



Mentor UK Coastal and Ex-mining Areas Project



FINAL REPORT
September 2004 – June 2007

Mentor UK

Mentor UK is a registered UK charity that works in conjunction with its partners in the international Mentor family, with whom it shares the same mission:

“The Mentor Foundation focuses on the prevention of drug misuse in its efforts to promote the health and well being of children and young people and to reduce damage to their lives. Mentor aims to support the effective use of human, financial and intellectual resources to achieve its goals.”

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Foreword

I am delighted to introduce the findings and recommendations of Mentor Foundation UK's Coastal and Ex-Mining Areas (CEMA) project, which has been generously funded by the Department of Health and the Henry Smith Charity.

Mentor UK is part of the international Mentor Foundation family. We were established in 1998 as a UK charity which focuses on the prevention of drug misuse and the promotion of the health and well-being of young people. Mentor UK's strategy rests on four key objectives:

- Influencing policy
- Supporting good practice
- Supporting research
- Increasing the profile of drug prevention and Mentor UK's work

In June 2004, Mentor UK completed a rural project which highlighted the fact that drugs and alcohol are increasingly disrupting the lives of young people and communities in the countryside. The isolation that such communities experience and the availability and sometimes acceptability of drug and alcohol misuse can often make young people growing up in these areas vulnerable. In researching the needs specifically of coastal and ex-mining areas, our literature review found that the problems of rural isolation are often compounded by issues such as low levels of secure employment, demoralised communities, educational under-achievement and economic deprivation. In 1984, the year of the miners' strike, there were 170 working collieries in Britain; today there are only eight. The impact of this on young people and communities cannot be exaggerated. In coastal areas significant numbers of young people are being raised in temporary accommodation. Introduce drugs into such communities and the problems they experience are multiplied.

Mentor UK has worked with 12 local agencies in coastal and ex-mining areas to help them assess their local needs and pilot responses to those needs. This report describes their experiences and suggests how others working in these types of communities can learn from them. It also makes recommendations for government and commissioners of services which are intended to help change the situation so that these communities' needs are no longer ignored, and so that children and young people in coastal and ex-mining areas can be better protected from the problems that drugs and alcohol misuse can cause.

The specific responses in different areas were often very different. However, the key themes of needing to work at grassroots level alongside communities, and engaging young people and their families in finding solutions to the complex problems that drugs and alcohol can cause, were consistent throughout all the local projects.

Thank you to the funders of this project for their foresight and commitment to telling the stories of these often forgotten communities. Thank you to all the local partners and the project officers for their dedication. This report is intended to stimulate discussion and prompt action. I hope it will do that.

Eric Carlin
Chief Executive
Mentor UK

Executive Summary

Background

Drug use among young people in rural areas has rarely received the attention given to drug use in urban areas. Moreover, the lack of sufficient and specific information or research about coastal and ex-mining areas makes it difficult to understand the unique characteristics of substance misuse in these areas. The need for drug misuse prevention work in coastal and ex-mining areas has been highlighted by Mentor UK's previous work; the Mentor UK rural project drew attention to the issues that rural communities face and the reluctance to acknowledge drug or alcohol-related problems in these settings. Rural communities share many characteristics with coastal and ex-mining areas, both experience isolation, lack of access to advice, limited availability of information and support around drugs and alcohol.

The aim of the CEMA project was to improve the evidence base on undertaking drug prevention initiatives with young people in coastal and ex-mining areas. The intention was to pilot intervention models, undertaken by existing organisations in specifically selected coastal or ex-mining communities. The CEMA project provided an opportunity to share the learning from these more isolated communities with others in ways they can adapt to their own settings.

Objectives

1. To undertake a literature review and mapping exercise of work in coastal and ex-mining areas, identifying models of good practice
2. To research and develop 12 pilot projects in order to:
 - address the issues of isolation, parenting and alcohol and drug misuse
 - support and engage young people and local agencies to develop and implement local projects to address local needs
3. To share the learning gained from the 12 pilot projects
4. To increase the knowledge of policy makers about the drug and alcohol prevention related needs of young people in coastal and ex-mining areas and raise the issue of drug and alcohol misuse prevention up the list of policy priorities
5. To externally evaluate the overall project for its effectiveness (this piece of work has been commissioned separately by the Department of Health)

Methodology

The project included the following activities:

- a literature review and mapping exercise
- selecting areas
- making contact with Drug Action Teams and Councils for Voluntary Services
- establishing and working with an advisory group
- establishing the type of projects based on pre-existing evidence of the potential to reduce substance misuse
- pilot project selection
- working with the pilot projects
- enhancing the sustainability of the pilot projects
- publicity and dissemination of the findings

Findings

The pilot projects areas were chosen on the basis of the degree of disadvantage likely to be experienced by young people and families. The projects, once selected, described a lack of facilities and 'things to do' for young people and a lack of public transportation, which leaves them unable to independently access towns with more facilities. Many projects were aware of this and addressed the issues by ensuring that local community leaders brought young people to sessions and other forms of transport were provided. More difficult to address in the short term were issues around the young people's lack of self-esteem and confidence.

Through good planning, pilot projects were able to keep young people engaged and their reports depict the benefits as young people progressed through the programmes. They observed that, as young people's achievements were recognised along the way, their self-esteem and confidence in their own abilities increased.

We found that setting up projects in a coastal or ex-mining area where an agency has not worked before usually took longer than expected to get under way.

Projects that negotiated the content of training sessions and the 'rules' with young people found this constructive.

Interventions that included rewarding activities and incentives, such as a residential or day trip, food provided at sessions or arranging transportation for participants, reported achieving some better outcomes in engaging young people and increasing young people's attendance.

Parenting interventions

The pilot projects that focused on parenting work reported that:

- parents valued the opportunity to discuss issues with each other
- they were effective in improving parents'/carers' communication and coping skills
- the Strengthening Families Programme team and parents observed that the programme had positive impacts on young people's behaviour
- recruiting parents to parenting programmes can be challenging
- barriers to parents' participation included time constraints, travel limitations and the stigma attached to needing help and talking about drugs

Mentoring

Young people and mentors who took part in the pilot projects reported that:

- the programmes were well received and perceived to be useful by the young people involved
- the Binoh project reported that the programme provided them with the possibility of engaging with young people who are not in school
- peer mentoring/drug education sessions were well received and considered useful by students, staff and mentors

Using art, music and sports in drug prevention

- art, music and sport all play significant roles as means of personal and social education, and were particularly valued from our pilot projects and participants
- the pilot projects felt that such activities had the potential to develop protective factors
- creative activities offer useful ways to explore and express thoughts and emotions around sensitive issues such as drugs and antisocial behaviour
- in the transition from primary to secondary school young people are less concerned with drugs than friendships (new and old), fear about bullying, personal organisation (new environment) and self-image

Recommendations

Based on the findings from the pilot projects we recommend:

1. Building on the work undertaken by this project, government should commission research to assess the long-term impact of prevention in coastal and ex-mining areas.
2. The next Drug Strategy should recognise the specific needs of these communities.
3. Drug Action Teams and commissioners in coastal and ex-mining areas should regularly undertake an audit of local community organisations and create work-plans to engage and involve them in drug prevention.
4. Local service providers in coastal and ex-mining areas should recognise that the most vulnerable young people and parents are often the least confident.
5. Local commissioners and Drug Action Teams in coastal and ex-mining areas should:
 - commission parenting programmes, including web-based resources, as part of the local drug prevention strategy
 - commission mentoring as part of the local drug prevention strategy
 - commission diversionary activities, including sports, art and musical activities, as part of the local drug prevention strategy

Parenting Programmes

Local service providers in coastal and ex-mining areas should:

- use existing networks and structures, such as fostering services and schools, as a way of recruiting parents/carers to parenting programmes
- plan actively to engage more male parents/carers in parenting programmes
- provide information for parents about all drugs other than alcohol and cannabis

Mentoring

Local service providers in coastal and ex-mining areas should:

- encourage young people to become mentors to their peers
- support mentors' training so that they learn skills such as public speaking and making presentations
- consider delivering targeted mentoring in the community in order to reach vulnerable young people from ethnic minorities who may not have a positive relationship with formal education
- consider providing peer mentoring in education for the over-14s

Diversionsary activities

Local service providers in coastal and ex-mining areas should:

- design projects to address young people's risk and protective factors
- use sports and recreation activities as a medium for encouraging people to develop an interest that can lead to volunteering and eventually employment
- try to engage young people of all ages in activities/environments that stimulate them and allow them to freely express themselves
- focus on activities that aim to increase the self-esteem and aspirations of young people
- specifically target activities to key transition periods in young people's lives, such as the transition from primary to secondary school
- use art and music activities such as lyric writing or drawing as a way of exploring sensitive issues in drug prevention projects

Recommendations

The following recommendations are based on this project's experience of piloting drug prevention activities in coastal and ex-mining areas.

Government

1. Building on the work undertaken by this project, government should commission research to assess the long-term impact of prevention in coastal and ex-mining areas.
2. Government should recognise that drugs and alcohol are an embedded problem in coastal and ex-mining communities.
3. The next Drug Strategy should recognise the specific needs of these communities.
4. Government should give local commissioners/Drug Action Teams in coastal and ex-mining areas sufficient financial guarantees to fund projects for at least three-year cycles.

Local service provision

5. Drug Action Teams and commissioners in coastal and ex-mining areas should regularly undertake an audit of local community organisations and create work-plans to engage and involve them in drug prevention.
6. Drug Action Teams and commissioners in coastal and ex-mining areas should establish work-plans to engage and involve young people in drug prevention.
7. Drug Action Teams' and commissioners' work-plans in coastal and ex-mining areas should include diversionary activities and provide for adequate transport to enable isolated young people to use services.
8. Drug Action Teams and commissioners in coastal and ex-mining areas should work with local communities to find solutions to transport barriers.
9. When commissioning services, local commissioners and Drug Action Teams in coastal and ex-mining areas should:
 - in the first instance consider working with existing partnerships and relationships
 - assess realistically the capacity of small local agencies and provide support for development and delivery of projects
 - work in partnership with service providers to establish a realistic and supportive set-up, and planning and monitoring arrangements
 - publicise initiatives in local media, meeting places and community services
 - provide fundraising training for local groups to support sustainability

10. Local service providers in coastal and ex-mining areas should recognise that the most vulnerable young people and parents are often the least confident. They should:
 - support programmes to make informal assessments in order to overcome barriers to participation
 - ensure that programmes are culturally appropriate and make drug information materials available for people with literacy problems
 - incorporate the following into programmes: self-development opportunities; consultation and involvement of young people; creative activities; work on relationship development; rewards and confidence-building activities, such as awards to recognise achievements
11. Local commissioners and service providers in coastal and ex-mining areas need to allocate sufficient planning and set-up time for projects to create the greatest potential for success.

Recommendations related to specific types of intervention

The pilot projects undertaken as part of this project fell into three categories: Parenting, Mentoring or Diversionary Activities. The next set of recommendations relates to these specific activities.

Parenting interventions

12. Local commissioners and Drug Action Teams in coastal and ex-mining areas should:
 - commission parenting programmes, including web-based resources, as part of the local drug prevention strategy
13. Local service providers in coastal and ex-mining areas should:
 - use existing networks and structures, such as fostering services and schools, as a way of recruiting parents/carers to parenting programmes
 - plan actively to engage more male parents/carers in parenting programmes
 - provide information for parents about all drugs other than alcohol and cannabis

Mentoring

14. Local commissioners and Drug Action Teams in coastal and ex-mining areas should:
 - commission mentoring as part of the local drug prevention strategy
15. Local service providers in coastal and ex-mining areas should:
 - encourage young people to become mentors to their peers
 - regard mentoring as a two-way process that can benefit both the mentees and the mentors
 - consider flexible and varied ways of recruiting and use resources such as local media
 - support mentors' training so that they learn skills such as public speaking and making presentations
 - consider delivering targeted mentoring in the community in order to reach vulnerable young people from ethnic minorities who may not have a positive relationship with formal education
 - consider providing peer mentoring in education for the over-14s
 - address local racial and other discrimination issues and have a clear, well-publicised and enforced confidentiality policy

Diversionary activities

16. Local commissioners and Drug Action Teams in coastal and ex-mining areas should:
 - commission diversionary activities, including sports, art and musical activities, as part of the local drug prevention strategy
17. Local service providers in coastal and ex-mining areas should:
 - use sports and recreation activities as a medium for encouraging people to develop an interest that can lead to volunteering and eventually employment
 - try to engage young people of all ages in activities/environments that stimulate them and allow them to freely express themselves
 - focus on activities that aim to increase the self-esteem and aspirations of young people
 - ensure all staff delivering projects understand drug and alcohol issues
 - organise linked sessions, close to each other in time
 - use pre-existing and available community resources to encourage young people's interest in their community's history
 - specifically target activities to key transition periods in young people's lives, such as the transition from primary to secondary school
 - design projects to address young people's risk and protective factors
 - use adventurous activities, such as climbing and other outward-bound activities, to attract young people
 - use art and music activities such as lyric writing or drawing as a way of exploring sensitive issues in drug prevention projects

1 Background to the CEMA project

The UK government's ten-year *Updated Drugs Strategy 2002*¹ aims to reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25. *Every Child Matters*,² drawing on the *Drugs Strategy*, reiterates the importance of drug education in schools and commits those working with children to support a full range of substance misuse services. Both papers recognise that some children are more at risk of substance misuse than others, including truants, the homeless, young offenders and those who are looked after. Although the *Drugs Strategy* aims to reduce drug misuse among all young people, drug use among young people in rural areas has rarely received the attention given to drug use in urban areas. Moreover, the lack of sufficient and specific information or research about coastal and ex-mining areas makes it difficult to understand the unique characteristics of substance misuse in these areas.³ A review of research on drug use in rural areas, published by the Home Office in 1998,⁴ showed that drug availability had increased. Additionally, although drugs are widely used, the nature and extent of use varies from area to area. A recent survey indicated that self-reported drinking of alcohol and experimenting with drugs were often no lower in rural communities than in suburban or urban communities. Three non-metropolitan counties with a proportion of rural communities topped the list of self-reported alcohol drinking and experimenting with drugs.⁵

The need for drug prevention work in coastal and ex-mining areas has been highlighted by Mentor UK's previous work. The Mentor UK Rural Youth Project drew attention to the issues that rural communities face, and the reluctance by many to acknowledge drug or alcohol-related problems in these settings.

Referring to the situation in rural communities, the Minister for Rural Affairs, Alun Michael MP wrote to Mentor UK saying:

The issue of drug use in rural areas is a very serious matter. The principal distinguishing feature of drugs prevention work in rural areas is often a marked reluctance to acknowledge that there is a problem. Added to that, the relative lack of anonymity within rural residential areas has led to a fear of identification in young people... Projects such as yours, which involve young people with the evaluation of local drug prevention projects and materials, are essential if we are to successfully tackle this problem in rural areas.

The main findings of Mentor UK's Rural Youth Project included the following:

The situation:

- There seems to be substantial under-age drinking. It is often easy and acceptable for under-18s to be served alcohol in village pubs. Alcohol is the first drug of choice and cannabis smoking is seen by many as normal or unproblematic.
- Young people have little to do in rural areas and feel bored. A lack of transport is a key problem.
- There are very few specific drug prevention projects in rural areas.

Young people:

- Young people believe that support for parents can be an important factor in preventing substance misuse.
- There is a lack of hope and aspirations among many young people in these areas and many feel that living in a rural community has more disadvantages than advantages.
- Many rural young people do not come into contact with drug educational resources.
- The main sources of information for young people in rural communities are youth clubs/workers, friends, the Internet and personal research.
- Young people specifically want more information on alcohol.

Programme delivery:

- Limited Internet access and poor transport are challenges to those working in rural areas.
- Prevention work in rural areas relies on local staff to maintain motivation and organise travel.
- Staff working in rural agencies lack formal evaluation training.
- Rural projects working with young people are often running at full capacity.
- Evaluation support for rural projects needs to be easily accessible and clearly targeted.

Several of the young people who worked on Mentor UK's rural project were from coastal or ex-mining areas. Even after completing the project, we were aware that there was still a gap in what we know about the problems of young people in these locations in relation to drugs and alcohol misuse, and how to address them. Rural communities share many similarities with coastal and ex-mining areas. Both experience isolation, lack of access to advice, limited availability of information and support around drugs and alcohol. With support from the Department of Health and the Henry Smith Charity, Mentor UK undertook the CEMA project to help improve the evidence base about how to take drug prevention initiatives with young people in coastal and ex-mining areas. The intention was to pilot intervention models which others – government, local commissioners and providers – can learn from and adapt, where appropriate.

2 Aims and objectives of the CEMA project

1. To undertake a literature review and mapping exercise of work in coastal and ex-mining areas, identifying models of good practice and work which is promising and has been effectively evaluated
2. To research and develop 12 pilot projects, each targeted at vulnerable young people in coastal and ex-mining areas, their parents/carers and those working with young people in order to:
 - address the issues of isolation, parenting and alcohol and drug misuse
 - support and engage young people and local agencies to develop and implement local projects to address local needs
3. To share the learning gained from the 12 pilot projects with policy makers, funders and practitioners in order to encourage the effective implementation of drug and alcohol misuse prevention projects in coastal and ex-mining areas across the UK and internationally
4. To increase the knowledge of policy makers about the drug and alcohol misuse prevention needs of young people in coastal and ex-mining areas
5. To push the issue of drug and alcohol misuse prevention up the list of policy priorities
6. To externally evaluate the overall project for its effectiveness (this piece of work has been commissioned separately by the Department of Health)

3 Methodology

The project was managed to include the following activities:

- Literature review
- Selecting areas
- Making contact with Drug Action Teams and the Local Councils for Voluntary Services
- Establishing and working with an Advisory Group
- Establishing the type of projects we wanted to work with
- Pilot project selection
- Working with the pilot projects
- Sustainability of projects
- Publicity

See Appendix A for a timetable of CEMA activities.

3.1 Literature review

A literature review that informed our needs assessment and decision making was undertaken by Dr Simon Parker from the University of York and was published in December 2005. A copy of the literature review can be downloaded from Mentor UK's website, www.mentorfoundation.org/uk

The literature review discussed:

- the risk factors and young people's substance misuse, and especially the association between deprivation, isolation and substance misuse
- the unique characteristics of coastal and ex-mining communities and the problems they have
- methods of mapping deprivation more effectively

It examined in detail the case studies of two coastal and ex-mining communities (Great Yarmouth and Easington) and highlighted the generic risks of substance misuse and substance dependency as a consequence of:

- low educational achievement
- being 'looked after'
- belonging to one-parent households
- having a psychiatric or other mental illness or behavioural problem
- any form of offending behaviour
- living in a household where more than one parent is unemployed
- being homeless or housed in temporary accommodation

The literature review concluded:

Children who suffer multiple deprivation also tend to be geographically concentrated, and in the case of ex-mining and coastal communities, this exclusion is compounded by a spatial exclusion in terms of lack of access to specialist services that are more readily available in the larger towns and cities of the region. Statutory agencies and dedicated voluntary sector agencies are beginning to develop an awareness of the particular

challenges that certain forms of social exclusion pose for young people, but there is a lack of targeted prevention policy that is derived from a solid evidence base. Specialist providers therefore may wish to consider undertaking more thorough and detailed audits of the young people most at risk within their operational areas, while the use of geo-demographic measures of social exclusion such as the Multiple Deprivation Index could help to target scarce resources at the most at-risk groups.

3.2 Advisory group

An advisory group with representatives from the National Drug Prevention Development Team, Home Office, the Henry Smith Charity, the National Collaborating Centre for Drug Prevention – Liverpool John Moores University, National Children’s Bureau, Research Service Development Centre (External Evaluators), Blackpool Young People Substance Misuse Team and the Drug Education Forum was established in order to advise on and evaluate the activities, plans and vision of the CEMA project. The advisory group met seven times over three years and provided advice to Mentor UK on such issues as young people’s needs and involvement, selection of areas, set-up of projects, models of good practice, stakeholders’ involvement and dissemination of findings.

3.3 Selecting areas

A mapping exercise was conducted in order to identify and recommend possible coastal and ex-mining areas that would benefit from alcohol and drug prevention pilot projects. A list of areas was selected to focus our work, based on population (under 30,000) and the Index of Multiple Deprivation (IMD). This was supplemented by statistical data from the National Statistics Online website, the Geographical Coordination Unit and the Coalfields Regeneration Initiative. Appendix B describes in detail how the areas were selected.

3.4 Making contact with Drug Action Teams and the Councils for Voluntary Service

Following agreement on the areas where we would carry out the work, we contacted the local Drug (and Alcohol) Action Teams (DAATs or DATs) by phone and sent them a briefing on the CEMA project, requesting their advice about whether a project would be feasible in their area and asking for their support in order to identify local agencies which could develop and deliver it. The D(A)ATs helped us to identify agencies that might be interested in our project or directly passed the information to them. Where there was no interest from local agencies an alternative area was selected. For example, we could not identify a partner in Stoke-on-Trent. As a result, we revised the list of recommended areas and decided to include the area of Doncaster.

3.5 Types of projects

All the projects undertaken aimed to influence the factors which make substance misuse more likely (risk factors) and those which make it less likely (protective factors). These are listed in Table 1.⁶

Table 1 Risk factors and protective factors for substance misuse

Class	Risk factors	Protective factors
Environmental/ contextual	High drug availability Low socio-economic status Drug-using peers Delinquent peers	Pro-social adult friends Pro-social peers High socio-economic status
Family	Parental substance abuse and deviance Low parental monitoring Parental rejection Poor disciplinary procedures Family conflict/divorce Familial/environmental Predisposition/addicted parents Low parental expectations Family disruption, including employment	Absence of early loss or separation Cohesive family unit Parent–child attachment High parental supervision and monitoring
Individual biography	Early onset of deviant behaviour, smoking and drinking Early sexual involvement Early onset of illicit drug use Rapid escalation in substance use Positive expectations of and knowledge about substance use History of behaviour problems	Late onset of deviant or substance-using behaviours Negative expectations of and cognitions about substance use Religious involvement
Personality	Strain/stress Depression Aggression Impulsivity/hyperactivity Anti-social personality Sensation seeking Mental health problems	High self-esteem Low impulsivity Easy temperament
Educational	Poor school performance Low educational aspirations Poor school commitment Absence, truancy and drop-out Little formal support	Good relations with teachers High educational aspirations High parental educational expectations High educational attainment Good formal support in education

From Mentor UK's previous experience of working with young people in rural areas and a focus group that we held at the outset of the project (Appendix C), it was decided to undertake only projects which fell into one of the following categories and where there was some pre-existing evidence of the potential to reduce substance misuse:

- Parenting
- Mentoring
- Diversionary activities

Parenting programmes: Parenting programmes are focused short-term interventions that are aimed at improving the quality of the parent–child relationship by improving family functioning and reducing family risk processes.

Mentoring programmes: Mentoring is a form of one-to-one or one-to-small-group involvement, where a mentor applies both vocational and personal skills in helping a young person. At the same time the young person can give the mentor insight into teenagers and their lives today. Mentoring can improve self-confidence and self-esteem, increase motivation, broaden horizons and experience, and raise achievements and aspirations. For mentors, there is the opportunity to develop skills and understanding as part of their personal development, to feel valued and to put something back into the community.

Arts and diversionary activities programmes: Arts and sports projects can provide an opportunity to engage young people in positive alternative activities. Arts can allow young people to express their ideas, emotions and beliefs in a creative way. Sports can challenge drug misuse culture by promoting healthy, drug-free lifestyles.

Table 2 lays out the types of programme delivered in the different areas.

3.6 Project-specific selection

In total, we made direct contact with 18 local agencies via D(A)ATs. Some of the agencies wanted to propose more than one project and in total we sent out 30 application forms and letters.

A meeting of the CEMA team was held in June 2005, and the submissions were analysed using the following broad criteria:

- A parenting, mentoring or diversionary project
- Working within prevention
- Working with young people
- Targeting the identified coastal or ex-mining area

Appendix D describes in detail the full criteria used in selection.

Ten projects that fitted into the criteria were then visited by CEMA's project officers to work up a more detailed project plan. Where more than one project was a possibility in a certain area, all were visited and the decision was taken following receipt of the project plan.

Table 2 Areas selected and type of programme delivered

Area		Coastal	Ex-mining	Mentoring	Diversiory	Parenting
North East	Blyth Valley	Y	Y		Y	
	Seaham	Y	Y		Y	
North West	Copeland	Y		Y	Y	
	Salford		Y	Y		Y
East Midlands	East Lindsey	Y		Y	Y	
	Mansfield		Y		Y	
	Bolsover		Y	Y		
Yorkshire & Humber	Whitby	Y		Y		
	Barnsley		Y	Y		Y
	Doncaster		Y		Y	Y
South West	Penwith	Y	Y			Y
	Kerrier	Y	Y			Y

In some areas (Mansfield, Salford and Bolsover) we failed initially to receive submissions. Further work was therefore undertaken, targeting the local voluntary and community sector through local Councils for Voluntary Service and the media. When submissions were received, they were discussed and analysed along the same lines as the first batch. The team then made a decision and the process of visiting and establishing a project plan followed.

Once project plans had been approved by the CEMA team, projects were asked to develop a timetable split into four quarters and detailing specific activities. All projects required a certain level of assistance to establish achievable project plans, referenced to effective research-based practice. Some projects required intensive support to develop these and this was provided by the two project officers where necessary. Once activities and milestones were established, a payment and reporting schedule was put in place, detailing when progress reports were due and when interim payments would be made (see summary of projects below, and Appendix E for a full description of each project).

Finally, a pack was sent to each agency, which included: a contract that each agency was required to sign and return; a timetable of activities and milestones for each quarter; a payment and reporting schedule; and a quarterly reporting template. A monitoring form was also developed for pilot projects to keep records of numbers of attendees at their projects. This was sent to each agency, along with an explanatory email instructing them how to complete the forms and when to return them to Mentor UK.

3.7 Summary of the projects

Blyth Valley: Northumberland Community Sports Leadership

The aim of the pilot project was to offer sports diversionary activities to a wide range of 'at greater risk' young people from the South East Northumberland Coalfield Area. Young people also had the opportunity to achieve a qualification as a sports leader. The programme challenged the drug, alcohol and anti-social behaviour culture that is present within the Blyth Valley area by questioning attitudes and perceptions towards substance misuse.

The programme was running in other areas in the North East and the funding provided by Mentor UK enabled the activities to be undertaken with young people from Blyth Valley.

Seaham: Free the Way – The We Live Here Too Project

Free the Way is a local community-based organisation working in Seaham. The project aimed to: (1) support siblings and children of drug users, (2) break the cycle of abuse, (3) reduce Child Protection/Children in Need referrals, (4) provide education on drug and alcohol abuse issues, (5) raise awareness of issues for young people living with substance misuse.

The Free the Way centre has been a central part of the Seaham community, but it was mainly working with drug users and in the field of rehabilitation. The CEMA project allowed the centre to branch out into prevention work with young people who have drug users within their families.

Copeland – Workington: Mobex – Aspire

The pilot project aimed to enable young people to plan and organise activities that they wish to run. They would offer an 'alternative high' to young people through participation in various diversionary activities ranging from outdoor pursuits to clay modelling. Mobex aimed to work alongside the Cumbria Alcohol & Drug Advisory Service (CADAS), which brings in counsellors to deliver drug and alcohol awareness sessions to young people and their families where possible. The project was not able to complete the work outlined in its proposal to Mentor UK due to illness and staffing issues.

Salford: The Centre for Specialist Educational Assistance (Binoh of Manchester) – Binoh Teenage Support

Binoh exists to meet the needs of children and families from the Orthodox Jewish Community of Salford. Their primary work includes a variety of innovative community based programmes for over 400 people, which aim to improve education, citizenship, quality of life, and to empower families and young people. The community itself is ethnically compact, buffeted by severe racial and economic problems, and little is known about it outside its immediate location.

Binoh has been running an informal mentoring service on an ad hoc basis. The CEMA project helped to formalise and broaden this service by creating a mentoring and support system for Orthodox Jewish young people in the community.

East Lindsey: Mablethorpe Diversion and Mentoring Project

The pilot project aimed to develop a mentoring scheme and offer support and access to diversionary activities for 11–19-year-olds who are thought to be at risk of substance misuse. The programme covered training of the mentors and the Positive Action Team produced a manual for mentors. Mentors were unable to work with young people during the time allotted for pilot projects of the CEMA project due to referral problems. However, the funding was provided in order to support the mentor team to work with young people in the area from September 2006.

Many interventions were in existence in Mablethorpe for young people. The funding provided allowed for the training of mentors and established an extra level of support and continuity to the young people involved in services.

Mansfield: The Mansfield Youth Movement

Engaging vulnerable young people in music workshops may help them to develop their personal skills and increase their personal ambitions, social awareness, self-confidence and motivation. The aim of the project was to deliver music workshops to young people and challenge drugs and anti-social behaviour/attitudes through music. The workshops were held in the heart of the local community and were supported by youth and drug workers. Young people from outlying ex-mining areas attended the project.

The Youth Movement project was successfully delivering music workshops to inner-city youth. CEMA funding enabled the project to set up in an ex-mining area and work with young people in isolated rural communities.

Bolsover: The Bolsover Arts and Transition Project

The transition from Key Stage 2 to Key Stage 3 has been identified as a crucial time in pupils' lives. As young people in Year 6 approach the transition to secondary school, many do so with preconceived ideas and apprehensions. Some will be from first-hand knowledge, just as many will be based on myths, misunderstanding and mis-information. The Bolsover Arts and Transition Project took place during the summer of 2006 and sought to explore some of those preconceptions and apprehensions with children through art.

The Arts and Transition Project was match-funded by Derbyshire Health Promoting Schools and was an innovative approach to this particular age group and developmental period. The project is now being extended to other schools in Derbyshire.

Scarborough (Whitby): The Cambridge Centre – Young People's Mentoring Project

The aim of the project was to develop a mentoring scheme and deliver a peer education and mentoring service to 600 pupils aged 14–16 years at the Whitby Community College. The project recruited and trained mentors about the roles and responsibilities of a mentor, drug and alcohol awareness, group work and presentation skills. The Young People's Mentoring Project was a new project, developed entirely as part of the CEMA project.

Barnsley (Grimethorpe): Young People's Health Project – Strengthening Families Programme

The Strengthening Families Programme (SFP) was delivered by the Young People's Health Project in Grimethorpe and targeted young people aged 10–14 and their parents. The SFP is designed to reduce the likelihood of substance misuse and anti-social behaviour in the teen years.

CEMA funding enabled the SFP to be piloted and further evaluated in Grimethorpe.

Doncaster: Safer Doncaster Partnership

The pilot project aimed to encourage the community groups to come up with innovative interventions. It had been identified that involvement or potential involvement in drug use was an issue in the area, and that anti-social behaviour of all kinds increases during the Easter holidays. As a result of the feedback provided from the young people, an art-based programme was developed. A programme of six twilight sessions in four areas of Doncaster was set up. Each series of sessions was issue-driven, but with an eye to creating something that could be shared at the end of the project.

The Drug Strategy Unit match-funded the Mentor UK funding and supported the excursions and diversionary activities provided for 175 young people and their families during the Easter holidays.

Penwith and Kerrier: Know Limits Parents Project

The aim of the project was to work with groups of parents and carers, including carers of looked-after children, in Penzance and Kerrier, and prevent harm from substance misuse among young people (aged 8–16). Four two-hour sessions were delivered to each group of parents/carers, using the Know Limits training materials. A further aim was to recruit and support older young people in the groups in order to present a young person's perspective and to model empowerment.

The Know Limits Parents Project had already been developed in the area; CEMA funding allowed it to expand to incorporate more isolated populations of parents and to run seven further programmes.

3.8 Working with the pilot projects

Once contracts and a pack outlining the agreed activity for each project were in place, the agencies began their work. All underwent different processes for start-up; while many had the structure in place to run a project, others had to identify staff and a location, then recruit their target group. Both methods were outlined in the project plan and acknowledged as part of the 12-month pilot project phase. During the time the projects were working, CEMA project officers provided support as and when this was deemed necessary. Close contact was kept with projects where needed, and all projects were visited both prior to starting and when their activities were up and running. Extra time was given to ensure that all projects were able to submit quarterly reports and were providing the required information. The quarterly reports from the projects and their final reports were used in compiling this final report of the overall CEMA project.

Only two of the 12 pilot projects failed to complete their project as planned. The Mobex diversionary activities project in Workington did not complete the pilot project due to staffing problems and illness. The Mablethorpe mentoring programme was very successful in recruiting, training and supporting mentors, but was unable to associate the mentors with young people within the project's time frame. However, the training undertaken will usefully support future mentoring work with young people.

3.9 Sustainability of projects

All projects were instructed to include a sustainability plan in their initial project plan in order to ensure the work could have the potential to continue after completion of the CEMA project. To support this, a fundraising workshop was offered to all project partners in June 2006 in Leeds, focusing on where and how agencies might apply for local/community funding. Four of the projects attended the fundraising workshop. The feedback was very positive and all projects that attended the workshop found the information beneficial.

Towards the end of the pilot projects' term Mentor UK contacted the D(A)AT in the area of each project by letter, informing them of the work that had been undertaken and the project's achievements. We also approached the Department of Health to explore the potential for extending the funding of the pilot projects.

A brief follow-up questionnaire was sent to all CEMA pilot projects in March 2007, in order to identify how many pilot projects continued after the end of CEMA funding.

Eight pilot projects continued after the end of the CEMA project. These are as follows :

- Diversionary activities in Blyth Valley
- Doncaster – Far Out Arts
- Know Limits Parents/Carers Project in Penwith
- Know Limits Parents/Carers Project in Kerrier
- Mansfield Youth Movement
- Mentoring programme for Orthodox Jewish young people in Salford
- The Bolsover Arts and Transition Project

The Young People's Mentoring Project at Whitby College delivered by the Cambridge Centre did not continue after the end of CEMA funding. However, the agency will be rolling out similar projects, based on learning gained through the CEMA project, in other schools in Scarborough and Malton.

The Young People's Health Project is fundraising to continue the Strengthening Family Programme in Grimethorpe. Finally, the pilot project in Mablethorpe, although it did not achieve all its objectives during the CEMA timeframe, has continued to offer a Mentoring programme to young people with Mentors that were trained as a part of the CEMA project.

3.10 Publicity

The objectives of this project included increasing the knowledge of policy makers about the drug and alcohol misuse prevention related needs of young people in coastal and ex-mining areas, and pushing the issue of drug and alcohol misuse prevention up the list of policy priorities.

One way of achieving these objectives was to try to create publicity about the CEMA project as a whole and about each of the pilot projects that had been selected both nationally and locally. In order to achieve this we put press releases in projects' local press. To date, CEMA projects have been covered 14 times in the regional press (with a total circulation of 461,737). We expect further coverage when we hold dissemination events in 2007.

With additional funding from the Department of Health, Mentor UK has also produced a short film about the CEMA project. The film features some of the pilot projects at work, and demonstrates the aims and achievements of the CEMA project. The film is available upon request and can be downloaded from our website (www.mentorfoundation.org/uk).

Figure 1 Process of establishing and working with pilot projects



4 Findings

All pilot projects were asked to report to Mentor UK regularly throughout their work, and these reports included their general observations on their work as well as their specific findings and recommendations. Regular communications between Mentor UK project officers and the pilot projects also provided learning that is reflected in the findings and recommendations.

4.1 The situation in small coastal and ex-mining communities

The CEMA project was developed to respond to the emerging needs of these specific areas and communities. The literature review for this project highlighted the growing concern about drug issues in rural areas.

Whereas urban youth tend to have access to more age-specific specialist support, rural communities are often reliant on generic health and education provision or outreach provided at a distance from larger population centres.⁷

The pilot projects described varying degrees of disadvantage experienced by young people and families, related to the areas in which they live. First and foremost, they described a lack of facilities and ‘things to do’ for young people; also, lack of transportation leaves them unable to independently access towns with more facilities. This issue was particularly apparent in Workington, Blyth and Seaham.

*You can walk round the corner and see people taking drugs or smoking... drinking. There is nothing to do.
(Young person in Mansfield)*

Even where areas are being regenerated, the economic benefits are not always shared equally. In one area, project workers described the ill-feeling in the community resulting from the development of the local hall into a luxury spa serving rich outsiders.

We found that communities often welcome and support drug prevention initiatives. In Seaham, the CEMA intervention was welcomed, not just for its benefits to the young people in terms of increasing their protective factors, but also more broadly for its benefits for the local community.

*This programme, designed specifically to help children from families in Seaham with substance abuse issues has worked and this model of work will continue. This area is lacking in youth provision and this project clearly satisfied an unmet need. The group environment has been creative and supportive and good, positive working relationships are in place for the future.
(Project worker and member of the Seaham community)*

4.2 Young people's and parents' barriers to participation

Although we found that transport could be a barrier, many projects were aware of this and addressed it by ensuring that local community leaders brought young people to sessions and other forms of transport were provided. More difficult to address were issues such as lack of self-esteem and confidence. For example, a number of local project leaders reported that vulnerable young people often found it difficult to attend structured drug prevention programmes. This was due in part to the relatively new and rare introduction of community-based projects in the coastal and ex-mining areas where we worked. They also reported that many young people from disadvantaged areas do not have the confidence to sign up to formal or semi-formal interventions. In looking at the research, we found studies that suggested young people from these areas have lower aspirations than their peers.⁷

Even among those young people attending the qualification-based sports leadership course in Blyth Valley, there was a perception that they were unlikely to succeed.

I don't want to do qualifications, what use are they to me?

I was crap at school, I will be crap at that.

I didn't pass any exams. How do you expect me to pass that?

(Young people attending the sports leadership course, Blyth Valley)

Through good planning, pilot projects were able to keep people engaged and their reports describe the benefits as young people progressed through the programme. They reported that, upon successful completion of one programme of activity, the young people were often more likely to progress to another. They observed that, as young people's achievements were recognised along the way, their self-esteem and confidence in their own abilities increased.

I can't believe I made that!

(Young person, Blyth Valley)

Other studies have noted barriers to parents' participation.

There was agreement that it was difficult to persuade parents to join parenting programmes. Attendance at a programme was perceived by parents as indicating some kind of inadequacy. A change in culture was needed so that it became normal practice for parents to attend a parenting programme.⁸

Barriers to parents' participation were reported in the pilot projects in Barnsley, Penwith and Kerrier. These included time constraints, travel limitations and the stigma attached to needing help and talking about drugs.

4.3 Drug prevention delivery in coastal and ex-mining areas

We found that:

- In Blyth Valley drug prevention initiatives offered self-development opportunities to vulnerable young people
- Projects that negotiated the content of training sessions and the 'rules' with young people found this constructive
- Mansfield and Bolsover music- and arts-based activities offered useful ways to explore and express thoughts and emotions around sensitive issues such as drugs and anti-social behaviour
- Successful projects took the time to develop supportive relationships with participants and continued these relationships for the entire project
- Projects that included rewarding activities and incentives, such as a residential or day trip, food provided at sessions or arranging transportation for participants, reported achieving some better outcomes in engaging young people and increasing young people's attendance

4.4 Coastal and ex-mining areas agencies' structures and practice

We found that setting up projects in a coastal or ex-mining area where an agency has not worked before usually took longer than expected to get under way.

For example, the Mansfield Youth Movement encountered delays in setting up the music workshops because of the time taken to find suitable venues and to carry out CRB checks. The Mablethorpe project relied upon referrals from other agencies, but found that their referral pathway failed, due to changes in staffing. Therefore, although local mentors were trained, the project did not succeed in recruiting vulnerable young people during the period of the CEMA project.

As the commissioning body, we found that we had to offer different levels of support to local partners. We were flexible and aware of their varying needs and capacities, and offered appropriate support. Timelines were set to take these challenges into consideration.

Our experience showed that successful projects used pre-existing available resources, relationships and partnerships. In Seaham, the Free the Way project built on existing partnerships and resources to establish a prevention-focused project.

As the CEMA project progressed, Mentor UK became aware of a lack of fundraising know-how within the local agencies. As a result, we ran a short course focusing on fundraising for local projects. Project staff who attended reported a positive effect upon the capacity of their organisation and the sustainability of their projects.

*The fundraising course proved very useful and really opened up the world of funding and different avenues that organisations can go down to generate additional funding.
(Project leader in Blyth Valley)*

Mentor UK also offered a small amount of money to all pilot projects to hold a local event promoting their work. The Safer Doncaster Partnership found that their open day allowed the local community to see their work and attracted potential further funding.

4.5 Findings related to specific types of intervention

The pilot projects undertaken as part of this project fell into three categories: Parenting, Mentoring or Diversionary Activities. The next set of findings relates specifically to the implementation of these types of programmes.

4.5.1 Parenting interventions

A recent Home Office report suggests that policy could have an impact by supporting interventions that aim to strengthen parenting skills.⁹

The CEMA project piloted two parenting programmes. The Young People's Health Project piloted the Strengthening Families Programme in Barnsley (Grimethorpe). Evidence from America, where the programme was developed, shows that the Strengthening Families Programme is effective in preventing substance use,¹⁰ but little is known about how this programme works in the UK. The Children's Fund and Addaction/CADA piloted a project based on the Know Limits material in Penwith and Kerrier.

We really enjoyed the programme – we've got something out of it, it has done us both some good.

(Parent from Barnsley)

The pilot project reported that parents valued the opportunity to discuss issues with each other.

It's nice to realise that you are not on your own – other people have problems with their kids too.

(Parent from Barnsley)

The parenting programmes reported that they were effective in improving parents'/carers' communication and coping skills.

The programme gives you insight, stops you panicking.... [It] allowed me to talk to my children ... [and] changed my relationship with them

(Parent from Penwith and Kerrier)

It was very interesting, because I didn't know anything about drugs. My son is 12 and I can now chat casually to him about things I probably wouldn't have talked about. It's opened his eyes too. We don't live in town; I think if we did, he'd be more streetwise.

(Parent from Penwith and Kerrier)

The Strengthening Families Programme team and parents observed that the programme had positive impacts on young people's behaviour.

Lately I wasn't able to get my son to go to school, but since the Strengthening Families Programme he has started going again and is making the effort to work harder. We've also got a lot closer, and now he is making the effort to talk to his sister more. In fact it was my son who really wanted to keep going each week!

(Parent from Barnsley)

Recruiting parents to parenting programmes can be challenging. Pilot projects found it useful to recruit parents through existing networks and external structures, such as fostering services.

Monitoring data from the projects showed that most parents and carers who took part in programmes were female.

In one project, some parents expressed an interest in learning more about all drugs.

Parents/carers are expressing the wish for wider drug awareness information rather than focusing solely on alcohol and cannabis.

(Practitioner, Know Limits)

Practitioners from the Know Limits parenting programme in Cornwall reported that there was a lack of clear, accessible information materials that parents could access.

Finally, agencies reported that, at the end of a parenting course, parents/carers may sometimes need continuing support.

4.5.2 Mentoring

Several studies have explored how mentoring programmes can support young people's development and protect them from substance misuse. A recent study¹¹ found that adolescents who had an informal mentoring relationship were more likely to exhibit favourable outcomes relating to education and work, as well as reduced problem behaviour, and better psychological well-being and physical health.

The CEMA project piloted three different types of mentoring programmes. The Binoh agency formalised a mentoring scheme for Orthodox Jewish young people in Salford. Adults in Mablethorpe were trained as mentors in order to support particularly vulnerable young people who might be at risk of developing substance misuse problems. The Cambridge Centre in Scarborough developed and delivered a peer mentoring drug education programme in a community college in Whitby.

Young people and mentors who took part in the pilot projects reported that the programmes were well received and perceived to be useful by the young people involved.

Young people want to be seen in a positive light within the community.

(Rabbi S. Grant, Director of Services, Binoh of Manchester)

Young Orthodox Jewish people reported that there is a lack of diversionary facilities suitable for their culture. They also reported that the fear of racial harassment and distrust in services' confidentiality inhibit them from accessing mainstream services. Trust characterises a close mentoring relationship and is an integral part of mentoring success.¹² The Binoh project reported that the programme provided them with the possibility of engaging with young people who are not in school.

Britner et al.¹³ recommend that mentoring for young people at risk should be offered in conjunction with other forms of interventions. In Salford, the Binoh programme mentors took a broader view about prevention and assisted the young people with finding employment, as well as providing advice and support relating to drugs and alcohol.

In Mablethorpe the project found that advertisements in local press, especially free newspapers, were the most successful way of recruiting mentors. However, recruiting vulnerable young people to be mentees proved to be more problematic and none had been found at the time the project

ended. Nevertheless, the team of trained mentors has remained in place to support young people in Mablethorpe.

The pilot project in Whitby offered mentoring training to young people. Many young people were interested in becoming mentors to their peers and a formal application process Whitby helped the pilot project to recruit some highly motivated young people. Peer drug education sessions were well received and considered useful by students, staff and mentors at Whitby Community College.

This group was very useful, not only because it was fun but also, as it was taught by people my own age, I felt a lot more inclined to listen as it wasn't as preachy; working with friends also helped to find out their views in a more relaxed manner.
(Young person, Whitby)

The project reported that, after the end of the pilot, young mentors were continuing to engage in drug prevention activities.

4.5.3 Using sports in drug prevention

Mentor UK's CEMA project established pilot sports projects with agencies in Blyth Valley and Workington. The projects aimed to encourage young people to develop interests that can help them avoid drug and alcohol problems.

Adventurous activities, such as climbing and other outward-bound activities, had the highest take-up, and the project in Blyth Valley felt that such activities had the potential to develop protective factors linking to reduced drug use.

The further you take people away from what they already know, the more open they become to new ideas. The value of the outdoors as a medium for team-building and personal development has long been recognised. Taking people out of their familiar working environment, where their roles are already defined, and facing them with a new set of challenges, encourages new ideas and ways of thinking.
(Project leader, Blyth Valley)

4.5.4 Using art and music in drug prevention

Similarly, projects in Doncaster, Mansfield and Bolsover were commissioned to look at how art- and music-based activities can have positive results in influencing the likelihood of young people to misuse drugs or alcohol. The positive experience of our local projects is supported by research published in the *Journal of Social Issues*.¹⁴ And a report produced by the Department for Education and Skills (DfES), *Protecting Young People: Good Practice in Drug Education in Schools and the Youth Service*, concludes that there are benefits for young people involved in these types of activities.¹⁵

The DfES report highlights much good practice and many innovative approaches. It suggests that drama, music and sport all play significant roles as means of personal and social education, and are often particularly valuable in drug education.¹⁵

The projects found that writing song lyrics or drawing can be good ways to discuss sensitive issues such as drugs and anti-social behaviour in a secure environment.

The opportunity to explore their feelings through the art was an invaluable part of the project.

(Practitioner in Bolsover)

In order to take full advantage of the opportunities these music- and art-based activities provided for young people to express themselves, the projects found that employing a specialist, for example a musician or artist with an understanding of drug and alcohol issues and knowledge of counselling techniques, was very helpful.

The Mansfield project reported an increase in self-esteem and the development of aspirations for the future amongst the homeless and other vulnerable young people with whom they worked.

An activity like these music workshops increases the feeling of self-worth for the young people and gives them aspirations for the future. They also provide a welcome opportunity to focus on something other than their unfortunate situation. 'I feel really good leaving here knowing that I have written my own track.' 'This is the best thing I have ever done.'

(Project worker in Mansfield)

4.5.5 Other diversionary activities

The project in Seaham involved young people in learning more about their communities from older people. They found that this could help both young and old develop pride in where they lived and a sense of belonging, a useful drug prevention activity.

We believe that helping young people as young as 6 years old to learn about their community, themselves and their part in it, the dangers of substance abuse and finding new positive ways to learn and entertain themselves, will help with the regeneration of this area and its residents for the long term.

The transition from primary to secondary school is very significant for many children. Children are dealing with new routines, new friends and new responsibilities. Additionally, academic demands change. The Department for Education and Skills and the Department of Health have both emphasised the importance of supporting children emotionally and practically during the transition from primary to secondary school.¹⁶

In the move from primary to secondary school, young people in Bolsover reported being more concerned with issues such as friendships (new and old), fears of bullying, personal organisation in a new environment and self-image, than about drugs.

The overwhelming concerns for the children at this stage centred around friendships and perceived bullying in different forms. The two main friendship worries that came from the children were: (a) maintaining existing friendships, (b) making new friends.

Secure friendships as a source of support and a coping mechanism are a documented protective factor, reducing the likelihood of drug use among young people.³ The Bolsover project emphasised calming fears about friendships and identifying friends as a source of support during the transition from primary to secondary school. This was reported to have helped young people feel more secure during this period.

5 Conclusion

Mentor UK has an ongoing commitment to improving drug prevention in rural areas. Our groundbreaking rural project of April 2003–June 2004 was the progenitor of this more substantial piece of work.

In undertaking this project, we have been keen to build the evidence base for what works in drug prevention. We have taken proven methods of working with children, young people and their families and tested how they can be adapted to coastal and ex-mining areas.

These areas have considerable needs as evidenced by the most recent findings produced by the School Health Education Unit.⁵ But, as we have found, developing services in these areas remains in its infancy.

What has been most heartening have been the efforts made to continue the pilot projects we helped to start.

We hope that policy makers and commissioners will find the report helpful, and that children and young people growing up in coastal and ex-mining areas will benefit from improved drug prevention work.

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Appendices

Appendix A: Timetable of activities 2004–2007

Activity date	Report to advisory group and funders	Consult with rural young people	Advisory group meeting	Mapping exercise	Literature review	Contact D(A)ATs and gather submissions	Work with agencies to develop project plans	Place contracts	Monitor pilot projects	Visit pilot projects	Write up findings and produce final report	Plan regional dissemination events	Hold regional dissemination events
Sep 04													
Oct 04													
Nov 04													
Dec 04													
Jan 05													
Feb 05													
Mar 05													
Apr 05													
May 05													
Jun 05													
Jul 05													
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Jan 07													
Feb 07													
Mar 07													
Apr 07													
May 07													
Jun 07													

Appendix B:

Recommendations for areas for pilot projects

[During the planning phase of the CEMA project, we consulted with young people from rural areas. A report on the consultation was produced in January 2004. This is reproduced below.]

These recommendations are based on data provided by the Office of the Deputy Prime Minister supplemented by statistical data from the National Statistics Online website (www.statistics.gov.uk).

The Office of the Deputy Prime Minister provided two lists:

- A list of coastal towns which were selected from a geographical map showing the most deprived 20 per cent of communities in England.
- A list of ex-mining areas that are part of the Coalfields Initiative led by the Office of the Deputy Prime Minister and delivered through the National Coalfields Programme and the Coalfield Regeneration Trust. All of these areas are ranked within the top 100 on the Super Output Area district level Index of Multiple Deprivation (IMD). Their total population numbers are higher than we are targeting for this project but in the next phase of the project it should be possible to locate wards or outlying villages that meet our criteria.

None of the places suggested within the South East or the East regions have significantly above-average percentages for the criteria selected, and the only three areas that are listed in the top 100 Super Output Area level Index of Multiple Deprivation (Hastings, East Brighton and Great Yarmouth) have much larger populations than is required. Therefore it is recommended that we do not develop projects in these areas, but instead focus on the other six regions (London was never included within the project scope).

Recommended areas for developing pilot projects (12 total)

North East Region (2)	Easington (Easington, Seaham, Horden or Blackhall Colliery) and <i>either</i> Blyth Valley (Blyth or Seaton Sluice) or North Tyneside (Tynemouth or Whitley Bay)
North West Region (2)	Copeland (Whitehaven or Bootle) and Knowsley
West Midlands (1)	Stoke-on-Trent
East Midlands (3)	East Lindsey (Mablethorpe, Sutton on Sea, Chapel St Leonards, Skegness or Wainfleet), Mansfield and Bolsover
Yorkshire and Humber (2)	Scarborough (Whitby) and Barnsley
South West (2)	Penwith (St Ives) and Kerrier (Porthleven)

In project management terms, this selection does mean that some project visits will not be able to be combined with others, but, as this selection covers a range of counties within the government regions and can be backed up by statistical data, this would seem to be the best choice.

Justification

Two local authority districts (LADs) appear in both lists provided by the Office of the Deputy Prime Minister. These are Easington (County Durham) and North Tyneside (Tyne and Wear). Blyth Valley (Northumberland) also appeared on the coastal list but not the ex-mining areas list, despite being a mining area until the last coalfield closed in 1986. Although we had not discussed whether we would work in dual areas, it is recommended that we develop projects in Easington and *either* North Tyneside or Blyth Valley to compare later against those areas that are either exclusively coastal or ex-mining (five of each).

In the North West, although data is not available specifically for the coastal towns of Whitehaven and Bootle, both are within the local authority district of Copeland, which is listed in the top 100 IMD ranking and the total population of the local authority district is only twice that targeted. This would seem to indicate that the towns themselves will have populations below 30,000. Blackpool and Barrow-in-Furness are also listed, but the populations are larger than we hope to target. Also in the North West region there are three ex-mining areas – Salford (Greater Manchester), Wigan (also Greater Manchester) and Knowsley (Merseyside). Knowsley has the highest indices of deprivation and therefore it is recommended that we develop one project in this area and one in Copeland.

In the West Midlands only two ex-mining areas are listed. Of these, Stoke-on-Trent is the obvious choice for developing a project as it is ranked 18 on the Index of Multiple Deprivation against Cannock Chase which is ranked 134.

In the list of coastal towns of the East Midlands provided by the Office of the Deputy Prime Minister, five are from East Lindsey local authority district in Lincolnshire. East Lindsey is within the top 100 IMD ranking and therefore one of these towns should be included. Also within the East Midlands there are six ex-mining areas listed. These are split between Nottinghamshire and Derbyshire. Working with the additional statistical information gathered from the online website, Mansfield (Nottinghamshire) and Bolsover (Derbyshire) self-select from this list and I recommend that we develop projects in both of these areas.

In Yorkshire and the Humber region five coastal towns are listed that fall within the top 100 IMD ranking. Of these, four have large populations, but Whitby (North Yorkshire) meets the criteria set. Six ex-mining areas are also listed, all of which are in the top 100 IMD ranking, but Barnsley is highest ranked and the additional statistics gathered support this choice.

Finally, in the South West, only two coastal towns (St Ives in Penwith and Porthleven in Kerrier) meet the criteria.

Support data

Data was not available for all of these communities, but where data was found it indicated that the communities had a population of below 30,000 with above-average deprivation, as indicated by the criteria selected for this project:

In Tables 4–16, apart from the total population row, numbers indicate percentages of resident population except for ‘renting from council’ which indicates percentage of households. Shaded areas indicate that the percentage shown is higher than the national average.

Table 4 Easington (IMD ranking = 89)

Criteria	Easington	Seaham	Horden	<i>Easington LAD</i>
Total population	4,959	10,389	8,524	93,993
Health not good	21.0	15.10	19.90	17.3
Long-term illness	35.2	28.85	34.35	30.8
Provided with unpaid care	13.2	12.55	13.00	12.7
Unemployed	4.8	3.40	4.45	4.3
Permanently sick or disabled	20.2	11.60	20.20	16.3
16–74 years, no qualifications	51.4	39.55	49.05	44.1
Renting from council	17.7	21.65	18.95	25.6

Table 5 Blyth Valley (IMD Ranking = 79)

Criteria	<i>Blyth Valley LAD</i>
Total population	81,265
Health not good	11.5
Long-term illness	21.3
Provided with unpaid care	10.9
Unemployed	4.4
Permanently sick or disabled	8.5
16–74 years, no qualifications	3.3
Renting from council	21.6

Table 6 North Tyneside (IMD Ranking = 80)

Criteria	Tynemouth	Whitley Bay	<i>North Tyneside LAD</i>
Total population	8,667	9,099	191,659
Health not good	9.7	10.0	11.2
Long-term illness	19.9	21.0	21.8
Provided with unpaid care	11.0	9.4	11.0
Unemployed	4.3	3.8	4.1
Permanently sick or disabled	5.8	7.4	7.6
16–74 years, no qualifications	21.9	22.6	32.0
Renting from council	6.5	4.1	20.8

Table 7 Copeland (IMD Ranking = 84)

Criteria	<i>Copeland LAD</i>
Total population	69,318
Health not good	10.3
Long-term illness	20.4
Provided with unpaid care	10.4
Unemployed	5.0
Permanently sick or disabled	7.1
16–74 years, no qualifications	34.3
Renting from council	14.0

Table 8 Knowsley (IMD Ranking = 3)

Criteria	<i>Knowsley LAD</i>
Total population	150,459
Health not good	13.6
Long-term illness	24.7
Provided with unpaid care	11.5
Unemployed	5.9
Permanently sick or disabled	12.2
16–74 years, no qualifications	43.0
Renting from council	24.9

Table 9 Stoke-on-Trent (IMD Ranking = 18)

Criteria	<i>Stoke-on-Trent LAD</i>
Total population	240,636
Health not good	12.8
Long-term illness	23.9
Provided with unpaid care	11.2
Unemployed	4.0
Permanently sick or disabled	9.6
16–74 years, no qualifications	42.9
Renting from council	19.5

Table 10 East Lindsey (IMD Ranking = 89)

Criteria	Mablethorpe	Sutton on Sea	Chapel St Leonards	East Lindsey LAD
Total population	7,811	3,969	11,285	130,447
Health not good	18.87	17.30	12.30	17.7
Long-term illness	35.72	35.95	26.00	23.7
Provided with unpaid care	14.32	13.35	14.00	11.4
Unemployed	4.17	2.55	1.90	3.1
Permanently sick or disabled	14.72	11.45	6.73	7.6
16–74 years, no qualifications	56.12	48.25	35.63	38.4
Renting from council	4.22	1.00	0.93	4.3

Table 11 Mansfield (IMD Ranking = 33)

Criteria	Mansfield LAD
Total population	98,181
Health not good	12.3
Long-term illness	24.2
Provided with unpaid care	11.9
Unemployed	4.4
Permanently sick or disabled	8.6
16–74 years, no qualifications	38.2
Renting from council	16.5

Table 12 Bolsover (IMD Ranking = 46)

Criteria	Bolsover LAD
Total population	71,766
Health not good	13.7
Long-term illness	25.8
Provided with unpaid care	12.7
Unemployed	4.0
Permanently sick or disabled	9.6
16–74 years, no qualifications	41.4
Renting from council	18.4

Table 13 Scarborough (IMD Ranking = 91)

Criteria	Whitby	Scarborough LAD
Total population	4,166	106,243
Health not good	11.8	10.4
Long-term illness	25.2	21.6
Provided with unpaid care	9.3	10.6
Unemployed	4.7	3.6
Permanently sick or disabled	7.7	6.1
16–74 years, no qualifications	34.0	32.4
Renting from council	4.5	9.6

Table 14 Barnsley (IMD Ranking = 28)

Criteria	Barnsley LAD
Total population	218,063
Health not good	14.1
Long-term illness	25.2
Provided with unpaid care	12.0
Unemployed	3.9
Permanently sick or disabled	10.4
16–74 years, no qualifications	41.1
Renting from council	23.6

Table 15 Penwith (IMD Ranking = 56)

Criteria	St Ives	Penwith LAD
Total population	7,683	63,012
Health not good	10.6	11.8
Long-term illness	22.1	23.6
Provided with unpaid care	10.25	11.5
Unemployed	4.2	4.2
Permanently sick or disabled	6.7	7.6
16–74 years, no qualifications	29.8	29.8
Renting from council	1.05	0.9

Table 16 Kerrier (IMD Ranking = 87)

Criteria	Porthleven	Kerrier LAD
Total population	3,830	92,517
Health not good	10.6	10.9
Long-term illness	21.8	22.0
Provided with unpaid care	12.3	11.4
Unemployed	3.5	3.6
Permanently sick or disabled	6.1	6.8
16–74 years, no qualifications	27.9	30.2
Renting from council	4.3	3.9

No data was available for Blackhall Colliery/Rocks; Blyth and Seaton Sluice; Bootle Ward and Whitehaven; Skegness and Wainfleet.

Appendix C:

Consultation with young people from the rural youth reference group

Members of one of the young people's reference groups, which met as part of Mentor UK's Rural Youth Project, were contacted to provide a reference source for the CEMA project and a meeting was held in the coastal town of Filey, North Yorkshire on 19 December 2004. The young people consulted live either in Filey or the local villages and therefore provided the appropriate target group with which to explore the issues. The information gathered from the group will be used to inform the project but some of their suggestions go against current thinking on best practice (i.e. the use of ex-drug users to give talks in schools) and therefore is recorded purely to give an accurate picture of their thinking.

The issues discussed with the young people's reference group were as follows:

- Ways of dealing with isolation and alcohol and drug misuse
- Parenting issues
- Whether there were any other issues we should be dealing with within this project
- How to involve young people in projects

The key factor quoted as causing the problems, and therefore the key factor to be tackled to resolve them, was boredom. This was the main cause given by all of the Rural Youth Project young people's reference groups. The young people suggested the following solutions:

- Provide somewhere for young people to go that is dry and warm
- More youth club nights with a variety of activities – dance seems popular; drama club; the girls like karaoke nights; cinema club (rented DVDs); trips (skating/bowling); and involvement in programmes such as Millennium Volunteers and the Duke of Edinburgh Award
- Improve facilities at youth clubs – pool table; Internet access; linked computers for playing network games like 'Soldier of Fortune'; musical instruments; TV/video/DVD player
- Ensure any local sports facilities have floodlights (the basketball court in Filey is unlit)
- Remind older people what it was like to be young so that they don't complain constantly about young people hanging around

When asked how to get messages about drugs (including alcohol and cigarettes) across to young people the following answers were given:

- Drug messages need to be harsher and stress that a habit that starts out as social (i.e. you do it to join in with your friends) can easily become anti-social if the individual becomes addicted
- Need to get the messages across early – even 10-year-olds are smoking these days. Need information hammered in during last week of Year 6
- Drama productions in school are a good way to get messages across about alcohol, drugs and drink-driving
- Bad messages don't always work, but seeing someone really drunk or having a talk from an ex-alcoholic or ex-drug user (not in school assembly as some do not attend) in a classroom situation can work well
- Create gory pictures that are put up in schools, youth clubs and on condom machines

- They also considered TV adverts to be very powerful. Two examples were quoted: (1) the anti-smoking adverts with fat dripping out of the cigarettes; (2) drink-drive adverts with girl being thrown across the pub. These types of adverts could prevent someone from starting or push someone to think about stopping (smoking). Will not necessarily stop everyone though and the impact of adverts is short term. Need to show the adverts after key young person oriented programmes

Parenting issues:

- Parents need to know what young people are doing and they need to know what to do if a young person does come home with a drug problem
- Parents should be taught about drugs but some parents would not attend any sort of class either because either don't care or because they feel that they are more knowledgeable in dealing with their child
- If parents could be persuaded to attend a workshop it would need to be either without any young people there or only with young people not connected with them. Could use the Parish Council to arrange meetings and hold them regularly to alleviate stigma
- Parents don't want to be told how to communicate but communication skills would be good for young people, although most would still prefer to talk to a friendly person at a youth club rather than their parents
- Parents should get some sort of recognition for any workshops they attend.
- Parents shouldn't allow smoking at home
- Parents sometimes buy alcohol for a young person to have at home. The reference group considered this to be a good way of monitoring young people's drinking

There were no suggestions on other issues that we should be dealing with in this project, but, when it came to the question of how to involve other young people in projects, the group felt strongly that incentives, in the form of accreditation of some sort, should be offered:

- Residential events are attractive if not all hard work and there is the possibility of some fun
- Millennium Volunteers Scheme is a good incentive – something to do and get views heard
- Diana Award (awarded to individuals or groups)
- Adding to Record of Achievement

Appendix D:

Criteria for project selection

1. Essential criteria

The project's aim should reflect the intention to reinforce the personal, social or environmental factors that contribute to delaying or avoiding the onset of drug use, or its progression to misuse. Drug prevention projects for children and young people in coastal and ex-mining areas are the intended target. Projects should also indicate the age-group or groups that are their ultimate (or primary) focus.

The project should also seek to promote the health and well-being of young people in coastal and ex-mining areas.

The project should, amongst other outcomes, aim to prevent drug misuse and the harm that drugs can cause. Drugs are defined as psychoactive substances that in small amounts can produce significant changes in thinking or mood. Misuse is defined as use which could significantly negatively affect physical or psychological health, social performance and/or behaviour in other areas.

Drug prevention projects can be classified as either 'universal', i.e. targeting general populations of young people (e.g. school or community); 'selective', i.e. aimed at those already showing risk behaviours; or 'indicated', i.e. targeted at youth already starting to use drugs. Projects should indicate which group is the primary, or ultimate, target group of the project.

The project should show the promise of improvement over existing approaches.

The project has to agree to participate with the CEMA project.

Ethics

Children's Rights: both process and outcome of the project are in conformity with UN Human Rights Charter and the UN Declaration of Children's Rights.

Norms: process and outcome are both socially desirable in the society where the project takes place and do not violate the societal norms of the international community.

2. General Criteria

Research

Projects should have a focus on a clearly and explicitly identified need. The project should reflect an understanding of the extent, gravity and social cost of the problem it seeks to remedy, as well as the contextual and environmental factors associated with the problem. It should also be based on awareness of risk and protective factors, and the degree to which these factors can be influenced. Finally, potential barriers to, and the risks and negative effects of, the project should have been taken into consideration.

To the extent available, epidemiological information and scientific information, or other forms of needs assessment, should be indicated as informing the initial project development.

Planning

The intended target group and other stakeholder group involvement in the planning of the project is a positive aspect of project planning.

A project should indicate a clear and precisely defined focus. The goals, objectives and intended outcomes of the project should be explicitly stated in a manner that makes it possible to evaluate objectively to what degree they have been achieved.

This focus should include the intermediate and final target group(s), the short- and long-term intended objectives and the strategies and methodologies to be employed.

A written project plan is an indication of a well-thought-out project. The plan should describe the project goals and objectives in the form of specific activities. The resources (e.g. staff and materials) needed to perform these activities should be explicit. There should be a timetable which systematically arranges the project into distinct phases ending in milestones. There should also be a realistic budget plan.

The project should indicate whether their project is envisioned as an isolated one-time activity or whether it has been designed to accommodate reproduction and sustainability in the original and other environments/settings.

The project should be operating within budget. Funders' money should be used in the most economic and cost-conscious way possible. The value created should exceed the costs expended.

Resources

The resources engaged in the project should be of the highest quality possible. Staff members should have been carefully selected.

Staff members should have been well-trained and supervised.

Practical materials should have been geared to the needs of the target group; and up-to-date information should have been made available to all involved. Relevant materials and products should be designed to be attractive to the target group and be made available through multiple channels at reasonable cost.

Evaluation

Projects should indicate how they have been, or intend to be, monitored and evaluated.

Sustainability

Projects should indicate how they intend to continue once initial funding support ends.

3. Internal Criteria

Relevance

The project is easy to comprehend. It has an intuitively understandable target group, approach and desired outcome. The project is practical and down-to-earth, as opposed to being theoretical or based around a narrow scientific question.

Clean track record

The recipient is free from potential ethical problems. It is not publicly supported by a questionable political regime or party, and there is no risk that it will be used to such end. There is no black spot that the media could focus on.

Financial competency

The organisation's financial management is sound, clean and transparent. The organisation is regularly audited and, ideally, supervised by a national agency.

Demographic bias

Any constellation of selected projects must be avoided that gives the impression that Mentor UK discriminates against some individuals, organisations or projects. Factors for discrimination may be based on: geographic region, race, language, gender, political affiliation, socio-economic status, age, sexual orientation, size of organisation, approach to prevention or others.

Appendix E:

Description of the 12 CEMA pilot projects

Table 17 Pilot project locations

Area	
North East	Blyth Valley
	Seaham
North West	Copeland
	Salford
East Midlands	East Lindsey
	Mansfield
	Bolsover
Yorkshire & Humber	Whitby
	Barnsley
	Doncaster
South West	Penwith
	Kerrier

Blyth Valley

Name of partner agency: Northumberland Community Sports Leadership

Type of project: Diversionary activities

Number of participants: 109

Number of sessions offered in total: 142

Age: 10–19

Northumberland Community Sports Leadership is part of Positive Futures, a national sports inclusion programme working with young people at risk of offending or of misusing substances. The aim of the project is to offer sports diversionary activities to a wide range of ‘at greater risk’ young people from the South East Northumberland Coalfield Area. Young people also have the opportunity to achieve a qualification as a sports leader.

The programme challenged the drug, alcohol and anti-social behaviour culture that is present within the Blyth Valley area by questioning attitudes towards and perceptions of substance misuse. The project aimed to redirect young people’s interests into activity-led interventions, giving them the skills needed to lead groups in safe sporting and recreational activity. It encourages them to take responsibility for others, developing their organisational and communication skills whilst instilling self-confidence.

The programme’s aims and objectives were as follows:

- To provide short-term group experimental counselling to groups of referred young people
- To significantly improve academic performance and attendance
- To reduce school-related problems such as truancy and disciplinary referrals

- To provide a counselling model that will improve problem solving and socialisation skills
- To provide ongoing support for the young people once the programme has been completed through the use of existing clubs and facilities, and to reduce the rate of offences serious enough to be taken to court

The programme was delivered on a modular basis over 30 weeks, which equated to three 10-week blocks, during term time on a Saturday and an evening during the week.

The second stage was to develop newly qualified sporting and activity mentors to continue and develop the work leading to a sustainable active environment. In addition, it aimed to create sustainable exit routes, provide vocational qualifications and informal physical activity opportunities for young people at risk of exclusion and/or who demonstrate an involvement with anti-social behaviour.

Stage 1

6-week Personal Development Course

Junior Sports Leader Course

Football Level 1 Course

Water Sports Personal Development Programme

Stage 2

Football and Personal Development Programme

Stage 3

Escape Adult Programme (10 weeks)

Seaham

Name of partner agency: Free the Way – The We Live Here Too Project

Type of project: Art and diversionary activities

Number of participants: 26

Number of mentoring sessions offered in total: 56

Age: 7–14

Free the Way is a local community-based organisation working in Seaham. They previously worked with ex-users and their families and wanted to develop prevention activities with vulnerable young people. The organisation is based firmly in the heart of the community and their premises sit on Seaham High Street. The project aimed to:

- support siblings and children of drug users
- break the cycle of abuse
- reduce Child Protection/Children in Need referrals
- provide education on drug and alcohol abuse issues
- raise awareness of issues for young people living with substance misuse

The agency partnered with County Durham DAAT, County Durham Arts Development Officer and others. The young people researched the history of mines and their impact on Seaham communities, using the Internet, libraries and interviews with older people. They also recorded new developments within the community and the upgrade of the coastal areas.

Twenty-six young people were recruited into two separate groups. One group are residents of Seaham, aged 7–14, the other group are brought in from Horden, aged 7–14. All the children

were drawn from families that had experience of substance abuse issues. Group sessions were staffed by two Free the Way workers, both of whom are youth workers, alongside a qualified youth worker who has worked with the Centre for a number of years.

During the project the young people have:

- agreed and observed a group 'contract' for rules/behaviour/health and safety and support
- learned about the history of Seaham and the coal mining industry with a presentation by several retired miners
- recorded their learning using a variety of art forms – paintings, drawings, photographs, poems; a DVD has been prepared, which is being circulated to supporters and parents. Highlights of the art work appear on the We Live Here Too website.
- completed a drugs awareness course
- learned about healthy food and drink
- heard a talk by a local police constable
- visited Beamish Museum and its coal mine
- completed an basic life-saving first aid course
- taken part in five activity days using local sports and leisure facilities

The project enjoyed favourable media coverage. Local residents see and know that real steps are being taken to address drug and alcohol problems.

All those who have completed the programme attended two certificate presentation events (parents and local dignitaries were invited) and joined a three-day camping trip to Keswick in the Lake District at the end of September. Pictures of these activities appear on the website (<http://www.welivehere2.piczo.com>) and a short homemade video was also produced.

Copeland – Whitehaven

Name of partner agency: Mobex – Aspire

Type of project: Diversionary activities

Mobex is a charity which runs personal and social development programmes through activity-based training to encourage participants to aspire and to achieve their full potential. They work with both young people (aged 13–25 years) and their families who are either directly or indirectly involved with individuals who have substance misuse issues.

The local project would enable young people to plan and organise activities that they wish to run. They would offer an 'alternative high' to young people through participation in various diversionary activities ranging from outdoor pursuits to clay modelling. Mobex aimed to work alongside the Cumbria Alcohol & Drug Advisory Service (CADAS), which brings in counsellors who deliver drug and alcohol awareness sessions to young people and their families where possible.

The initial stages of this project involved recruiting young people and setting boundaries within the group. Some initial problems were encountered trying to engage with the young people as the contact at their main referral agency was on sick leave for some time. Mobex recruited 18 young people through their own established networks, well exceeding their milestone of recruiting ten young people in the first quarter. In addition, the group began the process of developing trust and mutual respect, to ensure that the group works well together.

Mobex Cumbria experienced many difficulties in delivering the agreed project and Mentor UK terminated the contract.

Salford

Name of partner agency: The Centre for Specialist Educational Assistance (Binoh of Manchester) – Binoh Teenage Support

Type of project: Mentoring and diversionary activities

Number of participants: 11

Number of mentoring sessions offered in total: 144

Age: 15–21

Binoh exists to meet the needs of children and families from the Orthodox Jewish Community of Salford. Their primary work includes a variety of innovative community-based programmes for over 400 people that aim to improve education, citizenship and quality of life, and to empower families and young people. The community itself is ethnically compact, little known outside its immediate location and buffeted by severe racial and economic problems. Large families (8+) are commonplace and many speak English as a second language. The community's different norms for acceptable literature, images, discussion material, etc. prohibits the use of contemporary media – TV, magazines, the Internet, etc. – which means that it is bypassed by many mainstream service providers and national advice services.

The independent, religious educational system places children outside local educational provision and, for older teenagers, employment provision is particularly restrictive. Several of the young people have been identified in Binoh's recent Community Needs Assessment Survey (validated by the Department of Health and the University of Central Lancashire) as being involved in anti-social behaviour and being at risk of engaging in drugs, solvent and alcohol abuse. The Community Needs Assessment Survey proposed that there is an overwhelming need for a culturally sensitive community-based and -run support scheme to service the needs of the young people.

Binoh has been running an informal mentoring service on an ad hoc basis for the last year and the CEMA project helped to formalise and broaden this service by creating a mentoring and support system for these young people in the community. Binoh engages with and mentors the young people and aids reintegration and inclusion by finding appropriate employment, education or training opportunities. The mentors also educate young people in health and personal safety issues surrounding substance and alcohol misuse. Due to the community's ethnic sensitivities, the work can only be successful if it is undertaken by organisations that young people can relate to and trust, such as Binoh.

In addition, Binoh is integrating the mentoring scheme with its other community support services. Participants are encouraged to join in Binoh's Teenage Support Services, including its Positive Activities for Young People programmes, after-school clubs, etc. Participants' parents are also being encouraged to join Binoh's successful Parental Support programme. This is facilitated by a local mother, who is a trained counsellor employing the internationally acknowledged 'Webster Stratton' Parenting Programme. The programme has been remarkably successful in helping transform 'mothers into parents' through practical parenting training sessions undertaken in a friendly, local environment.

As part of the CEMA project, Binoh recruited 11 young people between the ages of 15 and 21 and they attended weekly mentoring sessions. At the beginning of the project, the young people spent the required time 'getting to know each other' in the sessions. One of the main aims of the sessions was to set goals and milestones, create appropriate work plans and find the best ways to move them forward.

East Lindsey

Name of partner agency: Lincolnshire DAAT/Lincolnshire Youth Service Positive Action Team – Mablethorpe Diversion and Mentoring Project

Type of project: Mentoring and diversionary activities

Number of participants: 5

Number of mentoring training sessions offered in total: 9

The programme intended to be a mentoring project offering support and access to diversionary activities for 11–19-year-olds who are thought to be at risk of misuse of substances.

The project aimed to increase protective factors within the vulnerable target group with the support of Mentor UK, the life skills development approach, and access to alternative lifestyle opportunities. The programme covered training of the mentors and the time mentors spent with young people. In addition, the Positive Action Team produced a manual for mentors.

Many of the first steps for establishing the project were in collaboration with agencies undertaking work in the area and involved key stakeholders. After meetings between the Youth Service and CG Partnership, the mentoring training was undertaken with an additional training session by the DAAT on drugs awareness. The project also worked with Stepladder, an organisation that offers advice to people in the Mablethorpe area regarding training and education, and the local Volunteer Bureau in Skegness, to recruit mentors.

Mentoring training took place at the Boatshed in Mablethorpe and continued for nine weeks instead of the anticipated seven. This was as a result of the training provider and the mentors wishing to develop their training further than was needed for accreditation. This included work around self-esteem and the self-concept.

All mentors gave very positive feedback in their evaluation of the training and their anticipation about starting to work with young people in the area. All mentors passed accreditation and were presented with their certificates.

By the third quarter, mentors were meant to be supporting programme delivery. Despite the Lincolnshire Drug Audit and the needs assessment carried out in December 2005, the project had great difficulty finding young people who need the additional support in the Mablethorpe area. Because of this and other contributing circumstances, no young people were identified to work with the trained mentors during the designated period. However, due to the positive outcome of the mentor training and the recruitment of five committed mentors, the local DAAT will continue to offer mentoring to young people.

Mansfield

Name of partner agency: The Inner City Youth Movement – The Mansfield Youth Movement

Type of project: Diversionary activities/mentoring

The aim of the project was to deliver music workshops to young people and to challenge drugs and anti-social behaviour through music. It was expected that engaging vulnerable young people in music workshops would help them to develop their personal skills and increase their personal ambition, social awareness, self-confidence and motivation.

Workshops were run on a weekly basis for young people aged between 12 and 18, giving them the opportunity to create their own music in the style of their choice. Hard-to-reach communities were also targeted by providing transportation to and from the workshops, and engaging groups of young people from the same locations. Young people, with experts' support, wrote lyrics and made music, culminating in the production of a CD published on the music website (www.musicalfutures.org). The website hosts work from other young people around the country, giving the opportunity to the participants of this CEMA project to collaborate with other young people with the same interests. The group leaders encouraged participants to produce music that reflected their life and communicated positive social messages regarding their local community and young people.

Achievements of the project:

- Successful completion of seven cycles of workshops that led to tracks being composed and lyrics being written with a positive social message
- Engaged with Youth Service category-one individuals and successfully completed numerous tracks. This is a significant achievement of the project
- Located two groups of vulnerable rough sleepers and homeless people to engage with the workshops and successfully complete them. The project felt that, under the circumstances, this is a huge achievement and may be a 'first' in working with homeless people
- Despite a difficult start, stronger links with the Youth Service have been established

Engaged young people in discussing and initiating issue-based work and creative lyric writing. Discussing matters with young people, such as anti-social behaviour and drug misuse, has raised their social awareness. The project has also had the opportunity to discuss teenage pregnancy and territorial grievances. The project has been able to challenge young people about their initially violent lyrics and motivate them to change their composition. Provided five communities with a diversionary activity that engaged local young people in a creative environment and away from less socially acceptable and possible destructive influences.

- The project has successfully introduced music and music technology to at least 60 young people who have not previously had access. Through the use of outreach work the project has successfully recruited young people from areas of severe social deprivation, e.g. Pleasley, and involved them in the project. Participants in the project have been enabled to continue their music-making activities by referral to similar projects in the area. Some of the participants stopped taking drugs prior to the workshop sessions so they were able to participate properly. The project played a key role in educating these young people about the negative impact of drugs on their creative abilities. Actually establishing the project in an area where there have not been any links or contacts with the target group or any support agencies is in itself a significant achievement.

- Successful recruitment and training of a young trainee, which has developed his interpersonal skills and enabled him to run some of the later workshops. He has subsequently moved into further education.

Bolsover

Name of partner agency: Derbyshire Health Promoting Schools – The Bolsover Arts and Transition Project

Type of project: Diversionary activities

Number of participants: 243

Number of sessions offered in total: 486

Age: 10–11

The move from Key Stage 2 to Key Stage 3 has often been identified as a crucial time in pupils' lives. For many it represents the first major educational change they will have experienced since first starting school. As young people in Year 6 approach the transition to secondary school, many do so with preconceived ideas and apprehensions. Some will be from first-hand knowledge, just as many will be based on myths, misunderstanding and mis-information.

The Bolsover Arts and Transition project took place during the summer of 2006 and sought to explore some of those preconceptions and apprehensions with the children who held them. Working with the staff and 243 Year 6 pupils in six classes across four primary schools, staff from the local secondary school, a local artist, members of the Derbyshire Health Promoting Schools Team and an Internet computer company, it brought together a wide range of people in a unique partnership that proved to be exciting and innovative for all concerned.

Each group of Year 6 pupils had:

- A half day working with a trained leader from the Derbyshire Health Promoting Schools team, who helped them to explore their hopes and fears about the transfer to secondary school
- A half day working with an artist to express those personal hopes and fears using a range of different media

This meant six groups each having the equivalent of one full school day on the project. Each group had two 'facilitators' to lead the sessions. Although the project had 'drugs' as its focus, the decision was taken from the outset that the leader's role would be that of facilitator rather than that of 'director'. Discussions were pupil-led in order to get a true reflection of what was actually important to them and pertinent to their needs. The facilitators were supported by a member of the Healthy Schools team, who acted as 'scribe' in order to allow the leader to focus on the children's activities.

The 'exploration' sessions took the following basic format:

- Introductions
- Setting of ground rules
- Ice-breaker games
- Activities around feelings – including mime, opening a door and walking through it with particular feelings, and first day at secondary school thoughts/feelings advice alley
- Post-it activity around hopes and worries for secondary school
- Hot-seating: asking questions of the leader who took the character of 'Blue', who had just completed a few months in Year 7

- Activities thinking about what they were looking forward to at secondary school – mainly done through circle-based rounds of hopes

The key criteria in selecting what resources to use were that the media chosen should reflect the ethos and purpose of the project, and allow the young people involved to express their thoughts and feelings in their own creative way. The artist was involved in the planning of all the sessions and attended one of the ‘exploration’ workshops to ensure that she was familiar with what the children had been doing and how it had been delivered. It was agreed to use the opportunity the workshops offered to use different art techniques/media with each group. These were discussed as a project team, but with the final choice being left to artist’s knowledge and expertise. The art sessions took place after the work on exploring children’s perceptions and feelings. It was decided early on in the project that the art side would be restricted to the visual arts. Although the performing arts would also have lent themselves well to what the project was seeking to achieve, it was decided that quite a lot of work is done using this approach, whereas the visual arts would not necessarily be an obvious choice.

As the project has shown, art brought a particular quality to what was being done and gave the children special opportunities to express themselves using a range of creative skills. The artist chosen to lead these sessions had done a lot of different work in art education and education through art. It was felt important that whoever did the art work with the children needed to be experienced in this field and that he/she should be an integral part of the project development process.

The approaches/media chosen were:

- Using textile painting
- Clay work
- Split faces
- Using oil pastels
- Mod-roc figures
- Paper masks
- Collages on shoes

Each of the art workshops was supported by a member of the Derbyshire Health Promoting Schools Team.

Scarborough (Whitby)

Name of partner agency: The Cambridge Centre – Young People’s Mentoring Project

Type of Project: Mentoring

Number of participants: 165

Number of contacts: 216

Age: 14–16

The Cambridge Centre provides a range of services to address the potential problems related to drug and/or alcohol use. The Young Persons Drug and Alcohol Worker at the Cambridge Centre aimed to recruit 20 mentors from the Whitby Community College between the ages of 14 and 18 to deliver a peer education and mentoring service to 600 pupils aged 14–16 years at the college. They were also considering working with other groups of young people including Youth Offending Teams (YOTs), children excluded from school, etc. The recruitment process of

the mentors was formal, including completing an application form and being interviewed by a panel. The mentors undertook training about the roles and responsibilities of a mentor, drug and alcohol awareness, group work and presentation skills.

The project managed to recruit ten mentors between the ages of 15 and 18. Having an application process may deter some young people from expressing an interest in mentoring but, on the other hand, it helped the project to recruit the most motivated young people. The mentors engaged with the project were well equipped with many personal qualities and with the required skills to deliver the education programme. Two mentor training sessions were developed and delivered to the ten young people. The first session focused on increasing the mentors' personal knowledge around drug and alcohol use, and issues associated with different models of use. The second session focused on developing presentation and public speaking skills, combined with looking at what they thought were the most important issues for young people. From these training sessions, the mentors were asked to use their experiences to develop risk scenarios, which were used in the training. The mentors also put forward some ideas, such as anonymous email and letter advice and support, and a drop-in service that would offer extra information and advice about any aspect of drug or alcohol use to their classmates.

Barnsley (Grimethorpe)

Name of partner agency: Young People's Health Project – Strengthening Families Programme (SFP) by Caroline Webster-Stratton

Type of project: Parenting

Number of participants: 16–18 parents/carers and 8 children (13–15 years old)

Number of contacts: 89

The Young People's Health Project works with young people aged 10–25. The project aims to facilitate healthier options and lifestyles by encouraging young people to set their own goals and make informed choices, and by providing information and advice about all aspects of their physical, mental, emotional and social health.

The Strengthening Families Programme (SFP) was delivered by the Young People's Health Project in Grimethorpe and targeted young people aged 10–14 and their parents. The SFP is designed to reduce the likelihood of substance misuse and anti-social behaviour in the teen years. It is a seven-week parenting programme, two hours per week – one hour with separate groups for parents and children running concurrently, and one hour with both parents and children. The programme deals with the relationship between parents and children, how to interact with each other, setting house rules, etc. (see Table 17). Two booster sessions were also delivered. A baseline and post-intervention questionnaire was completed, allowing evaluation of the impact of the parenting programme on the lives of parents and children. A residential weekend for the children was organised during the summer holidays of 2006 and a day for the parents was organised in October.

Table 17 Topics covered in SFP sessions

Week number	Parent topics	Family topics	Youth topics
1	Using love and limits	Having goals and dreams	Supporting goals and dreams
2	Making house rules	Appreciating parents	Appreciating family members
3	Encouraging good behaviour	Dealing with stress	Using family members
4	Using consequences	Following rules	Understanding family members
5	Building bridges	Handling peer pressure I	Building family communication
6	Protecting against substance abuse Reaching our goals	Handling peer pressure II	Reaching our goals
7	Using community resources	Reaching out to others	Putting it all together and graduation

Doncaster**Name of partner agency: Safer Doncaster Partnership****Type of project: Diversionary activities****Number of participants: 200****Age: 15–21**

The intention of the project was to encourage the community groups to come up with interventions that are innovative rather than prescriptive, with the details to be agreed with the community groups.

The methodology behind the project is as follows. A steering group made up of the community representatives, the DAT Coordinator, Community Safety Consultant and a police representative, agreed the overall package of measures to be delivered in each area.

The Drug Strategy Unit match-funded the Mentor UK grant and took a total of 175 children and their families on trips during the Easter holidays. Activities included trips to Flamingo Land; to The Forbidden Corner, Leyburn; to Magna Science Adventure Park; and to Xcape to do tobogganing, laser quest and bowling.

It had been identified that involvement or potential involvement in drug use was an issue in these areas, and the trips were timed to coincide with the Easter holidays, when anti-social behaviour of all kinds increases. They were a great success in providing opportunities for vulnerable young people to participate in activities to which they would not normally have access, thus diverting them from becoming involved in illegal or anti-social activity. Feedback was also given on what young people wanted in their areas as a diversion.

As a result of the feedback received from the young people an art-based programme was developed, titled Far Out Art – reflecting the outreach nature of the work. Discussions took place with key staff regarding the potential art forms to be explored. In addition, potential links with previous and/or ongoing projects in some of the targeted areas were explored.

A programme of six twilight sessions (4pm–6pm) in four areas of Doncaster was set up. Each series of sessions is process-driven, but with an eye to creating something that can be shared at the end of the project. The sharing takes place in the sixth session.

Content of the arts project includes music and visual arts, culminating in the production of collages, boxes and/or CDs with the young people, and a visual and audio installation piece; film, visual arts and drama, creating a puppet play on aspirations and dreams; and film, visual arts and drama exploring ‘My Space’ from the perspective of the participant.

An event took place on 1 September 2006 to showcase the work that had taken place and also what kind of future work will be done through the arts project. A number of stakeholders attended the event, and there were presentations from Eva Hughes, Children’s Trust Chair; Bob Adams, Arts Development Manager from DARTS; and Joanna Travis, Mentor UK.

Penwith and Kerrier

Name of partner agency: Know Limits Parents Project

Type of project: Parenting

Number of participants: 50

Number of mentoring session offered in total: 26

Age: All ages

The project was a collaboration between the Children’s Fund and Addaction/CADA. The aim of the project was the prevention of harm from substance misuse among young people (aged 8–16) but approaching that through working with groups of parents and carers, including carers of looked-after children in Penzance and Kerrier. This was delivered by counsellors and group workers from Addaction/CADA working in partnership with parent support workers from Cornwall Children’s Fund. Four two-hour sessions were delivered to each group of parents/carers using the Know Limits training materials. A further aim was to recruit and support older young people in the groups in order to present a young person’s perspective and to model empowerment.

Altogether, 6.5 groups ran: 2.5 in Penzance and 4 in Kerrier. Forty-nine parents/carers attended groups; 25 of these were foster carers. The ‘half’ group was one that ran for only two of the four sessions because it had only recruited two parents.

Numbers of children and young people reached indirectly through the group work with their parents/carers are 40 8–12-year-olds, 36 13–16-year-olds and 26 others older or younger in those families.

Ten older young people initially expressed interest in participating and seven attended briefing/training sessions. Two withdrew because of family commitments, two were unable to continue because of work commitments and one was unable to participate in the parent groups because of college commitments. Three (Becky, Kirsty and Will) did participate in parent groups, but would have participated in additional groups if college timetables had not clashed with the

times of group delivery. Two (Will and Debra) were interviewed by Richard Cyster, the external evaluator, about their involvement in the project.

As a 'spin-off' from their involvement with the project two (Will and Becky) participated in interview panels for the selection of candidates for two young person's intensive support worker posts.

Feedback from parents via sessional feedback sheets and 'before and after' questionnaires indicate that objectives have been achieved. Contents of feedback sheets and questionnaires have been collated onto spread sheets. Parents/carers do feel more knowledgeable about the physical and emotional effects of alcohol and cannabis and their effect on young people. They do feel more able to help their children to make safe and responsible choices when subjected to peer pressure around substance misuse: as a result of engagement with the project, parents do feel more confident and skilled when talking with young people about issues related to alcohol and cannabis.

Parental feedback on the contribution of the older young people in the groups has been highly positive.

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