitted to hospital as a result of harmful alcohol consumption; this is an increase on the two previous years. Alcohol was also the primary offence for 140 referrals to the Youth Justice Team in 2007-2008 (Children's Plan).

There are no accurate data on how many children and young people might be affected by parental alcohol problems. The most recent estimates calculated that between 1 and 3.5 million children are affected by parental alcohol misuse in the UK (Manning et al., 2009) and that the numbers of children affected by parental drinking is five times as many as are affected by parental drug problems (Turning Point, 2006). The impact of parental substance use on the lives of these children is considerable and well documented (Barnard, 2007; Gorin, 2004; Kroll & Taylor, 2003; Scaife, 2007; Templeton et al., 2006; Wales et al., 2009). Anecdotal evidence across the Isle of Man highlights that alcohol problems is one of the most prevalent problems for families in the Island's care system (in March 2009 there were 112 looked after children in public care and 39 children on the Child Protection Register – Children's Plan). Furthermore, data collected on the Isle of Man for the GENACIS Project² highlighted that one in four adults on the Island were concerned about the drinking of a close family member; such estimates provide further direction as to how large this problem might be and suggest that many children may also be affected.

In response to these growing concerns, reducing the numbers of young people who misuse alcohol, and subsequently reducing the level of alcohol-related harms which many of these young people are exposed to, has become a priority issue across the United Kingdom. The needs of children and young people affected by parental drinking has not received so much attention but is continuing to emerge as another significant issue which needs attention and clear policy support. Additionally, there is recognition that any response to alcohol misuse needs to be multi-faceted, tackling the issue and offering a response at the individual, familial and community levels.

On the Isle of Man the issue has been prioritised in the Chief Minister's Drugs and Alcohol Strategy (Alcohol Action Plan) 2009-2010, the Children's Plan 2009-2012 and the

² GENACIS is a collaborative international project affiliated with the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, and coordinated by GENACIS partners from the University of North Dakota, Aarhus University, the Alcohol Research Group/Public Health Institute, the Centre for Addiction and Mental Health, the University of Melbourne, and the Swiss Institute for the Prevention of Alcohol and Drug Problems. See www.genacis.org for more details.

Government Strategic Plan 2007-2011. The three broad aims of the Alcohol Strategy Plan 2009-2010 are to reduce alcohol-related crime and disorder, to promote integrated treatment and support interventions for misusers and their families, and to promote healthy lifestyle choices across all age groups. Within the breakdown of these aims there are outcomes and targets which include, or which are specific to, young people. However, there is no specific mention within the Plan of support to *young people* affected by someone else's problem drinking, although there is an objective to 'promote opportunities for the inclusion of families, carers and/or significant others in the treatment and support services'.

The Isle of Man's Children's Plan 2009-2010 is based on the *Every Child Matters* framework. Because of the reach of the negative impact of alcohol problems into every facet of life, much of the Plan can be related to the experiences and needs of young people who are misusing alcohol and/or who are suffering because of parental alcohol problems (or problems with significant others in their family, for example grandparents or siblings). However, specific attention to alcohol in the Plan includes, for example: to strengthen partnerships between Government and agencies in the Third Sector to develop a tiered service delivery approach for a comprehensive adolescent substance misuse service; to reduce in alcohol and drug related crime; and to support and protect pupils who may be victims of drug and alcohol misuse within their families.

The Isle of Man Young Person's Service

In 2007 the Isle of Man Alcohol Advisory Service, the main non-statutory provider of alcohol services on the Island, set-up its Young Person Service for young people aged 12-21 years (AAS12-21). Funding came from a three year Comic Relief grant, with a request from Comic Relief that the Isle of Man Government provided matched funding for the final year of the service. Part of the development phase of the service involved consultation with young people across the Island.

The aim of AAS12-21 is to offer a Tier 2 service to young people who are experiencing difficulties as a result of their own or someone else's drinking. The service is delivered by a single, full-time, young person's worker, supported by the rest of the AAS team and by building partnerships with key others across the Island. The over-arching objectives of the service are that it is free, confidential, flexible, and needs led. A range of support is available to young people, including advice and information, alcohol education, counselling, and help for young offenders through collaboration with the criminal justice teams. The AAS12-21 is

located within the building which provides the adult AAS and so the service is based on an assertive outreach model to engage and work with young people, including some evening and weekend work. AAS and AAS12-21 also have a wider remit to tackle alcohol problems amongst young people through the delivery of training and education (including a peer education service) to young people, families and professionals.

In the four years before the young person's service was established, the AAS received a total of 50 referrals from young people. In its first three years of operation the service worked with 388 young people, with an increase in referrals in the third year from the previous two years³. The young people who access the service are most likely to be aged 14-17 years with, overall, slightly more females using the service. The majority of referrals come from the Youth Justice Team, and from the Children's Ward and Medical Assessment Unit at the Hospital, reflecting the often multiple and complex problems which exist for these young people. The service has noticed that during the third year the number of referrals from the Youth Justice Team dropped whereas referrals through the hospital increased. The service has also seen an increase in the numbers of young people accessing (or being referred to) the service because of problems related to parental problem drinking (from 3% in the first year to 10% in the second year). It should be highlighted here that Mephedrone has become a problem amongst young people on the Isle of Man, with a marked increase in referrals being seen by services in the last few months. Whilst the number of referrals to AAS12-21 has still increased in the third year, it is possible that the 'mephedrone issue' has had an impact upon the work of many services on the Island and has diverted attention away from alcohol.

Outcome data, primarily using the Alcohol Concern Outcomes Spider, indicate that the service benefits young people, with reductions in alcohol consumption recorded and indications that the young people are becoming more resilient, meaning that they may be better positioned to drink less and experience less alcohol-related harm (including as a result of parental alcohol misuse). However, as the initial three year grant from Comic Relief is coming to an end, some external and independent evaluation is needed to give young people who use the services and professionals who refer to or work with the service a chance to give their views on the service, its successes, its challenges and its future development.

³ Much more detail about the young people who have used AAS12-21 can be found in the annual reports for the service; presenting such detail is not the focus of this report and so some of the key points are highlighted here only to provide context for the report and the evaluation which it describes.

Study Aims

The aims of the study reported here were to:

1. Explore how the service benefits its young service users, focusing particularly on outcomes relating to alcohol consumption, coping, safety and resilience.
2. Explore how both young people and key professionals/stakeholders view the service and its role in treatment provision for young people affected by their own or parental alcohol misuse on the Isle of Man.
3. Explore how the service correlates with existing research and practice about treatment for young people affected by their own or parental alcohol misuse.

Methodology

The study reported here was undertaken between January and May 2010. There were three elements to the study which has been completed, and these are summarised as follows.

Questionnaire for young people who have used the service

A questionnaire was designed for anonymous completion by young people who have used or who are using the service. The questionnaire collected some basic demographic information before asking whether the young person attended the service because of their own drinking or because of parental alcohol misuse. The questionnaire then asked the young person about their use of the service and how it has benefitted them in terms of core outcome areas, including alcohol consumption, coping, safety and resilience. Finally, the questionnaire included the option for the young person to draw a picture which represented what they thought of the service and how it has helped them. The questionnaire was disseminated to young people by AAS staff, either by meeting with them face-to-face or by making contact via post or telephone to see if they were interested in taking part in the study. There was a one page information sheet which described the research to the young people. A young person gave consent to the study by completing the questionnaire. Analysis was descriptive only, summarising the data and highlighting the commonalities in what the young people said about what they liked about the service and how it had helped them.

Qualitative data collection with professionals

A series of group discussions and interviews (including some telephone interviews) were undertaken during a three day visit to the Isle of Man in March 2010. A small number of additional telephone interviews were completed after that to speak with people who were not available during the trip to the Isle of Man. Interviews were conducted with representatives from a range of services who make high numbers of referrals to the service and/or who have developed close partnerships with the service. Other interviewees were suggested by the AAS Manager and the Young Person Service Worker. The AAS made all arrangements for the site visit and the interviews. An information sheet was available to all interviewees, who also all gave informed consent for their participation in the study. The interviews focused on use of, or working arrangements with, the service, how the service benefitted both young people and other services on the Isle of Man, what successes and opportunities, and challenges and barriers, the services has brought and thoughts on future developments for the service within the bigger picture of service provision on the Island. Where there was agreement the discussions or interviews were recorded. Detailed notes were also taken and reports were compiled, combining the notes and verbatim excerpts from the interview or discussion. Analysis of the qualitative dataset was undertaken thematically, focusing on key themes to emerge from the data, and guided by the aims of the study and the questions asked in the discussions and interviews.

Literature review

A focused literature review was undertaken to inform the study and the data analysis, and also to provide context to the study which has been completed. The focus of the literature review was on recent policies and good practice guidance documents for working with young people affected by their own alcohol misuse or that of a parent. The aim of the literature review was to explore how the young person's service correlates with existing research and good practice and to tie it in with Island policy. Much of the relevant literature was already known to the Researcher and some recent reviews were available. Relevant documents from the Isle of Man were also made available to the Researcher, for example, annual reports, service documents and other relevant documents.

Findings

Questionnaires from Young People

The AAS12-21 Worker reported that 60 questionnaires were distributed to young people who had used or who currently used the service. Of the 60 questionnaires, the majority were posted to young people but some were given by hand to the young person. The service had to think carefully about how to contact many of the young people because some had been or were very vulnerable and, furthermore, some questionnaires couldn't be posted because the young people didn't want their parents to know about their engagement with AAS12-21.

Twelve completed questionnaires were returned, which is a response rate of 20%. This is perhaps lower than might be expected for postal surveys. However, this was a short-term project with few resources to be able to make additional contact with young people to ask if they wanted to complete and return a questionnaire. Furthermore, the vulnerability of many of the young people, and the varied length of time since many of them had had contact with the service, will have influenced the response rate. Given the small dataset descriptive analysis only of the data is presented here. In summary⁴:

- ⇒ Seven of the twelve young people who completed questionnaires were female and ranged in age from 13-24 years old; the five males were aged 16-23 years old (note that two respondents were older than the maximum age the service usually works with but the age given reflects the current age of the young person and not the age that they were when they used the service).
- ⇒ Seven of the respondents said that they had used the service because of their own drinking and four because of a parent's drinking. The final young person said that they had used the service because of another problem, anxiety.
- ⇒ Currently, eight of the young people lived at home with parent(s) or similar adults whilst two lived with other family members and two lived on their own. Five of the respondents were at school, three at college, one worked and three said that they were unemployed.

⁴ Given the small dataset and the context of working with these issues on the Isle of Man, it is possible that some of these young people could be identified if too many personal details are presented. Therefore, general statements are given here, with no specific reference to the age or gender of a particular young person.

- ⇒ In terms of their use of AAS12-21 seven of the young people said that they were still using the service. Of the remainder one young person said they had used the service between three and six months ago and the other four said they had used the service six or more months ago. Five young people had received 2-5 sessions of help; another five had received six or more session (use ongoing for many). The majority of respondents (9) said that they had received advice and information, with smaller numbers (4) saying they had received education about alcohol and/or counselling sessions. One or two young people said they had used other parts of the service, such as the SMS service, help with offending behaviour, or that they had attended for help with their parents.

The questionnaire asked a series of questions about how the service had helped the young person. In six areas (own drinking, parental drinking, things at home, not going to school or work, having something to do, feeling safe at home) the questionnaire asked whether this was a problem for the young person, how the problem is now, how much things have changed and how much the service helped me. These questions were designed to explore the key outcomes of the service, which themselves correlate with some of the outcome domains of the *Every Child Matters* framework and what is understood about facilitating resilience in this population group. Unfortunately this section of the questionnaire was not completed by many of the young people and so it is hard to offer much in-depth analysis. The following section summarises the responses which were given.

- ⇒ **My own drinking (five respondents):** three identified this as a problem whilst two were not sure. All respondents said the problem was a bit or a lot better, with all adding that things have changed quite a lot or a lot. However, there were more mixed views in the extent to which AAS12-21 had helped, with three young people saying it had helped a lot, one quite a bit and the fifth young person wasn't sure.
- ⇒ **Parents drinking (five respondents):** four said that this was quite a bad problem with the fifth saying it was sometimes a problem; there were very mixed views in how the problem is now (with some saying it was worse) and how much things have changed. Two young people said the service had helped a little bit or quite bit, two said it had helped them a lot and the fifth young person wasn't sure.
- ⇒ **Things at home with family (four respondents):** three young people said this was quite a bad or a really bad problem whilst the fourth respondent said things at home were sometimes a problem; there were again mixed views in how things were now (bit better, quite a bit better, worse or unchanged, and unsure). Two respondents said they were not sure how much things had changed, whilst the other two said that things were quite a bit better. All four young people said that the service had helped them quite a bit or a lot.

- ⇒ **Not going to school or work (one respondent):** this young person said that this had been a really bad problem for them but that it was a lot better now and that this improvement had a lot to do with the help they had received from AAS12-21.
- ⇒ **Having something to do (four respondents):** two young people said this was a quite bad or really bad problem whilst the other two said it was a problem sometimes for them; three said the situation now was better whilst the fourth was not sure. Two said that AAS12-21 had helped them quite a bit, another said it had helped them a lot whilst the fourth young person wasn't sure.
- ⇒ **Feeling safe at home or with family (four respondents):** three young people said that this was quite a bad problem for them whilst the fourth respondent said it was sometimes a problem for them. Three young people said the problem was currently worse or unchanged or were not sure of their answer; in all three cases they felt that the service had helped them to varying degrees. The fourth young person said that things were better and that the service had helped them a little bit.

It is incredibly hard to pull out general conclusions from analysis of these data. The indications are a little clearer that changes occurred for young people in relation to their own drinking, and that AAS12-21 helped with this. However, perhaps understandably given the complexity of the issues involved, young people gave a more mixed picture as to how things changed in other areas, including family life (including parental drinking), safety and diversionary activities. Whilst positive change followed a less clear trajectory in these areas, many of the young people who answered these questions did indicate that they had still found their use of AAS12-21 helpful.

The final section of the questionnaire included some free-text questions which asked the young people to list up to three things that they liked about the service, up to three things that have changed because they used the service, whether there was anything that they wanted from the service but didn't get, and whether there was anything else that they wanted to say. The majority of the young people could list up to three things that they liked or found helpful about the service (Figure 1), very few respondents wrote things that they didn't like or that they wished they had received. Overwhelmingly, the most helpful thing about the service was having somebody to talk to. More specifically some young people said that they appreciated that the service was confidential, that it was flexible (e.g. they visited young people in their own space and there wasn't a waiting list) and that it gave advice and information about alcohol and other issues.

Figure 1: What young people said they liked or found helpful about AAS12-21¹

It helped me stop drinking; it [taught] me information I didn't know about drink; and that I am a better person
Easy to talk to; was able to put my problems out on the table; helped me sort some problems out
Someone to talk to; flexible where we can meet; feel comfortable speak to someone
The advice given while going through a hard time; I liked the way it made all the bad things not seem that bad; I liked being praised for the good decisions I've made in life
You made more friends that have similar problems; it has cut down my mum's drinking habits; I can relax more instead of being like a personal slave
They are there for you when something is wrong; someone to talk to; someone to care
Talking; having help to sort out anxiety; being able to see someone without a waiting list
The service doesn't just sit and talk all the time; it offers support whenever it's needed; it's confidential
Regular meetings; learning to talk to someone didn't know about problems, meant they seen bigger picture; gave good advice

¹Each set of statements came from one young person, the semi-colons separate the three things that each of them said they liked or found helpful about the service.

Many of the respondents were also able to list one or more things that they felt had changed for them as a result of using the service (Figure 2). The examples given in Figure 2 show that change occurred across a range of domains for young people, including their own drinking and attitudes towards alcohol, family life, attendance at school, and personal change such as increased self-esteem. Furthermore, some of the young people highlighted that they had learned to value the benefit of getting help and having someone to talk to.

Figure 2: What young people said about the service helped them¹

I hardly drink now and if I'm offered alcohol I won't take it; everything is better at home; I go to school the majority of the time that I've been assigned to

Made me feel better about myself

I don't drink whilst my daughter's in my care; I learnt to control my drinking to a certain extent; It's made me realise there's a lot more in life to make you happy

My dad has changed his ways a bit; my mum and dad aren't fighting as much; I am more happier

I have been able to try to work on my anxiety just being able to talk to a counsellor

I'm not as upset by things; I talk a bit more about my problems; I try to cope more than I did

Moved to new home and got new start; only go out once in a while now, don't drink in house; talk now to family and friends rather than build stuff up

The service was really helpful, everything has changed for me and my mum, she isn't scared to come home now and I ended up shaving my long hair off after 2 and a half years because I didn't need to hide behind it any more²

¹Each set of statements came from one young person, the semi-colons separate the three things that each of them said they liked or found helpful about the service.

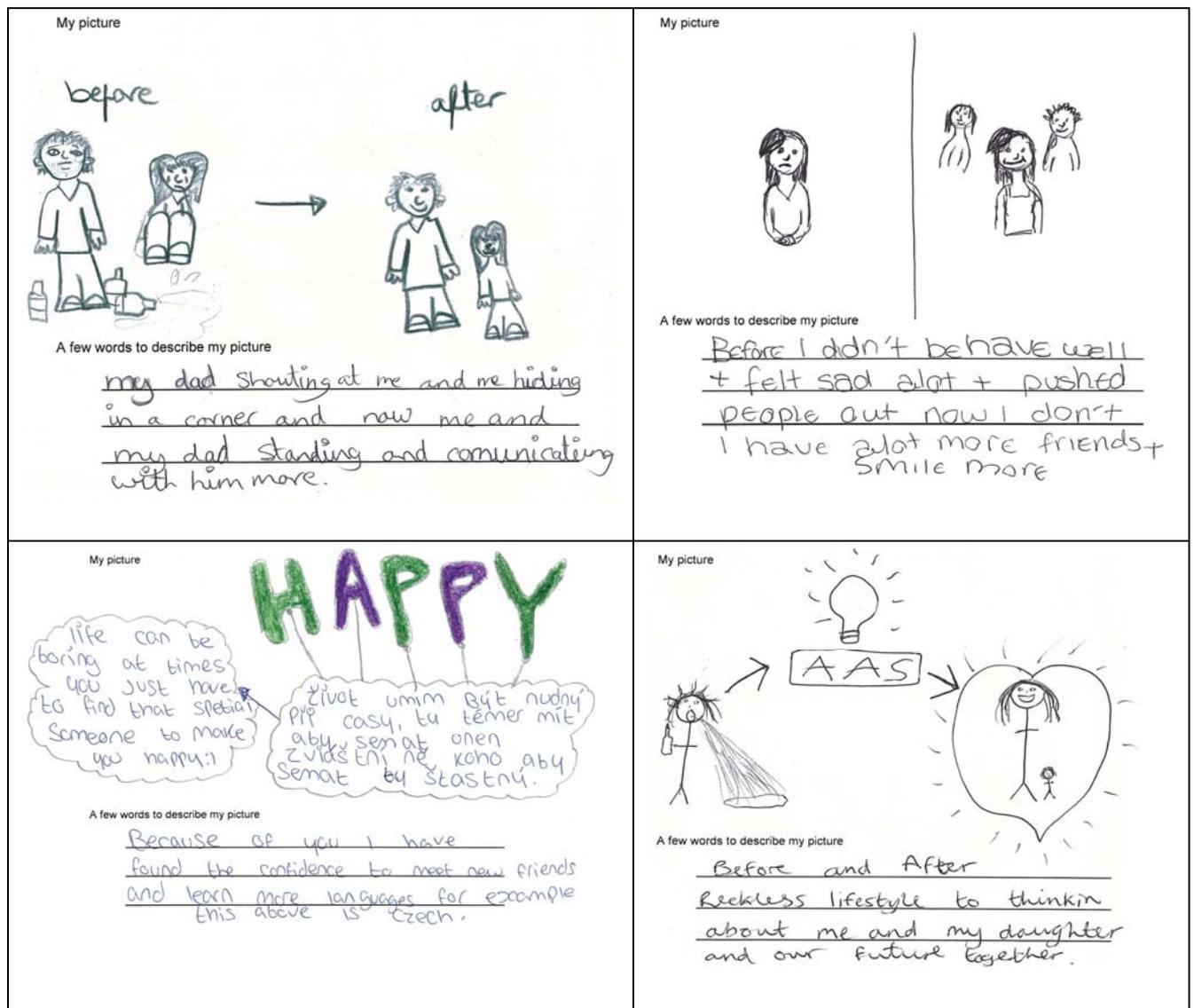
²This young person gave their thoughts about how the service helped them elsewhere on the questionnaire.

In addition to the qualitative comments given by many of the young people, seven of the respondents drew a picture, and wrote some text to describe their picture, to illustrate what they thought of AAS12-21 and how it helped them. All the pictures were very different, indicating the range of ways in which young people feel that they need help and support around alcohol and alcohol-related problems.

Figure 3 presents pictures and text given by four young people. The pictures illustrate how young people felt that the service helped them in terms of their own alcohol misuse, family life at home, and personal self-confidence. In addition another young person showed how the service had helped them by drawing a simple smiley face with text saying that the picture described a happy face of someone who had quit drinking. Another young person, who said that they couldn't draw, drew two stick people to show themselves before using the service, and now. The before picture was accompanied by the words, "drink most days to block problems; and the after picture was accompanied by the words, "now I'm happy". In describing their picture this young person wrote, "I used drink all [the] time to cope with

problems, now [I] don't drink in [the] house and rarely go out". One young respondent drew a picture of themselves getting kicked out of the home where they lived with their parents. Whilst this picture was not about how the service had helped them, this young person drew a picture which summarised the issues which were of major concern to them, thereby using drawing in a different way, to highlight the difficulties which young people experience and perhaps trying to get across how they would like a service to be able to help them.

Figure 3: Pictures by young people illustrating how AAS12-21 helped them



Summary

The small number of questionnaires completed means that the findings must be interpreted with caution. Nevertheless, the questionnaires which were completed suggest that AAS12-21 reaches a range of young people and can benefit those who are struggling because of their own or a parent's drinking. Examples of change across a broad range of domains were seen from quantitative and qualitative comments made by the young people, and by the pictures which some of them drew. In particular, there were examples of how the service can help young people consider, and make changes to, their own drinking and can also influence family life and young people themselves through, for example, increased self-esteem and confidence. The qualitative comments highlight that the nature of the service (free, flexible, confidential and responsive to the needs of young people), and the very fact that it is there for young people to have someone to talk to, are its core strengths.

Qualitative Analysis from Professionals

Twenty four professionals participated in this element of the study, through four group discussions involving two to six people, and nine individual interviews (face-to-face and telephone). All the group discussions lasted between about 45-60 minutes whereas the individual interviews were much more varied in length, usually between about 10-30 minutes. Figure 4 summarises the range of services represented by the participants in this part of the study. The findings from this part of the study are presented by exploring three key areas which emerged as important from the discussions; the value of the service, the delivery of the service, and looking ahead to future developments for the service.

Figure 4: Summary of the range of services who participated in the study

Alcohol Advisory Service	School nurse	Care for the Family
DASH	Childcare Co-ordinator – Manager of Review Centre and Independent Chair of case conferences	Drug & Alcohol Liaison Nurse
CAMHS	Home Affairs	A&E Nurse
Isle of Man Children's Service	Crossroads for Carers (x 2)	Student services
District Nurse – Safeguarding	QE2 school (x 2)	Drug & Alcohol Hospital Consultant
Youth Justice (x 2)		CRHS
Youth Services		Children's Ward

Overall value of the service

It is needed

“...it was about tailor-making a service for young people that was dedicated to them and could address their needs in a different way from the adult service”

There was overwhelming agreement that AAS12-21 is a much needed and valuable service. It is an important part of the Isle of Man’s developing framework of services for young people, and their families, and it also makes an essential contribution to alcohol treatment provision on the Island. Thus, it was acknowledged that, whilst elements of AAS12-21 overlap with other services, there is minimal duplication and that the service is vital. Significantly, the need for the service has been demonstrated in the number of referrals, which “increased dramatically” once the service was operational.

There were positive comments by some respondents on the broader ethos of both AAS and AAS12-21, and the foundations on which they were built. Members of the AAS team, and some other respondents, commented on how the development of AAS12-21 had informed developments within the adult AAS (for example, relating to communication of and engagement with clients). Furthermore, there were some specific positive comments made about how AAS involved young people in the development of AAS12-21, and in other aspects of the work of AAS which considered young people (such as the peer education work which was seen to be valuable and the peer educator described as a “real influence”). One respondent said, “it’s involved young people from the start in its set-up...and I think that’s why it’s been so successful...because it’s worked how young people would have liked, how they said they would like it to work”. Additionally, there was appreciation of the innovative and evidence-based approach to service development and delivery taken by AAS and AAS12-21. Additionally, participants in both of the focus groups complimented the quality of the AAS staff team and its leadership, with one respondent saying, “a service is only as good as the people who are in it...I think one of the reasons why the AAS works is because of the quality of people who are there”. A participant in the other focus group highlighted the benefit of knowing all members of the small AAS team, and has found that you can, “get the right response from any of the staff which is really good”.

It gets alcohol on the agenda

“It helped me understand just how much of an issue it is on the Island so it’s helped me become more aware and I think that’s been quite important”

By its very existence, and as part of the only non-statutory provider of alcohol services on the Island, AAS/AAS12-21 have played a significant role in “finally starting to get alcohol on the agenda in terms of harm to the family and to young people”. There were several comments highlighting the positive role that AAS12-21 has played in increasing awareness amongst a broad range of professionals and services about alcohol misuse amongst young people, and the impact on young people of living with parental alcohol misuse. There was a sense from some respondents that AAS/AAS12-21 has an important part to play in a bigger piece of work which is needed on the Island to raise awareness amongst parents about alcohol use and misuse by young people and to increase engagement of parents in alcohol education sessions and other initiatives and services.

Importantly, the profile of alcohol misuse issues in families in the care system has increased, largely because the AAS12-21 workers are available to attend case conferences. As they said, “having a young person’s worker in post that was actually going to case conferences and talking about the impact of drinking on families and children raised the profile within the department”. An important knock-on effect of this was that the number of referrals to the adult AAS has increased. A further result of this partnership was that the first AAS12-21 worker was invited by Social Services to conduct two audits of case files to report on the incidence of alcohol within families in the Island’s care system.

It fills a gap

“They have a service for a start....if we weren’t here there would be a gap in current provision.....where would those 248 young people that we’ve seen in the last two years go?”

The position of AAS12-21 within the overall service framework, both for alcohol problems but also for young people, on the Isle of Man was highlighted. Its very existence “in providing a Tier 2 service which wasn’t there before” was highlighted by many as significant. There was a sense that, whilst there is major change going on, services generally to young people are lacking, and so AAS12-21 is filling just one of the many gaps which exists: “[it] fits in beautifully”. Some respondents felt that AAS12-21 was able to meet some specific needs of young people, related to alcohol misuse, which other services aren’t able to respond to.

One of the most common remarks made by respondents was that AAS12-21 was a non-statutory service which bridged a gap between primary and tertiary/specialist provision. One participant said, “....I think it is important that we have that softer, easier to approach service that isn’t necessarily seen as just part of the Government”, whilst someone else commented that a non-statutory serviced was essential because “officialdom can create a barrier”. Another participant felt that, “.....it’s essential actually.....there’s often a huge gap between primary care and specialist services or tertiary care, and there’s nothing in between”. Specifically AAS12-21 offered a more socially oriented service which differed from the medically focussed model offered by the statutory service.

However, as will be discussed in more detail later, there was also a sense that more work is needed, as part of ongoing development across the Island, for AAS12-21 to form closer partnerships with other services working with young people, including statutory services.

Delivery of AAS12-21

Awareness of the service

AAS12-21 has done a lot to advertise and publicise its services, through meetings, training, leaflets, websites, presentations and media presence. Whilst many people appeared to be quite knowledgeable about the service and to not comment on this as an area which needed attention, across all the respondents there were some mixed levels of awareness of the service. Some individuals made suggestions as to what they would like AAS12-21 to do, things which in fact the service already does, indicating a lack of awareness, whilst some said that their team lacked publicity literature of the service. One individual did not know that the original AAS12-21 worker had left her post and that a replacement worker had come into post a few months ago. One hospital representative said that maybe the AAS12-21 workers could attend their weekly team meetings, held as part of the ward rounds and also attended by representatives from other services, to meet people, share information and develop or maintain partnerships with others. Overall, therefore, and perhaps frustratingly for AAS who feel that they have channelled a lot of time and resources into this aspect of the work, there was a sense that AAS12-21 could do more to raise awareness of its services and the work that it does. Some of this relates specifically to the impact of the service and this will be discussed separately below.

Characteristics of the Service

“It’s youth centred and I think that’s why it’s been such a tremendous success”

The diversity of respondents in this part of the study meant that a range of things which people found helpful about the service emerged from the discussions. A summary of these is presented in Figure 5. A further comment made by a member of the AAS team was that the service is also able to help young people, “who we never actually meet”, through, for example, e-mail and SMS.

Many respondents made positive comments about the AAS12-21 worker(s), talking about their skills in engaging with and working with young people. Numerous examples were given of what people had found helpful or thought maximised opportunities for young people to engage with the service. For example, offering sessions at school, often fitting in with school timetables; joining detached youth teams in the evenings; having great perseverance and patience to engage young people, some of whom have not successfully engaged with other services, and who would probably not have been given the same opportunities by other services; running training sessions and sometimes co-presenting with those from other agencies.

There were some specific comments about the first AAS12-21 worker and the hard work that she did to develop the service and give it its place in Island service provision. However, some people said that they had less experience of working with the current AAS12-21 worker and so were less sure of his role and the work he did, and were a little unsure about how their working relationships would develop with him. This is perhaps not too surprising given that the new worker only came into post in September 2009. As the current AAS12-21 worker has a great deal of experience in working with young people, and also has a counselling diploma, it might be useful for him, and the wider AAS, to continue to raise awareness across the Island of the service, his skills and what he brings to the service.

Figure 5: Beneficial Characteristics of AAS12-21

Fills a gap in service provision for young people, and for those with alcohol provision

As a Tier 2 service it bridges the gap between Tier 1 and Tier 3/4 provision

Skilled worker who understands the issues and can engage with young people

A service which has specific knowledge and expertise around addiction, and a specific remit to work with young people affected by alcohol misuse

Additionally, a service which is also for young people affected by someone else's drinking

An outreach service which can engage with young people 'in their world' and at their level

Persistence and flexibility with harder to engage and resistant young people, where other services might not persevere

An accessible, flexible and responsive service which also offers choice through a range of services

Advocacy role through facilitating links with other e.g. welfare officer at school or learning support co-ordinator

Performs an ambassadorial role with other services through training, presentations and partnership working arrangements

The wider remit of AAS appropriately considers young people, for example, through its peer education work

Offers harm reduction support but also fits in with the safeguarding agenda

Working with young people affected by parental drinking

"It's where the work needs to be done...it's an area that has more or less been ignored"

Despite specific questioning about this aspect of the service, respondents generally had much less to say about this part of the work. Several participants highlighted the additional value which AAS12-21 brings by also having a remit to work with young people affected by parental drinking. Many further highlighted that whilst this is an essential part of the work of AAS12-21, it is also a much tougher part of the work. Generally, whilst things are improving, there is still a lack of recognition of this population of young people and of their needs. Therefore, some respondents noted that they found it valuable that they could signpost young people to AAS12-21 for specific support.

One of the AAS12-21 workers did offer quite a bit of insight into work with this group of young people and this was discussed at some length during that interview. The worker said that the service offered to these young people differed quite a bit from that offered to young people troubled by their own drinking, in that it is more focused towards offering support, and

that often these young people will engage with the service for longer. Engagement is crucial and, for the worker, it was about facilitating support for the young person from other people in their social network, be it a family member or another professional, such as someone from school. Related to this, often after a referral is made a young person will need a bit of time before they decide to engage with the service, so AAS12-21 has found it important to move at the young person's pace whilst keeping lines of communication open. Once a young person has engaged the AAS12-21 worker said that a key outcome associated with the work with this group was to facilitate their, "inner strength, where they appreciate that they're not alone, that it's not their fault, they can start to move forward, they can start to look at their own life rather than being focussed on.....their parent". Furthermore, often positive outcomes are dependent upon the level of other support available to the young person and the extent to which that can be enhanced.

Impact of the service on young people

"I used drink all [the] time to cope with problems, now [I] don't drink in [the] house and rarely go out"

Many respondents could give anecdotal or experiential examples of cases where AAS12-21 had helped a young person, with the examples illustrating the range of ways in which young people benefitted from the service. Examples have not been presented here because the young people involved could be identified by a range of professionals across the Isle of Man. Nonetheless the respondents indicated from the examples they gave that young people changed through, for example, reducing their drinking and offending behaviour, and being able to re-engage with education or employment.

However, beyond this there was a general sense that the area of outcomes needed more careful consideration. Many respondents said that they could not talk specifically about outcomes because the confidential nature of AAS12-21 prevented such specific feedback. Some of those respondents who worked closest with AAS12-21 said that some feedback, such as whether a young person had engaged or a response to a referral letter, would therefore be helpful. The majority of participants who discussed this in more detail appreciated and supported the confidential nature of AAS12-21, acknowledging that its efforts to maintain this were hard to sustain and were therefore a strength of the service and a positive reflection on their work. There was an understanding of the delicate balance which was needed between raising awareness of the service and its impact whilst

maintaining client confidentiality. Nevertheless, many felt that consideration, through discussion with other key partners, needed to be given to how more information about the specific impact of the service could be presented. On a more general level some respondents wondered if more general data on service usage could be presented, for example, how many students attend the 'drop-in' sessions held at schools and how many hours the AAS12-21 worker does at certain locations. Whilst offering both specific and general feedback, and also facilitating partnerships between agencies, there was a sense that expanding this area of work could help AAS12-21 evidence their work and justify their continued existence.

Impact on other services

Many of the respondents were able to say how they thought AAS12-21 positively impacted upon themselves, their services and also other services. Much of what was said about this has been covered in more detail elsewhere so, to avoid duplication, the following list summarises the main ways in which participants felt AAS12-21 benefitted other services.

1. It exists, and it exists as a specific Tier 2 non-statutory service.
2. It fills a specific gap in service provision and targets key areas of need.
3. It has brought opportunities for effective partnership working.
4. It performs a valued training and education role, including an excellent peer education service.
5. It has played a significant role in raising awareness of the issues surrounding alcohol misuse and young people.
6. It offers specific support to young people affected by parental alcohol misuse.

Working in Partnership

“AAS is very adept at building up those necessary developing partnerships, and they're involved in a number of different key strategic partnerships”

This was one of the most common areas of discussion through the interviews and group discussions which took place. There was a general sense from many that AAS/AAS12-21 is

a leading player in forming and maintaining solid partnerships across a range of services on the Isle of Man. Beyond this, there were some specific comments that AAS12-21 is very good at coming down to the individual level to maximise engagement with both clients and professionals.

Many of the participants did not have close co-working arrangements with AAS12-21 but nevertheless their knowledge of the service meant that they found it very useful to have AAS12-21 to signpost clients to. For some this was useful where a more specialist intervention is needed because of, for example, the complexity or severity of the case. Furthermore some participants commented that it was useful to know that AAS12-21 will go out to visit services and young people, making the service accessible and responsive, and therefore easier for others to promote. Some more general examples of partnership working were highlighted during the discussions. For example, the AAS12-21 will attend social service case conferences, work with detached youth services at the weekends, and perform an advocacy role to facilitate engagement with other services, particularly in the education sector with others such as college welfare officers or learning support co-ordinators.

The presence of AAS12-21 has resulted in several specific examples partnership working, which are now clear examples of good practice for the Isle of Man. Figure 6 summarises four such examples. Many respondents cited the hospital policy and the JARS work as particular success stories associated with AAS12-21 and their work with other key partners.

There were few such detailed examples of individual bits of partnership work which had been undertaken. However, one individual did speak very positively about their experience of working with one of the AAS12-21 workers saying that the experience of co-working cases was, “outstanding, lots of joined up working, very willing to think outside the box, we offered support to each other, we had monthly meetings where we discussed our clients, we quite often co-worked cases that were exceedingly vulnerable....[the worker] was brilliant, absolutely brilliant and it was an invaluable service”. Later in this interview the individual spoke more about the benefits that they had experienced through co-working with the AAS12-21 worker, saying that, “I can’t always give the level of support that’s required”, and that it’s therefore good to share the responsibility with another skilled professional and have that extra support available to young people where necessary. This professional spoke about one case which they and AAS12-21 had co-worked and of the positive outcomes which had resulted in the working saying clearly “that wouldn’t have happened without me and [the AAS12-21 worker] tag-teaming it”.

Figure 6: Examples of Partnership Working with AAS12-21 and Other Agencies

1. As part of its care pathways a local hospital, through its safeguarding board, has introduced a policy whereby all young people who come into A&E as a result of alcohol poisoning or serious intoxication are admitted to the Children's Ward. As part of the care plan a referral is automatically made to AAS12-21. One of the AAS12-21 workers commented that if support is offered immediately after a young person is in hospital with alcohol poisoning then the chances of being readmitted in the next year fall. Statutory services would not be able to put this support in place so quickly, so the role that AAS 12-21 plays, by being able to offer immediate support, seems to be an important one.
2. The AAS12-21 JARS (Juvenile Alcohol Referral Scheme) service. The police (youth justice team) will make a referral to AAS12-21 to try and facilitate intervention and engagement with AAS12-21 that might avoid subsequent prosecution. JARS sessions can be individual or group, and can also involve parents, and can take place in a range of locations. Through the collaboration between the police and AAS12-21 the JARS scheme has evolved to meet a range of needs and to facilitate increased engagement. There is a sense that recidivism rates have fallen dramatically for this cohort of young people.
3. The AAS12-21 will hold 'drop-in' sessions at schools & the Isle of Man College. The worker will liaise with the school/college to book a room and the worker will then let students know that the service is available at certain times. Confidentiality is protected because staff do not know who attends a drop-in session. It is also important to have the service's presence at the schools and college as it keeps the profile of the issues and the service high on the agenda.
4. Through her hospital links the first AAS12-21 worker identified a worrying trend in the numbers of young girls who were (often repeatedly) admitted to hospital through high levels of alcohol consumption. Discussions with the school where many of these young girls were pupils led to AAS12-21 doing a targeted piece of work around alcohol awareness and education. The school found this incredibly valuable and said they would not have identified this trend, or been able to respond, if it hadn't been for AAS12-21.

Despite the many positive comments that were made about the AAS12-21 and its partnership work, there were also comments by some people who felt that AAS12-21 was sometimes reluctant to make referrals and that partnership arrangements with some services could be improved. The AAS12-21 workers acknowledged this themselves, commenting also that time and capacity in having only one worker in the service limits what can be achieved and mean that they just can't do everything that is needed. Moreover, it seems that, as the frameworks of services for young people, and for alcohol problems, continue to develop, the area of facilitating partnership working arrangements is an overarching area which needs attention and that any criticisms are not necessarily specific to AAS/AAS12-21. One specific area where work is needed is around information sharing. The AAS12-21 workers also highlighted that they have faced struggles in making

partnerships in key areas. Two examples given were primary care and general practitioners, where GPs make referrals to AAS12-21 but via the statutory drug and alcohol team, and some of the schools, who feel that if they acknowledge that there are alcohol problems amongst their students that it will reflect badly on them as education providers. The AAS12-21 workers highlighted that partnerships worked better with schools where there was a passionate key individual who they could liaise and develop a partnership with.

In one of the focus groups there was a discussion around cases where AAS12-21 makes a referral to another service. For some of these other services this raised a problem which they didn't feel has been resolved. For these cases, the service to which AAS12-21 is making the referral require parental consent (or the consent of an equivalent adult), yet the very nature of AAS12-21 means that such consent is often not in place. This dissonance can act as a barrier to engagement and intervention with a young person. Similarly, this issue came up in a discussion with the AAS12-21 workers about referrals from CAMHS, where parental consent is required from CAMHS but AAS12-21 feel that often some young people are old beyond their years and that Gillick rules of competency could be applied so that a more flexible service can be offered where appropriate.

Looking ahead

"We've definitely got to keep the under 21s service....it would be a nightmare if it didn't exist".

There was overwhelming support for AAS12-21 from those who took part in this part of the study. More specifically respondents felt that the service should continue to exist, and to develop, and that it would be a backward step if the service were to cease to exist (e.g. because of a lack of, or a reduction of, funds). At least one person felt that the uncertainty around funds had negatively affected what the service could offer and how it has been able to develop in these first three years of operation. Many participants had ideas and thoughts on how the service needs to develop. Broadly, these ideas fell into two areas, those specific to the service itself, and those placing it into the overall network of provision for young people, and for alcohol, on the Isle of Man.

Service development

“It’s a really good service.....I think that the main thing is that in general provision is not enough....I would think that it needs to developed, not just stay but also be developed and not go, that would be awful”

The following list summarises some of the ways in which respondents felt AAS12-21 could develop, although many appreciated that developments were largely dependent on funding and strategic support.

1. The age range which AAS12-21 targets needs discussion. Several, including the AAS team, felt the service could extend its remit to work with those younger than 12 years old, although there was also appreciation that additional training might be needed. One impact of this could be that the service can work with some sibling groups that it can’t currently support because of the existing age limits of the service.
2. There were a few comments that, given the sheer volume of work, the service could benefit from having more than one worker (“one person can’t do it all”). More specifically, attendees at one of the focus groups felt that having one worker of each gender could be beneficial, citing the example of a young person affected by her father’s drinking and who had found it harder to engage with the male AAS12-21 worker for this reason.
3. Some respondents felt that AAS12-21 could, or needed to, do more ‘out of hours’ work, particularly at evenings and weekends. Some respondents had given examples where out of hours working had taken place and been useful but one individual said, “the working hours that AAS offer are not practical for many clients”. In fact AAS12-21 do work evenings and weekends, but cannot be completely available ‘24-7’ because there is only one worker. Nevertheless, it may be helpful for other services to be kept informed of the flexible service that is available, and when evening and weekend work is or is not possible. Increasing the range of working hours would offer an enhanced needs led service, which would also dovetail with other services that engage in high levels of ‘out of hours’ work with young people. The AAS12-21 workers highlighted the difficulties of one person delivering a service that is essentially needed round the clock.
4. The service needs to continue to develop safeguarding work. Related to this representatives from a school said they would welcome a service which could do

more early intervention work, saying, “we would bite somebody’s hand off if this was offered to us as a school....and I’m sure other services would as well”.

5. The service could consider more diversionary activities for young people; not necessarily sporting activities but alternative things which could bring the same benefits for young people as they say they get through drinking with their peers. The two AAS12-21 workers talked about the ice-rink which had been in place for a few weeks in the winter, saying that it had led to a drop in alcohol consumption and problems because young people had an alternative venue to spend time with their mates. The Isle of Man needs more options like this, with the workers citing, for example, that the national sports centre closes in the early evening, thus restricting access for young people; in contrast the ice rink stayed open until 10pm.
6. AAS12-21 could consider the needs of specific groups of young people, for example, siblings, gay and lesbian, and young people in the care system. Some people at one of the focus groups commented that it was really hard to engage parents in such courses, on their own or with young people, and that it could be really valuable to consider how this trend could be reversed to increase awareness around the realities of alcohol misuse amongst young people and the types of problems that they are experiencing because of or associated with their alcohol problems.
7. The service could consider other means of communication with and engagement for young people e.g. social networking, free SMS service.

Strategic development

“You shouldn’t be relying on charity to provide a necessary service....[the service] fills an absolutely crucial role and should not be reliant upon charity”

There was a general sense that the Isle of Man is in the early days of developing a fuller response to young peoples’ needs, and that AAS12-21 has a crucial role to play in this evolution of services for young people affected by their own or someone else’s alcohol misuse. One participant said that, “certainly from within the treatment support group the AAS12-21 is seen as a vital component in supporting young people”. Related to this many respondents commented that AAS12-21 should be clearly supported by Government funding rather than being reliant, as it has been to date, on external charitable funding.

Sustaining and developing the work of AAS12-21 is about more than the individual endeavours of AAS and AAS12-21. Many indicated the need for a stronger partnership model to be developed and supported, focusing in this case on services for young people and firmly integrating AAS12-21 within this. One respondent felt that this was the most important next step, saying, “for me that’s the most important, the move towards integrating what services we have on the ground....we have different people working with young people in different departments and organisations so it’s just tying that all in together....and it’s starting to happen....I think the important thing is getting those working with young people round the table and seeing what each one is bringing”.

A further area of strategic development where some respondents felt AAS/AAS12-21 had an important role to play was in keeping alcohol on the national agenda. In the current climate of political and economic uncertainty, it was felt that AAS were vital players with this. As one respondent said, “....in that climate maybe there’s also an opportunity for saying there’s a role for somewhere like this....to keep on campaigning to keep the issues in peoples’ minds so that we don’t just let alcohol drift off the agenda....there is a paradox there really where there is an ongoing need for a robust service at a time where actually it could be at risk as well”. Another respondent made similar comments, particularly focusing on the reputation and skills of AAS, saying, “AAS tend to be quite proactive in a lot of areas, they do try and tackle situations head on, they do lobby to try and get people to take greater responsibility and I think they are a respected voice....people do listen and I think that’s reflected in the fact that they are involved within various aspects of the drug and alcohol strategy and will be involved within the restructured strategy...I think they do play an important role”.

Summary

There was overwhelming agreement that AAS12-21 is a much needed and valuable service, and makes an essential contribution to treatment provision, both for alcohol but also for young people on the Isle of Man. The main strengths of the service are that it is youth-centred in its approach, fills an important gap between statutory and specialist levels of provision, and has raised the profile of alcohol issues amongst young people on the Island. The number of referrals has increased and there are some excellent examples of partnership working with other agencies. However, it was acknowledged that identifying and then working with young people affected by parental drinking is much harder and an area where more work is needed. Furthermore, many participants said that they would like to know more about the detail of the impact of the service. Whilst there was an understanding

of the delicate balance needed between raising awareness of the service and its impact whilst maintaining client confidentiality, many respondents felt that consideration, in conjunction with other key partners, needed to be given to how more information about the specific impact of the service could be presented. The participants agreed that AAS12-21 must continue as a service and that all relevant agencies on the Isle of Man, including AAS12-21, needed to come together to continue developing the emerging network of services for young people on the Island.

Discussion

“[the service has been] a massive success”

The AAS12-21 service was a completely new venture, both for the AAS and also for service provision generally on the Isle of Man. It was established with external charitable financial support, at a time when the dual concerns of alcohol and drug misuse, and of their impacts upon young people and families, were gaining increased recognition and being specifically included in key policy directives, but where there was no previous experience of running a service for young people affected by their own or someone else’s drinking on the Isle of Man. In setting up AAS12-21, AAS had identified a clear need for young people, and at the same time recognised that alcohol services for young people cannot be modelled on adult services and that a different approach was needed. A consultative development process, involving young people, led to the AAS12-21 model, a model which has become firmly embedded in Island service provision over the last three years.

In many ways the service has been an overwhelming success, something which is recognised by a wide range of professionals representing a diverse range of services on the Isle of Man. In its first three years the service has been used by nearly 400 young people, with a notable increase in the number of young people seeking help because they were affected by parental drinking. The service has particularly strong links with the Hospital, many of the schools, the College and the Youth Justice Team, and some of these partnerships are recognised as examples of good practice on the Isle of Man. Both the young people who have used the service, and the professionals who signpost to, refer to or work in much closer partnership with AAS12-21, generally value the flexible, accessible and diverse service which is available, and which responds to the needs of young people in terms of what is on offer, and where and when it is delivered.

The young people who completed questionnaires gave powerful insights, through words and pictures, of how they felt the service had helped them. There are some limitations to this part of the evaluation as the number of completed questionnaires was quite small. This means that the findings must be interpreted with caution. It is possible that young people were more inclined to complete the questionnaire if the service had helped them, and if they had experienced real change as a result, rather than if the service had not helped them. Whilst the pictures reflected positive ways in which the young people felt AAS12-21 had helped them, it is impossible to know, without drawings or other information from when the young person first engaged with the service, the extent of change compared with how things used to be for the young person. Furthermore, it is impossible to ascertain whether the

group of young people who completed a questionnaire are different to young people who did not complete a questionnaire. Further research and evaluation would be of further benefit to AAS and AAS12-21, particularly to find out from a larger number of young people what they think of the service and how it has helped them. For example, further work could ask the young people to draw a picture when they first used the service, perhaps as part of an assessment or preliminary discussion with the AAS12-21 worker.

Nevertheless, despite these limitations, the questionnaires which were completed suggest that AAS12-21 reaches a wide range of young people and can offer real benefit to young people struggling because of their own or a parent's drinking. Some of the things which young people said correlate with what the professional respondents said about the benefits of the service and how they think it helps young people affected by their own or someone else's drinking. Examples of change across a broad range of domains were seen from quantitative and qualitative comments made by the young people, and by the pictures which some of them drew. In particular, the examples given suggest that the service can help young people consider, and make changes to, their own drinking and can also influence family life and young people themselves through, for example, increased self-esteem and confidence. The qualitative comments highlight that the nature of the service (free, flexible, confidential and responsive to the needs of young people), and the very fact that it is there for young people to have someone to talk to, are its core strengths.

The outcome areas which the questionnaire attempted to explore can all be interpreted in terms of some of the key outcome domains of the *Every Child Matters* framework (for example, being healthy and staying safe) and, furthermore, what is known about the protective factors and processes believed to facilitate resilience (such as the presence of a supportive and stable adult figure). The data from the completed questionnaires gives some indication that the service can successfully effect change in these outcome areas. For example, the young people who reported reductions in, or cessation of, alcohol consumption could be described as healthier. Young people who report improvements in communication at home or benefit from talking to the AAS12-21 worker, could be seen to benefit from the presence of a supportive adult factor, which is known to be a key indicator of resilience. A larger dataset of completed questionnaires would allow for these issues to be explored in more depth.

AAS and AAS12-21 are hoping to continue using the questionnaire with young people who have used the service; having a larger dataset would enable more analysis to be undertaken on the questionnaire data and the outcomes it is hoping to measure. This could, for

example, be combined with a more comprehensive analysis of data which are collected using the Outcomes Spider.

There was overwhelming agreement from the professionals who participated in the evaluation that AAS12-21 is a much needed and valuable service, makes an essential contribution to treatment provision, both for alcohol but also for young people on the Isle of Man, and must continue being funded as a service. The main strengths of the service are that it is youth-centred in its approach, fills an important gap between statutory and specialist levels of provision, has raised the profile of alcohol issues amongst young people on the Island, and can develop strong partnership working arrangements with other agencies. Constructive ideas for how AAS12-21 could develop were put forward by the professionals as part of the discussions which took place. Alongside some specific suggestions for the service (for example, related to number of workers, workers hours and specific services which could be offered), three broad areas which respondents felt needed attention were partnerships, information sharing and outcomes. As the Isle of Man is developing an integrated partnership model for services for both young people and for alcohol problems, addressing these areas, and subsequently sustaining and developing the work of AAS12-21, is about more than the individual endeavours of AAS and AAS12-21 but will require equal commitment from a range of other services and individuals.

It was acknowledged that some of the changes suggested were reliant on funding and Government support, alongside ongoing discussions to develop the over-arching framework for young people's services which is taking place on the Isle of Man. In addition, despite a lot of hard work on their part, AAS12-21 and the details of some of its work, are still unknown to some parties. A useful component of discussions about partnerships could include debate about how best to both increase and maintain awareness of the service and, where relevant, to foster specific relationships with individual practitioners.

There has been an increase in the number of young people accessing AAS12-21 because of parental alcohol problems, yet much less is known about this area of the work. It is generally acknowledged that this remains a largely hidden problem, and one that both families and professionals are still reluctant to accept as serious. Many of the professional participants agreed that this was a much harder population group to engage and work with. The two AAS12-21 workers gave very useful insights in to why this is and how they have developed the overall AAS12-21 service model to be better able to engage and support young people affected by parental drinking. It was highlighted by some respondents that little 'joined-up' data exist to be able to really push forward the seriousness of alcohol

misuse, and the numbers of young people affected by parental drinking, on the Isle of Man. Several respondents felt that the most recent ESPAD results were presented in such a way as to disguise the reality of the problem, and that a different approach is needed to recognise and raise awareness that the Isle of Man has one of the highest levels of alcohol misuse in young people across Europe (at least amongst 15 and 16 year olds). Related to this several participants felt that work is needed to involve and engage parents in the response and through this to consider how to extend current services to also offer support to the families.

AAS12-21 has survived with little financial support from within the Isle of Man, yet has quickly come to be a vital part of a developing network of services for young people. It is perhaps because of the hard work which has driven the first three years of the service, and the role this has played in getting the issues on the agenda, that, shortly after the field trip to the Isle of Man for this evaluation, it was confirmed that the Isle of Man Government has agreed to fund AAS12-21 for a further 12 months, with the proviso that the service works with the statutory Tier 3 provider to develop a plan for a tiered framework of services for young people. This piece of work can only drive forward the need for enhanced and clearer partnership working which was identified by many of the professionals as needing attention by all services across the Isle of Man. Furthermore, a draft memorandum of understanding states that there may also be funding for the following year but this is not yet fully secured. It is therefore hoped that AAS12-21 can therefore continue to thrive and evolve to offer the vital support which young people on the Isle of Man need because of problems associated with their own or someone else's alcohol misuse.

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