

## **Substance Misuse – Children and Young Adults (<25yrs)**

### **Rapid Needs Assessment – Summary**

#### **Definition**

All local authorities have a responsibility to provide substance misuse treatment for their population. In Surrey, this includes the provision of a specific service focusing on the substance misuse needs of young people/young adults under the age of 25 (Catch 22) and a service providing specialist substance misuse interventions for adults aged 18 and over (iaccess). The number of young people accessing specialist young people's substance misuse provision has been declining nationally within recent years and this has been mirrored in Surrey. However, the complexities of some of the young people presenting for treatment has increased, particularly in relation to the amounts of substances being used (predominantly - but not exclusively – cannabis, alcohol and cocaine within this age range) and the vulnerabilities of the young people in treatment; e.g. child in need, exposure to domestic abuse, mental health, sexual exploitation, self-harm, NEET (not engaged in education, employment or training), care leavers, age of onset of drug use and engagement in criminal activity.

**The purpose of this rapid needs assessment is to gain an understanding of the impact of Covid-19 and lockdown on this cohort of young people/young adults, and to identify how services may need to adapt should another lockdown be required.**

#### **Stakeholders and Key Informants**

A number of stakeholders and key informants were interviewed in order to gain an understanding of the substance misuse issues experienced by the under 25 cohort during the period of lockdown. Opinions and observations were provided by substance misuse treatment providers, the police, services providing support to the homeless, supported housing providers and youth services. Twenty-five young people/young adults engaged in treatment or support services were also interviewed. Experiences gained during the various periods of lockdown were shared, including those at the initial onset of lockdown (as advised by the Government in March 2020), throughout lockdown and during the stages when some of the social distancing measures were beginning to be lifted in July/August 2020. These experiences included availability and access to drugs of choice, access to service provision and how easy/difficult it was to engage, effects of lockdown on relationships and behaviour, identification of key vulnerabilities and how services should respond to any future lockdown periods of time.

## **Common Themes**

Common themes raised by the majority of individuals interviewed suggest that the availability of drugs (primarily cannabis) remained similar during lockdown to previous times. This is despite police reporting an increase in drug seizures (i.e. through car stop and search methods) and it is apparent that drug networks – county lines – have continued across Surrey. Although young people reported that the availability remained relatively constant, some experienced difficulty in accessing drugs due to a lack of funds (no work), changing their substance of choice and initially being housebound, which impacted both positively and negatively on family relationships and behaviour. Engagement in treatment and the signposting/communication of services has been explored, with young people (all new to treatment during lockdown) reporting a variety of routes in which they were made aware of treatment services, including the police, hospitals and online searches. Referrals from usual sources – schools, primary care, social care, youth services – reduced significantly during the lockdown period but, since restrictions have been relaxed, are increasing again. The fear of lost opportunities and missed safeguarding concerns are apparent in all services questioned, partially due to having to engage remotely with service users, whereas meeting in person would have given workers a better insight into additional issues concerning the young people and assessing home environments/relationships. There is concern that issues experienced during lockdown may only come to light afterwards, e.g. due to difficulty assessing safeguarding remotely, particularly where young people only consent to limited phone/visual contact. Some service users also reported finding engagement via remote processes – online or by phone – difficult when trying to engage with their worker and would have preferred face-to-face appointments (these were restricted to those with significant safeguarding concerns); some, however, preferred this process of engagement.

## **Key recommendations**

- Reinstatement of face-to-face engagement opportunities where appropriate
- Explore and adapt online comms for engagement with service users – for example, snapchat, Instagram – and for those with special educational needs
- Explore ways of identifying additional safeguarding concerns remotely; how to question service users / pick up on concerns not physically obvious
- Increase engagement (remotely) with parents/carers as part of a whole family approach and in managing challenging behaviour
- Provision of online substance misuse training for partners, including signs and symptoms, referral pathways – to social care, primary care staff etc
- Provide training in county lines – awareness and response – for partners and public
- Explore alternative ways in which to engage in face-to-face contact safely whilst adhering to national guidance

## **Substance Misuse – Children and Young Adults (<25yrs)**

### **Rapid Needs Assessment**

#### **Definition and Population Profile**

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

World Health Organisation<sup>1</sup>

For the purpose of this needs assessment, the primary focus will be on the cohort of young people/young adults who were engaged in substance misuse treatment or wrap around services, such as supported accommodation and homelessness services, during Quarter 1 2020/21 (April – June 2020). The age range covered is up to 25 years, and all are resident in Surrey.

The number of young people requiring specialist substance misuse interventions thankfully remains low; we also know that nationally the number of young people accessing substance misuse services is reducing further. In 2019/20, there was a decrease of 31% (n=38) of under 18s accessing Catch 22 compared with a decrease of 3% attending services nationally. There may be both positive and/or negative explanations which contribute towards this decrease. Locally, it is anticipated that changes within children's social care may have contributed towards this drop and this is being addressed. However, identifying young people at risk of potentially requiring specialist interventions, and putting in place diversionary approaches, may also contribute positively towards this decreasing figure. Understanding why and how young people come to the attention of specialist treatment services is key to understanding the impact Covid-19 has had on this cohort of individuals, and how we can minimise the impact of future disruptions in service provision to ensure the needs of the most vulnerable are met .

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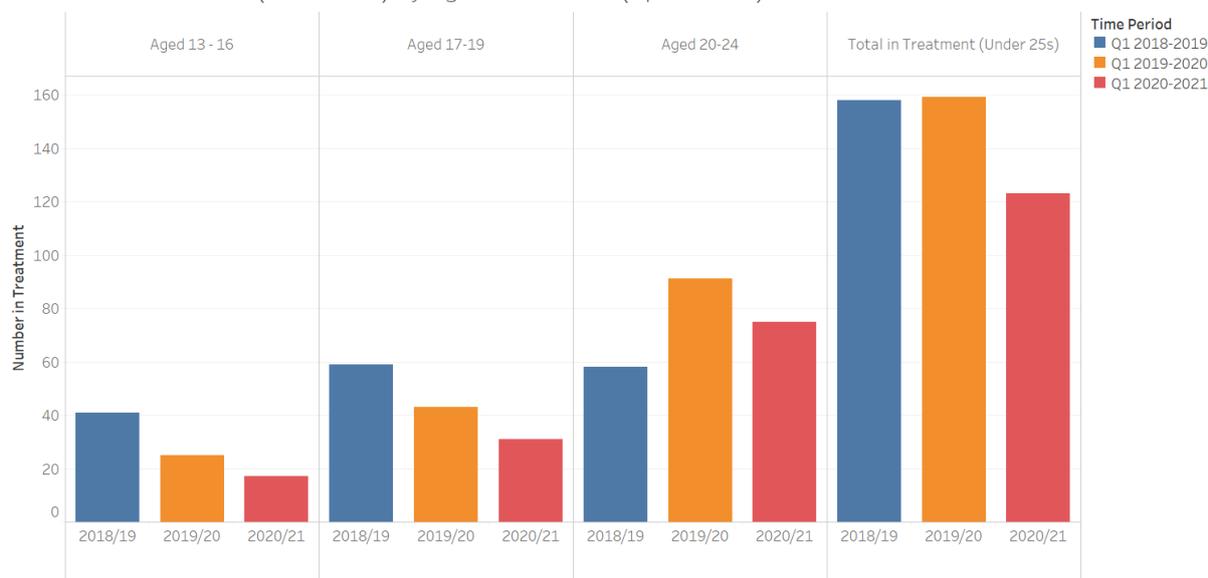
<sup>1</sup> World Health Organisation [https://www.who.int/topics/substance\\_abuse/en/](https://www.who.int/topics/substance_abuse/en/)

## Treatment Data

In order to provide a comparison of the key features of those in structured<sup>2</sup> treatment during the first stages of lockdown (Q1 2020/21), data has been sourced from Surrey’s two treatment services – Catch 22 young people’s service (up to the age of 25) and iaccess adult treatment service (from the age of 18) – over the same quarter for 3 consecutive years. Please see below the definition of structured treatment; both Catch 22 and iaccess also provide support to individuals who require non-structured interventions. Data relating to structured treatment is collated by Public Health England. Please note, throughout this document values less than 5 have been suppressed with a grey bar reflecting a generic value, in order to protect data disclosure and in line with information governance.

## Numbers in Treatment

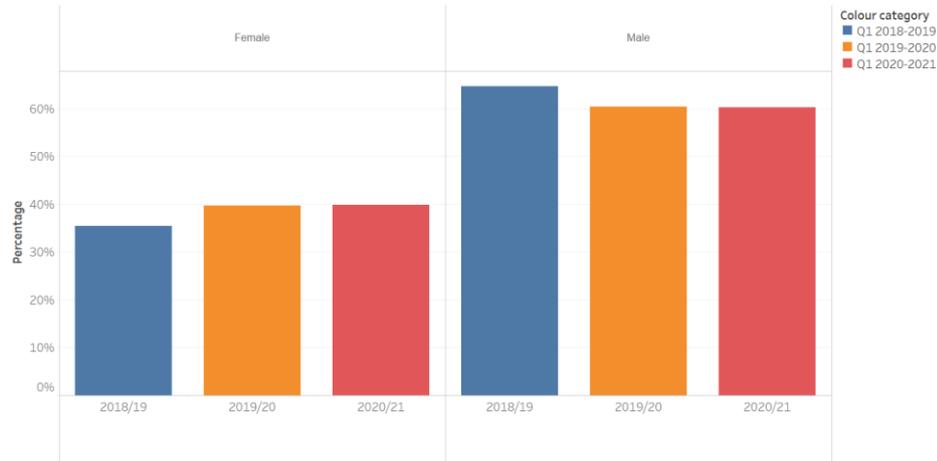
Number in Treatment (Under 25s) by Age in Quarter 1 (April - June)



The table above illustrates the numbers in structured treatment during the same period of time (Q1) between 2018/19 – 2020/21. The increase in the 20-24 age group in 2019/20 can be explained due to a change in the contracting arrangements with Catch 22, when their targeted cohort increased from the age of 21 to 25 years, but there is a significant collective decrease across all ages in Q1 2020/21.

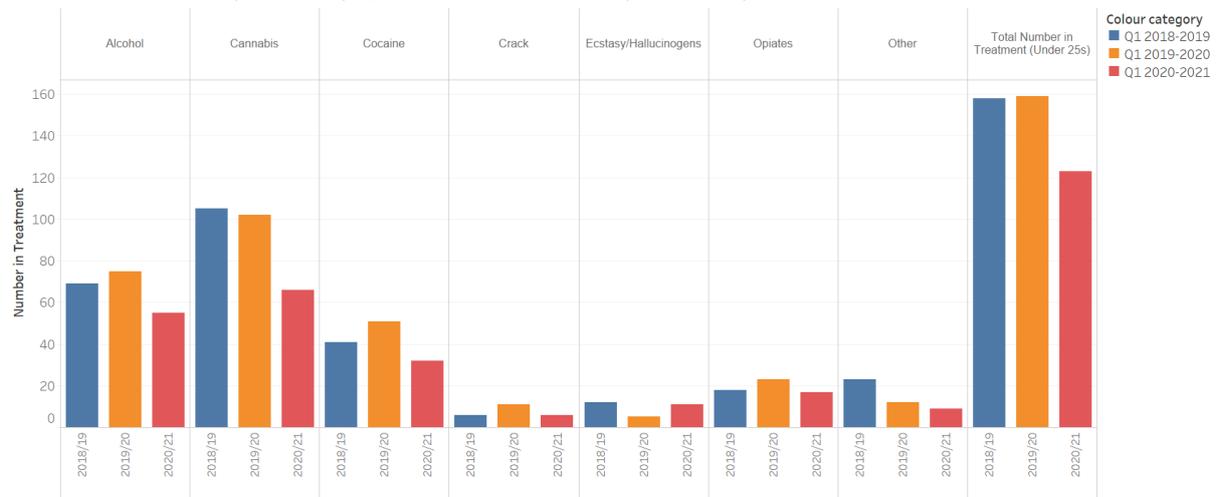
<sup>2</sup> Structured treatment relates to specific interventions as defined by Public Health England: for under 18s this refers to ‘**a care planned** medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse’ and for those over 18 ‘structured treatment requires a **comprehensive assessment of need**, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in 1 or more of the following domains: physical health; psychological health; social well-being; and, when appropriate, criminal involvement and offending’.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/785198/NDTMS\\_adult\\_drug\\_and\\_alcohol\\_treatment\\_business\\_definitions\\_CDS-O.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/785198/NDTMS_adult_drug_and_alcohol_treatment_business_definitions_CDS-O.pdf)

Percentage in Treatment (Under 25s) by Gender in Quarter 1 (April - June)



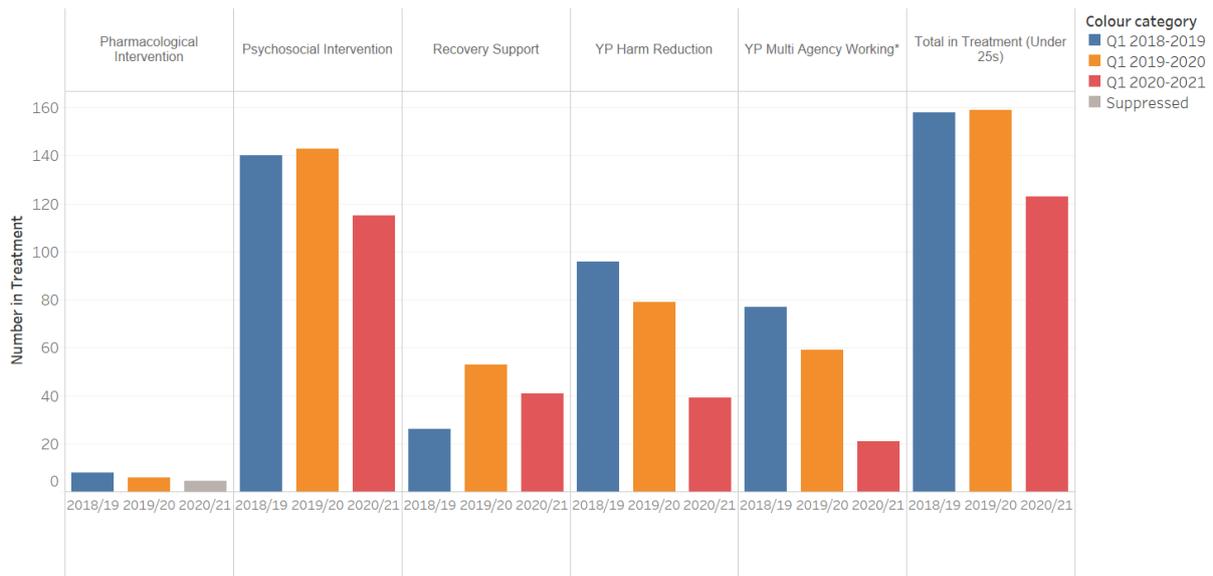
The percentage of under 25s accessing specialist substance misuse treatment by gender during lockdown remained consistent with previous years, with a 60%-40% male-female ratio in Surrey. Nationally, the ratio is typically two-thirds male (66%).

Number in Treatment (Under 25s) by Substance in Quarter 1 (April - June)



When young people enter treatment, they can record up to 3 substances that they identify having a ‘problem’ with. The first substance is the ‘primary substance’ and the others are ‘adjunctive substances’. The picture in Surrey mirrors what is happening at a national level, with cannabis being the predominant substance of use for this age cohort, followed by alcohol and cocaine. The substantial decrease in cannabis presentations in 2020/21 (during the first 3 months of lockdown) may be explained by the initial disturbance of cannabis availability which was highlighted by a number of young people interviewed for the purpose of this impact assessment. Many young people interviewed also responded that during lockdown they were forced to drink less alcohol due to being confined at home and away from their – often negative - peer groups.

Number in Treatment (Under 25s) by Intervention in Quarter 1 (April - June)



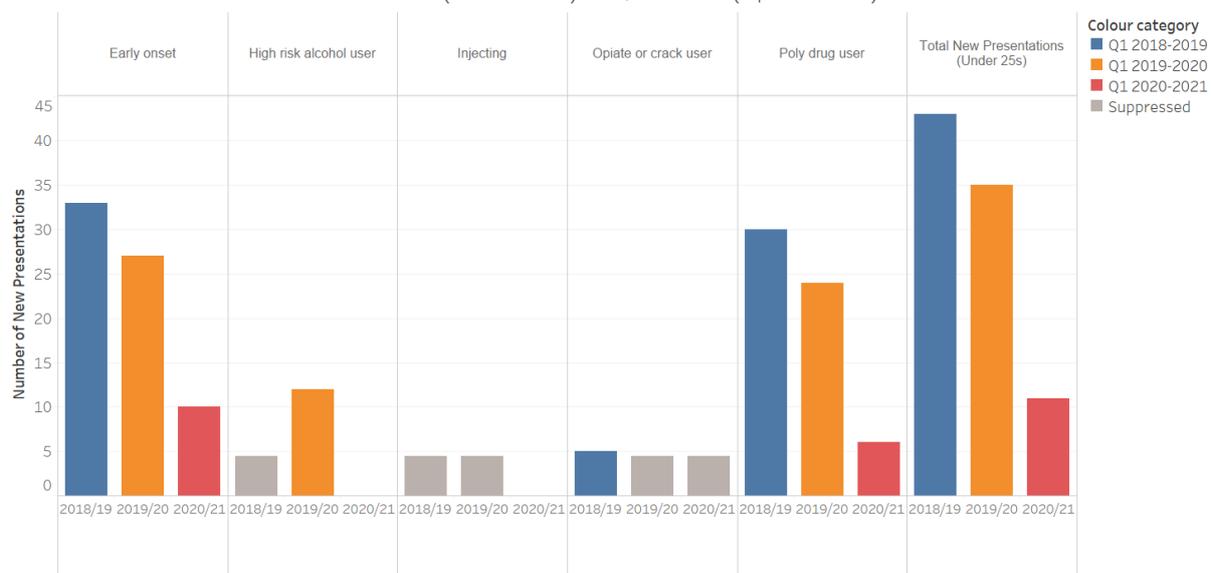
The table above, indicating the interventions provided by Catch 22 and iaccess to under 25s, demonstrates what the needs of this cohort have been. As expected for this age range, the need for pharmacological intervention is minimal as the need for substitute prescribing (for opioid use) remains low within this cohort and follows national trends.

### Vulnerabilities

Substance misuse in young people rarely occurs in isolation and is often symptomatic of wider problems. The majority of young people presenting to specialist substance misuse services have other problems or vulnerabilities relating to their substance use, such as early onset of first use, injecting or poly-drug use, or wider factors that can impact on their substance use (i.e. mental health problems, being ‘looked after’ or not being in education, employment or training, offending, self-harming, experiencing sexual exploitation or domestic abuse). Of the 17 vulnerability data categories collected via the National Drug Treatment Monitoring System (Public Health England’s substance misuse data source), more than a third (37%) of young people report 4 or more vulnerabilities.<sup>3</sup> Specialist services therefore need to work effectively with a range of other agencies to ensure that all the needs of a young person are met and the difficulties in managing this was a concern expressed by service providers during lockdown. The sizeable decrease in ‘YP multi agency working’ illustrated in the intervention graph previously also suggests that this was significant during lockdown and needs exploring further. Feedback from services suggest that, on the whole, key partner services such as treatment and CaMHS were easy to engage with but that clearer lines of communication with Children’s Services (i.e. targeted youth support) would have benefitted joint working arrangements.

<sup>3</sup> <https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report>

## Vulnerabilities in New Presentations (Under 25s) in Quarter 1 (April - June)



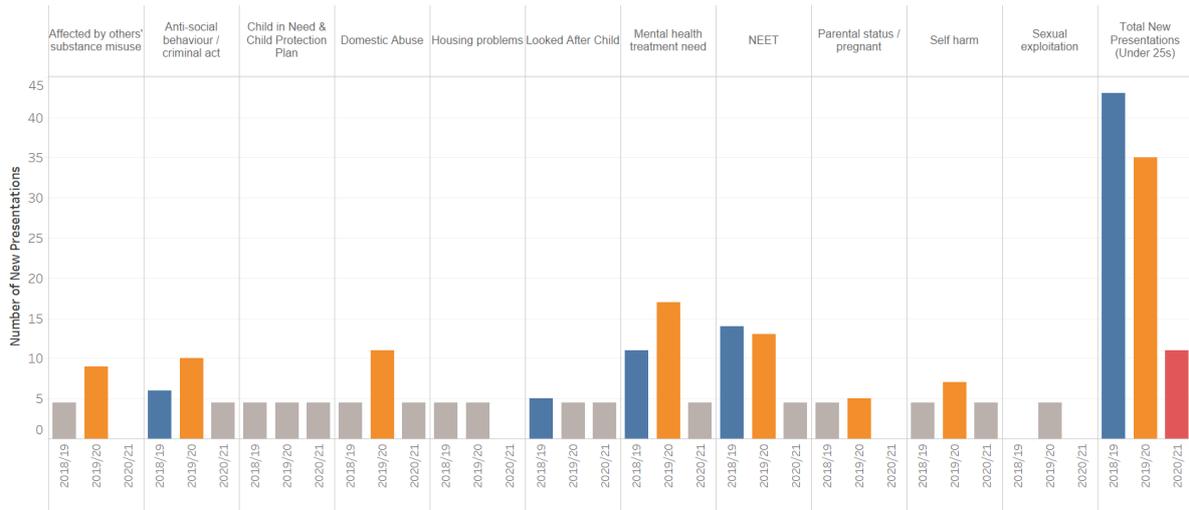
\*Catch 22 data only

Capturing the wider vulnerabilities of young people accessing treatment was of particular concern to a number of service providers. Although young people were risk assessed and offered face-to-face meetings if significant safeguarding concerns were raised, the majority of appointments were undertaken virtually during the lockdown period. Staff reported that the usual triggers they might pick up on when meeting in-person were difficult to establish when meeting via a computer screen or by phone, and that young people had much more opportunity to be selective in what they chose to tell their keyworker when meeting virtually. There were also reports that the young people refused to show themselves onscreen, which is surprising considering how confident young people are, in general, with using social media etc. One suggestion was that this was because the young people didn't have the opportunity to edit/filter themselves when talking to their key worker on the screen. It is apparent from both the vulnerability graphs that identifying and recording vulnerabilities during the lockdown period was significantly – and worryingly – lower during lockdown which could have serious implications on the safeguarding of the young people in treatment.

Some young people reported that they found it hard to engage with their keyworker whilst at home as they didn't have any privacy and were worried about being overheard by their parents/siblings.

Key workers also didn't always have the opportunity to engage with parents and other family members when working remotely which, in some cases, impacted significantly on what interventions were able to be provided, particularly in their approach to offering family therapy.

Wider Vulnerabilities in New Presentations (Under 25s) in Quarter 1 (April - June)



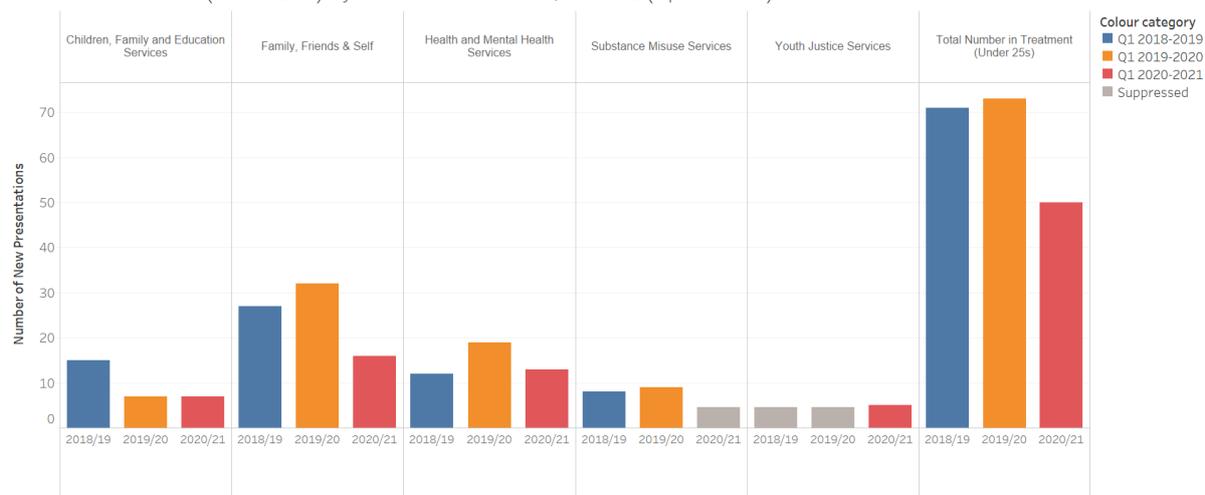
\*Catch 22 data only

Services reported that some service users with special education needs were not able to receive the same level of service remotely due to speech and language difficulties. Where possible, the service was able to overcome this difficulty by sending out resources which the workers then used to support the parent/carer to use with their young person. The adaptation of resources for SEN young people is something to be considered for future service disruption, particularly in relation to remote working where phones are not an appropriate method of communication.

Referral Sources

Ensuring that young people are able to access appropriate services in a timely manner is key to successful engagement and treatment services rely on the referral processes of partner organisations for young people to be referred appropriately. The number of young people referred by children, family and education services was anticipated to be low during Q1 2020/21 due to the closure of schools/colleges/universities and limited access to children’s services; however, the number of referrals was, surprisingly, no lower than in the previous year which was also poor and needs exploring further.

New Presentations (Under 25s) by Referral Source in Quarter 1 (April - June)



Referrals by family, friends and self were lower during Q1 2020/21 than previous years, which raises the question of how services are promoting themselves. Feedback from the young people interviewed suggests that they are very knowledgeable at sourcing information online about the substances they are considering using, but not whilst using substances or trying to come off substances / seeking support. The young people interviewed also indicated that they would only trust official sources of information, such as the NHS, Government and BBC.

The level of support required by parents increased during lockdown, particularly in relation to parents managing their young people's mental health, managing their psychological withdrawals and cravings and in providing assistance/guidance in how to stop their young people from going out looking for drugs during lockdown. There were many positive examples of engagement with parents in supporting their young people, which will be encouraged to continue as restrictions lift.

### Feedback from service user interviews

The young people questioned spoke both positively and negatively about their experiences of lockdown; for some, their mental health deteriorated due to increased anxiety levels which, in turn, increased their drug use. For others, the lockdown resulted in an enforced detoxification from their substances of choice and positive changes in their behaviour. Some reported having the time to think about what they wanted out of life, feeling more in control of their situation and reported more positive relationships with their families – “re-setting back to normal”. Others struggled with lockdown and being with their families; the relationships with their parents broke down and they looked elsewhere for accommodation. For those living away from home, they reported that it was easier to use substances in their temporary accommodation as there wasn't as much oversight of their situation as there may have been if lockdown wasn't in place. Some reported that their levels of anxiety rose due to fears of isolation rather than any fear of becoming Covid-19 positive. For many, phone calls with their key worker were far more preferable to video calling, although most asked to return to face-to-face engagement as soon as lockdown restrictions were lifted. Their use of social

media and technology – predominantly snapchat, Instagram, phone, xbox, playstation and Instagram – was used to engage with friends and to buy drugs, but were not considered to provide reliable sources of information regarding Covid-19 (Government / NHS websites were trusted) or information on substances. Overall, the young people questioned felt confident in speaking with their keyworker, had positive engagement with other services (i.e. CaMHS) but felt that more could be done to promote services better.



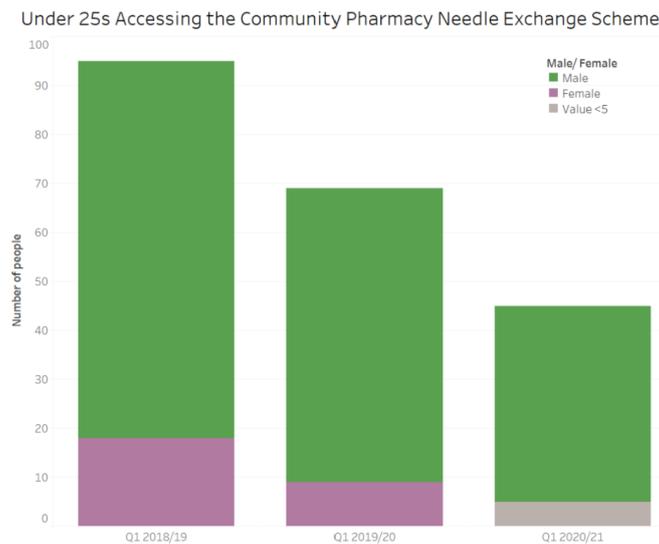
The word clouds above have captured the most used synonyms expressed when discussing the impact of lockdown on young people’s substance misuse; the cloud on the left captures those voiced by the key informants, and on the right the cloud illustrates the conversations held with the service users.

**Additional Data:**

Community Pharmacy Needle Exchange Scheme

Across Surrey there are approximately 55 community pharmacies providing needle exchange facilities for individuals requiring injecting paraphernalia. The following table (data source: Surrey Public Health) depicts the number of 18- 25 year olds accessing the needle exchange facilities in quarter one of three successive years. These individuals may, or may not, also be engaged in treatment with Catch 22 or iaccess. There has been a decrease nationally in overall pharmacy needle exchange activity and, as can be seen in the Surrey data, the figures reduced significantly during the beginning of lockdown (April – June 2020). Considering the equipment provided to this cohort, it can be assumed that heroin and IPEDs (image and performance enhancement drugs – e.g. “steroids”) were the predominant substances being injected. What is of particular concern is the prevalence of young injectors, and also the difference in gender of those accessing the pharmacy scheme; males are, by far, the prominent gender accessing this service. This fits the profile of IPED users, which is typically male orientated, and requires more exploration to see how these young adults can be

supported. Injecting equipment can also be obtained through other sources – needle exchange services in Surrey (although anecdotally activity at these were also reduced during lockdown) and via online sales.



## Police

As well as exploring the details of young people in treatment – which in itself is a protective factor from harms associated with substance misuse – data was sourced from Surrey Police to gain a better understanding of substance misuse-related offending behaviour by under 25s during the initial stages of lockdown, Q1 2020/21.

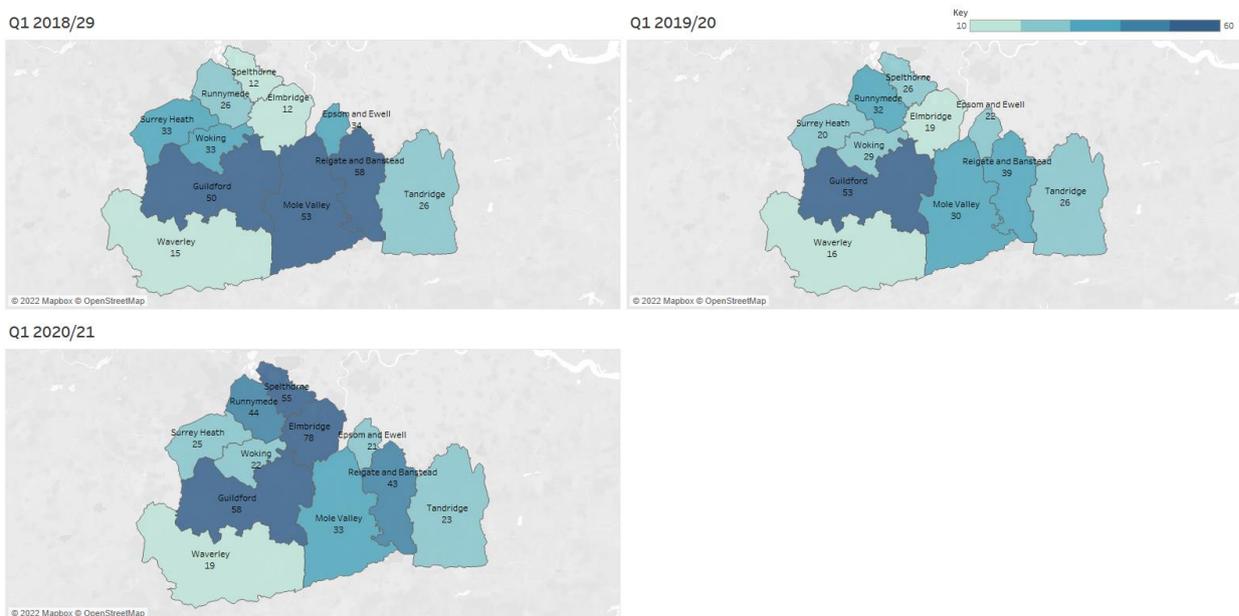


The large majority of offences relating to substance misuse in the 10-25 age range were for ‘possession’. The number of offences committed during April to June in 2020 was considerably higher than in previous years; 421 in 2020/21 compared with 312 offenders for the same time period in the previous year. Police partners reported that county line dealing became more apparent during lockdown due to fewer cars being on the road; a higher number of stop and search procedures were undertaken, and anecdotally dealers appeared

to change their model by dealing directly to buyers’ properties rather than selling in parks etc. Some young people referred to this process as being like a ‘Deliveroo service’. The use of cannabis by some young people rose, reportedly due to their increased boredom and frustration of the lockdown situation, which resulted in the demand for cannabis being high.

There was also an increase in the reporting of young people and antisocial behaviour during lockdown; more young people gathered in parks due to school closures and the good weather. The potential for criminal exploitation of young people was significant due to the protective factors of school / employment not being as easily accessible and the need for money. Incidents of “cuckooing”, whereby dealers take possession of accommodation typically belonging to a vulnerable person, of individuals aged under 25 were identified and responded to during lockdown. There are concerns that the economic impact of lockdown will have been significantly damaging to young adults and those who are, perhaps, most vulnerable are likely to be those most exploited by dealers and criminal gangs.

Number of Offences for Possession in Q1 (April to June) Each Year, by Local Authority



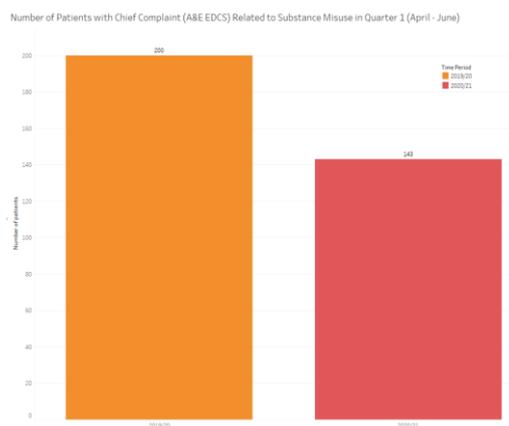
## Hospital

In Q1 2020/21, there were a lower number (143) of patients aged under 25 with a chief complaint of ‘substance misuse’ presenting at Surrey’s Accident and Emergency departments, compared with the number of patients presenting in Q1 2019/20 (source: Surrey Heartlands).

The table below summarises the number of patients each month and shows that in May 2020 the number of patients was approximately half the number of patients seen at the same time in the previous year. The number of patients seen in both April and June 2020 were also reduced, but the difference was much lower.

### Number of Patients with Chief Complaint (A&E EDCS) Related to Substance Misuse by Month, in Quarter 1

	2019/20	2020/21
April	36	27
May	93	47
June	71	69
Grand Total	200	143



As has been well documented<sup>4</sup>, the number of people presenting at Accident and Emergency departments across England was significantly reduced during the beginning of lockdown, which raises the question: what happened to those individuals who may previously have presented at Accident and Emergency departments with a substance misuse issue?

### Drug related deaths

The average monthly numbers of drug related deaths for Surrey residents are lower than the national average and the majority occur in people aged 25 years and older.

The peak number of deaths (all ages) during the Covid-19 pandemic occurred between the months of March and May - in 2020, there were 9 drug related deaths between these months. The annual average number of drug related deaths occurring over the same period (March and May) between 2015-2019 was 15.

Although the overall number of drug related deaths in 2020 has been lower than the historic average, there were a slightly higher than average number of deaths in March 2020, due to both accidental and deliberate drug poisoning.

Due to the very low counts of drug related deaths, it is difficult to draw adequate conclusions about the difference between 2015-2019 averages and 2020 data.

<b>Drug related deaths (all ages) between March to May 2015-2019 compared with 2020</b>		
<b>Drug related cause</b>	<b>2015-19 average</b>	<b>2020</b>
Drug poisoning - accidental	10	<5
Drug poisoning - deliberate	<5	<5
Drug poisoning - unknown	<5	0
Cannabinoids	<5	0
Cocaine	<5	0
Opioids	<5	<5
Multiple drugs/other psychoactives	<5	<5
All drug-related-deaths	15	9

<sup>4</sup> <https://www.nuffieldtrust.org.uk/news-item/where-are-the-patients-the-factors-affecting-the-use-of-emergency-care-during-covid-19>

### Alcohol related deaths

Similar to the average monthly numbers of drug related deaths for Surrey residents, alcohol related deaths are generally quite low (all ages).

The peak number of deaths during the Covid-19 pandemic occurred between the months of March and May. In 2020, there were 14 alcohol related deaths between these months. The average number of alcohol related deaths occurring over the same period (March – May) between 2015-2019 was 28.

Due to the very low counts of alcohol related deaths, it is difficult to draw adequate conclusions about the difference between 2015-2019 averages and 2020 data.

<b>Alcohol related deaths (all ages) between March to May 2015-2019 compared with 2020</b>		
<b>Alcohol related cause</b>	<b>2015-19 average</b>	<b>2020</b>
Alcoholic liver disease	24	14
Alcoholic cardiomyopathy	<5	0
Degeneration of nervous system due to alcohol	0	0
Accidental poisoning by and exposure to alcohol	<5	0
Intentional self-poisoning by and exposure to alcohol	0	0
Mental and behavioural disorders due to use of alcohol	<5	0
All alcohol-related deaths	28	14

**How easy has it been to access services?**  
"Not as hard as I thought it would be"  
"Easy through phone and video calls to CamHS and my GP"  
"Got referred by the hospital and it was really easy"  
"It was a bit weird at first to speak to someone online, but now I've got used to it"

**How easy was it to get drugs during lockdown?**  
"Easier than before, if anything"  
"The demand went up, so dealers sold more"  
"Easy to score via snapchat and through friends"  
"It was hard to get alcohol cos my parents were around all the time"

**Did your drug and/or alcohol use change during lockdown?**  
"Yes, I smoked more weed at the beginning of lockdown cos of my anxiety"  
"Yes, I smoked more drugs because I was so bored"  
"Yes, I was out of control and couldn't stop thinking about it"  
"Obviously got bored so my drug use went up a lot"  
"Yes, it reduced once I got into a routine"  
"It did get worst to start with, cos there were no distractions"  
"Yes, before I was drinking every day. Now maybe once a fortnight"

**How has treatment helped during lockdown?**  
"I feel less anxious"  
"I'm more in control"  
"I'm feeling a lot better as a person"  
"I'm feeling a lot better to talk to"  
"Good to have someone, not having to stress"  
"Feeling better as a person, not having to stress anymore"

**Why did you come into treatment?**  
"An incident happened and my social worker referred me"  
"I wanted to slow down and stop using"  
"I wanted my life back"  
"I wanted to change as a person"  
"My mates were worried about my drug use"  
"I ended up in hospital cos of my drug use. It scared me"

**Did your relationships with family & friends improve during lockdown?**  
"No, it got worse. I smoked more weed so got more withdrawn and slept all day"  
"I feel like I got closer to friends and family"  
"Yeah they were mostly supportive"  
"No it was too much, so I've moved out"  
"Yes, I spent more time with my daughter"

## Young people's feedback on the impact Covid-19 has had on their substance misuse..

**What were your biggest challenges during lockdown?**  
"Slowing down, it was a mind battle"  
"Boredom, it made me crave more weed"  
"Feeling trapped, claustrophobic. Alcohol made that feeling go away"  
"No school, no sport, no work. It was hard"  
"Being at home all the time. My mum was strict"  
"Anxiety, scared of getting covid cos of my asthma"

**If there's another lockdown, what can we do differently?**  
"CamHS should do weekly calls too"  
"More advertising about C2; I'd heard about it but didn't know what it did"  
"Nothing, I like the way it's gone"  
"I liked the face-to-face appointments when I came out of hospital"

**What technology do you use to keep in touch with people?**  
"Phone"  
"Xbox"  
"Ipad"  
"Play station"  
"My mum's phone"

**Do you use social media? Where do you get your information from?**  
"Snapchat"  
"Only trust Government or NHS websites"  
"Instagram or snapchat. Don't trust Facebook, it's all fake news"  
"The sponsored ads on snapchat from the Government"  
"Fake news is a big thing, it's all over social media"  
"Don't do social media, I don't trust it"

**How have you found virtual appointments instead of face to face appointments?**  
"I was anxious to begin with cos I didn't know my keyworker. Now it's great"  
"I don't always want my keyworker to see me so I just talk on the phone"  
"Really easy, it's easier than face to face. It's easier to talk more about stuff"  
"It's become normal, I like it"  
"Come and visit me!"  
"I like the text reminder before the appointment"

**What were the positives of lockdown?**  
"Getting clean"  
"Reducing my drug use"  
"Saved money"  
"Talking with my keyworker"  
"Having a break from alcohol, re-setting my body"  
"Talking about my keyworker, re-setting my body"  
"Having a break from alcohol, re-setting my body"  
"Going for walks, learning to play golf, getting back to normal things now I'm clean"  
"I appreciate my friends and family more now"

## **Recommendations**

Reinstate face-to-face engagement opportunities where appropriate

Explore and adapt online comms for engagement with service users – for example, snapchat, instagram

Explore ways of identifying additional safeguarding concerns remotely; how to question service users / pick up on concerns not physically obvious

Increase engagement (remotely) with parents/carers as part of a whole family approach

Increase support for parents/carers in managing challenging behaviour due to lockdown; i.e. support in adhering to lockdown restrictions

Provision of online substance misuse training for partners, including signs and symptoms, referral pathways – to social care, primary care staff etc

Explore alternative ways in which to engage in face-to-face contact safely whilst adhering to national guidance

Increase partners' / public knowledge and awareness of county lines – how to identify key issues and where to go for help

Increase early interventions / preventative approaches / assertive outreach / youth engagement and opportunities for those identified as vulnerable to exploitation

Increase the offer of positive activities – mentoring, 1-1 targeted work with criminally exploited, securing opportunities, alternative pathways to education

Ensure clear lines of communication are available, particularly within Children's Services and the Targeted Youth Service

Condense key messages from Government / SCC; so much information was initially made available that it was overwhelming to services

Develop resources / access to communication for SEN service users that can be used remotely

**With thanks** to the following key informants for their input:

Jo Caesar – Guildford Action

Tracy Scares – Catch 22

Katy Bumstead – Catch 22

Emily O'Regan – Catch 22

Alexandra Lockett – Catch 22

Jemima Heller-Richards – Amber

Jo Grimshaw – Surrey Police

Sarah Crosbie – Surrey Police

Emily Drew – Fearless

Ben Wilton -iaccess

and all the young people who shared their experiences of lockdown.