

# Children and Young People's Substance Misuse Guidance

(Supporting Data & Context to Protocols)

**FOR ALL STAFF WORKING WITH CHILDREN AND  
YOUNG PEOPLE IN MERTON**



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**Appendices:**

- [Contextual Harm Risk Matrix and Planning Tool 2023](#)
- [Protocol-A-School-Setting-Young-Peoples-Substance-Misuse](#)
- [Protocol-B-Community-Setting-Young-Peoples-Substance-Misuse](#)

## 1. INTRODUCTION

The Children and Young People's Substance Misuse Protocol is designed to provide guidance and support to different professionals in order to provide a consistent approach to drug and alcohol related incidents. The purpose of the Protocol and Supporting Guidance is to identify clear transparent pathways on how incidents are managed in all areas of a child's or young person's life. To achieve this, the Protocol:

- is in line with current school, health, social care legislation and policies.
- provides clarity on roles and responsibilities of professionals involved, so we are working together in an integrated, multi-agency manner.
- promotes best practice and delivers quality outcomes with the effective use of resources and therefore ensuring value for money.

The following service areas worked collaboratively to formalise this Protocol and Supporting Guidance: School Inclusion, Social Workers in Schools Team (SWIS), Youth Justice Service, Contextual Safeguarding, Commissioning, School Nurses, Designated Nurses (ICB), Named Nurses (CLCH), CAMHS (Southwest London and St Georges Mental Health NHS Trust), Risk and Resilience Service Provider (Catch 22), Police (Safer Schools Police) and Secondary School Representatives.

It is important to note that the majority of children and young people do not misuse substances and for those that do, only a minority will develop problematic and/or dependent substance misuse problems. Substance misuse can affect emotional health and wellbeing, physical health, education and relationships across the lifespan.

### **Merton Combatting Substance Misuse Partnership**

Merton's Public Health Service have set up a Combatting Substance Misuse Partnership (CSMP) in response to the national 'From harm to hope: A 10-year drugs plan to cut crime and save lives' strategy in December 2021. The CSMP is made up of a multi-agency, multi-disciplinary forum for adults, children and young people. The strategy relies on co-ordinated action from a range of local partners in enforcement, treatment, recovery and prevention. This forum is accountable for the development and implementation of Merton's annual drug strategy delivery plan, where it provides a place to improve understanding of, and response to, shared challenges relating to alcohol and drugs in Merton.

The work undertaken by the Combatting Substance Misuse Partnership includes adult substance misuse and this work has a direct impact on the children and young people of Merton. NHS studies have found that the likelihood of having more than one member in a family with a substance misuse problem is high and this can cause a pattern of dependency within a family.

The effects of drug and alcohol use in the family go beyond the direct effects on the person using them, including both immediate family members and often extended family members, who can all be affected in some way by the individual's substance abuse. Problematic substance misuse and dependency impacts upon a family's finances, physical health, and psychological wellbeing.

## **Governance**

The Children and Young People's Substance Misuse Sub-Group report directly into 2 partnerships:

- Combatting Substance Misuse Partnership: this multi-agency sub-group have worked collaboratively to produce this Protocol and Supporting Guidance.
- Merton Safeguarding Children Partnership, through the Promote and Protect Young People sub-group.

## **2. DATA & CONTEXT**

### **National Statistics 2021/22 – Office for Health Improvement and Disparities (OHID)**

In England, there were 11,326 children aged under 18 years in contact with alcohol and drug services between April 2021 and March 2022, an increase of 3% from the previous year.

- Cannabis remained the most common substance (87%) that children and young people sought treatment for.
- 46% of children and young people in treatment reported problems with alcohol; 8% with ecstasy and 8% reported powder cocaine problems.

The most common vulnerability reported by children and young people starting treatment was early onset of substance use (80%), which means they started using substances before the age of 15 years.

### **The Merton Story 2022/23: a snapshot of local needs identified through the Joint Strategic Needs Assessment (JSNA) process**

The Merton Story identified that alcohol and drug use increases with age and those who start using substances early are at greater risk of problematic substance misuse. In 2021, the national survey of substance misuse of 11-15 years old pupils indicated that:

- 9% of pupils had drunk alcohol in the last week.

- 6% of pupils had taken drugs in the last month.
- 9% of pupils were current e-cigarette users (using e-cigarettes at least or sometimes once a week), Those reported to be current users were higher amongst females aged 11-15 years at 10%, in comparison to males at 7%.

In Merton between 2018/19 to 2020/21 there were 30 hospital admissions for children and young people aged 15 to 24 years due to substance misuse.

## Merton’s Risk and Resilience Service Data - (Children and Young People aged 11 to 24-years-old)

During 2021/22, Merton’s Risk and Resilience Service Provider, Catch 22, worked with 183 children and young people aged 11 to 24 years, of which 119 were on care planned psychosocial interventions and 64 received a targeted intervention for their substance misuse. 126 children were under 18 years and 57 young people were between the ages of 18 to 24 years.

The ethnicity of the children identified in Catch 22’s data and aged under 18 years was compared to data collected from the School Spring Census for 2021. Chart 1 identifies the 3 ethnicity groups that were the most over disproportionately represented. This was identified by comparing those receiving support/treatment for substance misuse in 2021/22, to the ethnicity of the overall school population in Merton during the same period.

**Chart 1**

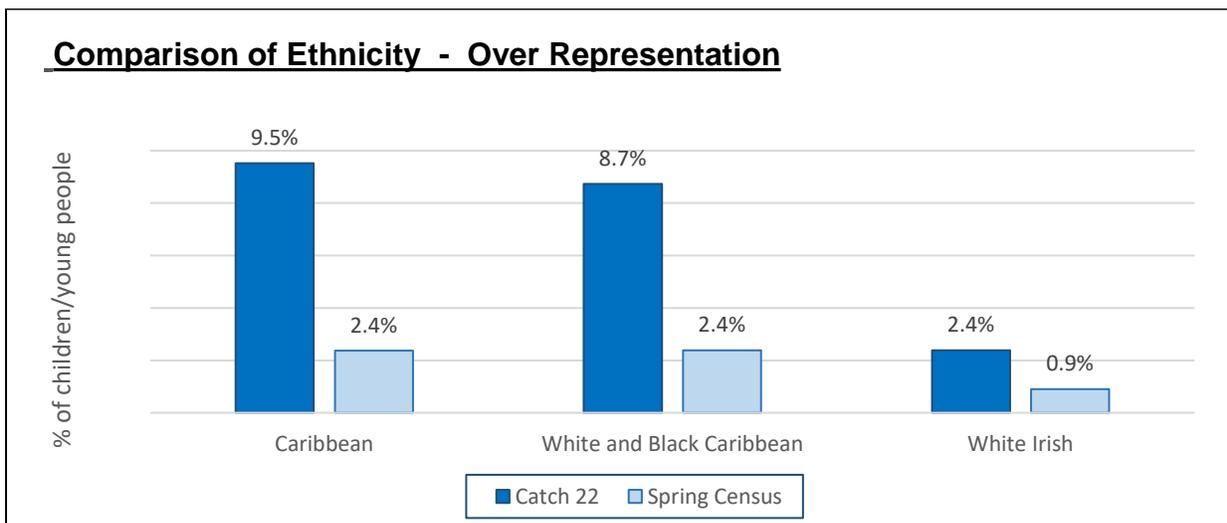
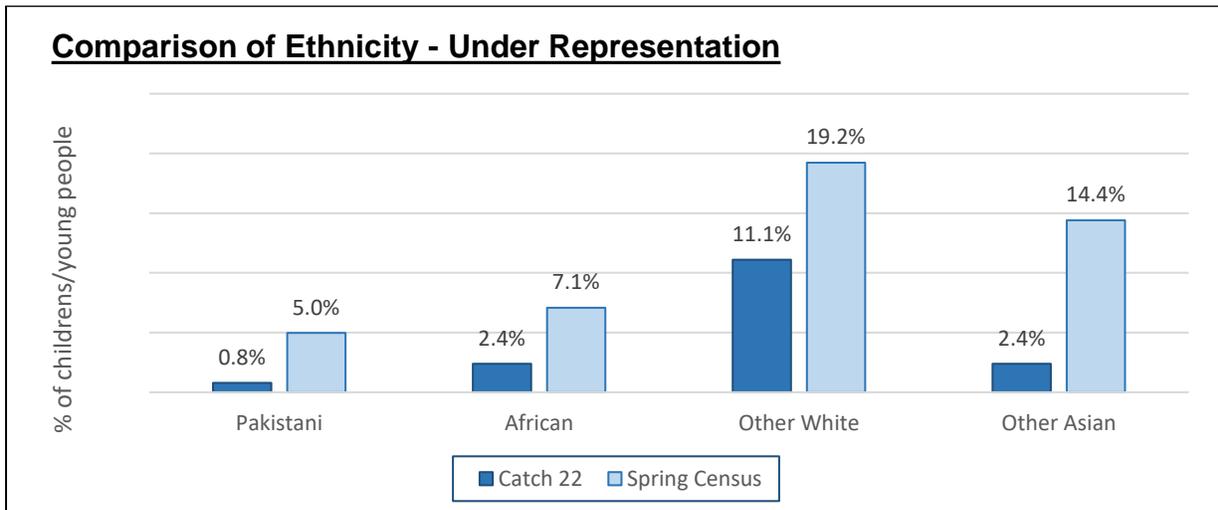


Chart 2 identifies the 4 ethnicity groups that were the most under disproportionately represented when comparing those receiving support/treatment for substance misuse in 2021/22 compared to the ethnicity of the overall school population in Merton in the same period.

**Chart 2**



The most common route for children and young people in Merton to receive specialist treatment is a referral from Social Care. Merton schools are often referred to as 'safe places' where there are widely respected and trusted teachers. This is followed by referrals from the Youth Justice Service and Social Care; this was reflected nationally.

From a deep dive into Catch 22 referrals, approximately 30% of the children and young people found (sample of 10) in the Risk and Resilience service presented with ADHD and 2/3rds of these were engaged in active treatment under CAMHS. 80% reported they had a 'mental health issue'.

90% of those identified presented Cannabis as their main primary substance.

60% identified alcohol as one of the substances children and young people were using but it was not identified as the primary substance used by any of those identified.

Other substances being used by children and young people in Merton included Benzodiazepines (Xanax), Lysergide (LSD), Nicotine and Ecstasy. Poly-substance use was also reported.

50% of the children and young people identified, reported 5 or more vulnerabilities. The most common vulnerability presented among these children and young people was Mental Health at 80%.

There was an increasing upward trend in the use of vaping amongst children and young people.

The leading protective factors seen were:

- 80% young people were in Education at the time of treatment.
- 10% were in employment.
- 70% reported positive relationships with parents.

## **Treatment Interventions**

- Psychosocial interventions during their time in treatment.
- Structured harm reduction interventions.
- Children and young people received a range of interventions that varied in intensity and duration according to needs, including around risk and resilience factors.
- Multi agency Care Planning.

## **Vaping**

Vaping is becoming an increasing problem with children and young people and some are using vapes on a regular basis as they have become dependent. Vaping is 'on-trend' with children and young people and key marketing is being targeted at this age group, including dark marketing of the products by social media influencers. Vaping products are being produced using bright, attractive colours and child-friendly flavours such as crème brûlée and sour sherbet. Children and young people are able to obtain these products relatively easily as there are no current robust licensing laws regarding the sale of vapes.

The contents of some disposable vapes are unknown and it had been reported in a U.S. study from the National Cancer Institute (October 2018) that the most commonly used type of vape by children and young people contained very high levels of nicotine. The researchers found that recent users had higher levels of nicotine in their bodies than had previously been found in children and young people who regularly smoked conventional cigarettes.

Reported in the Guardian (April 2023), tests have found that some high street vapes which claimed to be nicotine-free actually contained the same level of addictive substances as full-strength e-cigarettes. The data showed that oversized and overstrength vapes are being sold unlawfully in shops. Tests identified that out of 52 products bought in England, 73% were above the legal e-cigarette tank capacity of 2ml and 40% had been filled with 5ml or more of liquid.

Nationally, there has been a mixed message to both children and young people as the Department of Health have widely advertised that vaping is a valuable and effective method to help adult smokers quit. In April 2023, the Department of Health and Social Care have reported government plans to cut smoking rates by introducing a new 'swap to stop' scheme, where vapes/e-cigarette starter kits will be offered to adult smokers. The government plans also include tackling underage vaping as it has been reported that there has been a very sharp increase in children vaping, particularly disposable vapes. In 2021, NHS figures identified 9% of 11- to 15-year-olds used e-cigarettes, up from 6% in 2018. They reported that there has been a significant rise in disposable vapes which appeal to children and young people, due to their appearance and relative low cost. In

2022, 52% of children and young people who vaped were using disposable products, compared to just 8% in 2021.

## Child Q Report

In March 2022, City and Hackney Safeguarding Children Partnership published their Child Q Review. Child Q, a black female child of secondary school age, was strip searched by female police officers from the Metropolitan Police Service. The search took place on school premises, without an Appropriate Adult present, and with the knowledge that Child Q was menstruating.

The Merton Safeguarding Children Partnership (MSCP) published a statement in March 2022, in response to the Child Q review and consulted with key safeguarding leads across the Partnership to establish how local practice needed to change in light of the lessons the recommendations made.

The following are 2 key themes highlighted in the review and examples of the work that Merton are undertaking towards a consistent safeguarding first approach:

- **Engaging in Healthy, Professional Challenge** - the importance of practitioners having the confidence and secure knowledge to uphold the best interests of children; to effectively challenge other professionals and, should it be needed, the ability to escalate to senior managers/ safeguarding leads.
- **Adultification/Disproportionality of Black Children** - several agencies highlighted that the term 'adultification' and the issue of adultification of black children and its impact is not necessarily well understood among the workforce, especially those not in safeguarding roles. The MSCP's Independent Scrutineer and Young Scrutineer held a thematic review into adultification of black children in Merton and the MSCP have set up a working group to consider and develop Merton's response across the partnership.

## Adultification and Trauma Informed work

The national and local response to Child Q and wider learning reviews, promote a trauma informed approach. This is relevant to many children and young people bringing substances into a school or community setting. Key to this approach is building and keeping a trusted relationship with the child and family. This can be led by anyone in the network but is essential if we are to support the young person to bring about change. In the process of dealing with the incident, questions to be asked include are we adultifying the child or young person as someone with who is an adult breaking the law or are we seeing them as a child in need or protection?

## What is adultification?

*'The concept of adultification is when notions of **innocence and vulnerability** are not afforded to certain children. This is determined by people and institutions who hold power over them. When adultification occurs outside of the home it is always founded within **discrimination and bias.***

*.... Regardless of the context in which adultification take place, the impact results in **children's rights being either diminished or not upheld.***

From: 'Adultification bias within child protection and safeguarding', June 2022, Jahnine Davis



## Language

Language has been found to be a common area in which children are at risk of Adultification. In referring to children as young people, children may be at risk of additional harm. This is because children are not afforded the same expectations of innocence and vulnerability, in the same way their peers might be. This has roots in racism and bias and can also be found in situations where a child may have additional responsibilities such as

being a young carer or is a looked-after child. Precocity in children is not necessarily a gift and can give adult practitioners a false sense of security in the child's ability to understand the situation at hand.

When talking about children, it is so important to recognise and continue to ensure they are seen as children. This reinforces their rights in accordance with the United Nations Convention on the Rights of the Child charter that define a child as a person who is under the age of 18 years. Hence, it is the responsibility of the adult practitioners and professionals to create a contextual environment where children are allowed and can feel safe to be children. This means removing adultifying language from the foundations upon which our practice is built and continuing to ensure that this is addressed throughout our work.

### 3. PRINCIPLES

Substance misuse among children and young people needs to be seen in the context of the family environment, social pressures and emotional issues, to which young people are especially vulnerable. When young people struggle to come to terms with such factors, they can resort to drugs and alcohol. Considerations can include:

- Giving help to others can help young people manage their own substance misuse – utilizing the skills of young people who can support others.
- Motivational Interviewing – it has been shown to be effective at reducing substance use in young people at risk of criminal behaviour.
- Wider family/systemic work to look at surrounding issues impacting on the young person and their opportunity for recovery.
- An increase in protective factors and decrease in risk factors has a greater impact.

Young people's health behaviour can be driven by the surroundings they grow up in, and so exposure to smoking and illicit tobacco increases the likelihood of them taking up smoking. Conversely, sustained efforts to reduce smoking prevalence among adults and to restrict access to cigarettes are among the most effective measures to prevent children and young people from starting to smoke. Approaches that are least effective include:

- Scare tactics and images.
- Knowledge-only approaches (research over the past 40 years have shown few programmes have had a beneficial long-term effect on preventing substance misuse).
- Ex-users and the police as drug educators where their input is not part of a wider prevention programme.
- Peer mentoring schemes that are not evidence-based.

## Recovery Capital

Substance misuse is often used to mask emotional pain. Recovery capital can be used to help build up the child's or young person's internal and external resources available, to help them create manageability when it feels like life is unmanageable. Outcomes Stars are evidenced-based tools designed to support positive change and greater wellbeing. Other examples of recovery capital include university work, prevention, early pathway work, and family work.

Protective factors have been found to reduce substance misuse in young people. The Irish Times Report stated that one of the most important factors in reducing risk of substance misuse by children and young people was the strong, protective, supporting relationships with teachers and having a positive school experience. Other protective factors identified included:

- Self-efficacy;
- Parental monitoring and support;
- Youth mentoring;
- Positive relationships – Irish Times Report;
- Extra-curricular activities;
- Anti-drugs policies;
- Neighbourhood resources.

## Trauma and Sleep

The Named Nurse for Looked after Children (CLCH), School Nurse and 0-19 Locality Lead have identified, following the child or young person's review health assessment, that some have sleep deprivation as a response to trauma. They have identified that these children and young people use cannabis to help them sleep and the young people report that they are unable to sleep without using cannabis.

Merton's Youth Justice Service are also seeing an increase of cannabis use to aid sleep in the children and young people they work with in their service.

Referrals from CLCH include:

- GP referral for sleep disturbances / prescribing medication to aid sleep (Melatonin).
- Sleep hygiene information sent to children, young people, parents and carers.
- Mental Health in Schools work to support better sleep patterns.

## 4. PREVENTION

### Protective Factors

Protective factors can increase a child's and young person's resilience to developing substance misuse problems. The following can be identified as protective factors for children and young people:

- Self-efficacy;
- Strong family bonds;
- Experiences of strong parental monitoring with clear family rules;
- Family involvement in the lives of the children;
- Successful school experiences;
- Achieving well academically;
- Part-time work for the older children/young people;
- Strong bonds with local community activities;
- Voluntary work;
- A caring relationship with at least one adult;
- Anti-drug policies;
- Youth voice.

### Resilience

Resilience is the ability to bounce back after an adverse event and is a protective factor for children and young people's mental health and wellbeing. Building resilience can help improve the life and happiness of children and young people as well as reduce and prevent substance misuse. Resilience is the result of many collaborative factors and can be summarised by the following thoughts and behaviours:

- 'Drugs are not for me,'
- Drugs are incompatible with personal goals;
- Having interpersonal skills and ability to resist.

These are messages that drug policies and practise need to communicate and is true for children and young people who do not use substances but is even more so for those found in possession of substances.

A focus on the child and young person's abilities or strengths can help build resilience and reduce substance misuse, where a conversation can be started to identify and link their dreams, ambitions and aspirations.

## Contextual Safeguarding Risks and Substance Misuse

Contextual Safeguarding is an approach to understanding and responding to children and young people's experiences of significant harm beyond their families. It recognises that the different relationships that children and young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, practitioners need to engage with individuals and sectors who have influence over/within extra familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that children and young people are vulnerable to abuse in a range of social contexts.

Peer influence can be a strong factor in starting to use and misuse drugs, particularly for those children and young people with less family involvement or are experiencing difficult family situations or a lack of bond with parents or siblings. This may also increase their risk of problematic substance misuse and dependency.

County Lines is a term used to describe the process where gangs or organised criminal networks move illegal drugs from an urban hub location out into other towns, rural and coastal areas. This frequently involves exploiting children to courier drugs and money between different locations. The activity is co-ordinated by the use of mobile phones (the phone lines are the 'county lines') and can heavily feature violence, intimidation and coercion to maintain control of the exploited children. The exploitation of children, young people and vulnerable people is a common feature in the facilitation of county lines drugs supply, whether for the storage or supply of drugs, the movement of cash, or to secure the use of dwellings held by vulnerable people in the rural marketplace (commonly referred to as cuckooing).

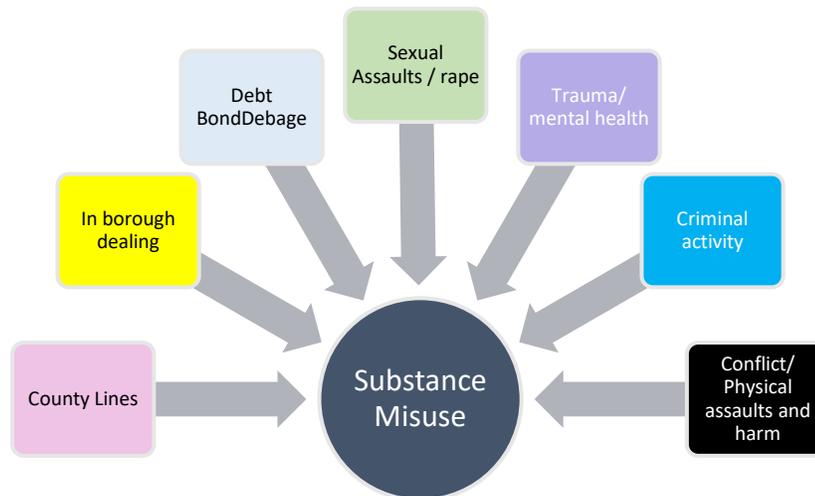
A Risk Matrix Scoring system is used to assess the risk outside of the family home and one aspect of the Matrix specifically refers to substance misuse. The [Risk Matrix and Planning Tool](#)<sup>1</sup>, can be completed by various professionals including social workers, schools, and agencies supporting a child.

Weekly consultations are held between Merton's Risk and Resilience Service Provider, Catch 22 and the UTURN Contextual Safeguarding Team to review the Risk Matrix to allocate cases to the most appropriate service.

Cases with a high level of substance misuse, would usually be passed to Catch 22 where they would combine the substance misuse work alongside the contextual risk work.

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<sup>1</sup> <https://proceduresonline.com/trixcms1/media/13127/appendix-a-contextual-harm-risk-matrix-and-planning-tool-2023.pdf>



From a deep dive of the contextual safeguarding cases, we found:

- At least half children and young people discussed in consultations have a moderate or significant scoring on substance misuse in the Risk Matrix.
- A high number relate to Cannabis smoking.
- A few children and young people have clear evidence of using and being potentially exploited to deal drugs of varying class (County Lines).
- An increase in children and young people speaking about and using MDMA and Ketamine
- Several girls that come through consultations are experiencing possible exploitation that involves alcohol (blacking out, highly intoxicated).
- Substances MDMA, Vapes, Alcohol, Cannabis, Nitrous Oxide (Balloons).

## 5. INCIDENTS

An incident where a child or young person is found in possession of substances, including alcohol is a safeguarding incident. Professionals need to be curious to any wider risk that the child or young person has which has led them to be in possession:

- Are they using this substance to mask a wider safeguarding issue?
- Are they being exploited to carry or sell any substance?

Substance misuse rarely occurs individually, it is more common that the incident is part of a sequence of events involving peers and potentially adults.

The purpose of the Protocol is to support schools to work through the incident safely.

- [Protocol A](#) is a flow diagram of processes for when a child or young person is found with an illegal substance or the suspicion of an illegal substance on school premises.
- [Protocol B](#) is a flow diagram of processes for when a child or young person is found with an illegal substance or the suspicion of an illegal substance in a community setting outside of the school premises but not on the streets i.e., in a youth centre.

The link for the DfE ‘Searching, Screening and Confiscation’ advice for schools can be found [here](#).

## Exclusions, Suspensions and Substance Misuse Incidents

Schools have a statutory duty to make arrangements for safeguarding and promoting the welfare of their pupils. All schools must have regard to Keeping Children Safe in Education (KCSIE); which emphasises a child centred and coordinated approach to safeguarding. It highlights drug taking and/or alcohol misuse, criminal exploitation and county lines as safeguarding issues that can put children at risk of harm. KCSIE highlights the misuse of drugs and/or alcohol as an indicator of potential need for Early Help and encourages school staff to exercise professional curiosity in identifying cases of children who may be in need of help or protection.

The DfE Behaviour in Schools Guidance 2022 outlines that a school’s response to misbehaviour should be predictable, prompt and assertive in accordance with the school’s behaviour policy, the first priority being safety. It goes on to say taking disciplinary action and providing appropriate support should not be seen as mutually exclusive and can and should occur at the same time if necessary. The Suspension and Exclusions Guidance 2022 states, *‘Headteachers should always use their professional judgement based on the individual circumstances of the case when considering whether to exclude a child’*.

In addition to the intervention strategies set out in the Behaviour in Schools guidance, head teachers should also consider an off-site direction (temporary) or a managed move (permanent measure) as preventative measures to exclusion.

## Social Care – Front Door Response

The Children and Families Hub within Merton Children’s Services will screen any referral that is made in relation to substance misuse in line with Merton’s Effective Support Model. The referral will be progressed according to the level of risk identified. Practitioners will speak to the referrer for further information, discuss the referral with the family and gather the child or young person’s voice to ascertain the support needed. The child or young person’s history and known needs will also be considered to explore the context of the

difficulties, and the referral will be progressed in accordance with the practitioner and manager's analysis and recommendations.

The outcome of the screening will indicate Level 2 (Early Help), Level 3 (Targeted) or Level 4 (Specialist) support as per the Effective Support Model. Recommendations may also include referrals to services such as Catch 22.

Where a child or young person is already open to social care, the allocated worker will undertake this exploratory work with the child or young person, their carers and the multiagency network to consider next steps around support. This would include exploring any contextual concerns and what the child or young person's relationship with substances may indicate about their circumstances and any risk that may be posed to their safety and wellbeing.

## Early Help

Responding to any safeguarding incident should be in line with Merton's Early Help principles. Effective support for families in Merton can be found [here](#).

## Incidents on School / Group Trips

Whilst on a school / group journey the same school / group policy applies. However, the actions taken by the staff on the trip may differ. If the school / group journey is residential or in a different country this will affect how the staff respond. However, the same questions still apply:

- Is the child safe?
- What safeguarding issues is this raising about this child
- Is there any risk to others?

Staff on the trip should always contact the senior member of staff at school or for the group overseeing the journey, to agree how to respond. Any disciplinary response may occur at the time to keep the child and other children safe but may also lead to a further disciplinary process once the child has returned. On some journeys a process will be agreed with parents prior to the journey about what the consequences are if an incident occurs and these processes should be followed. In some incidences a child may be on a personalised risk assessment to go on the journey and again the agreed consequences should be followed.

All schools and groups should refer to 'There and Back Again' and if necessary, take specific advice from holiday insurance companies if the child requires medical treatment or are to return to the UK.

If the school journey is outside of the UK, the senior member of staff for the school or group should contact their link officer back in the UK for further advice and guidance.

## Police Involvement

The Police's position is not to criminalise children and young people for substance misuse; their aim is to engage children and young people, to help them understand the risk of using illegal substances and how they can help to steer them away.

There has been a move from previously prosecuting children and young people and punishing them for using illegal substances, to working with them by trying to engage with them by various means including education. Enforcement is now considered the final resolution.

The key message from the Police is that drug related crime is not a victimless crime and drug related convictions negatively impact on future work and travel opportunities. The primary objectives for police and partners are to:

- 1) remove the supply.
- 2) reduce the demand.
- 3) assist in the recovery.

Consequences can be stronger if a child or young person is found with an illegal substance in a school setting. If the child or young person is not in a school setting and found with an illegal substance (identified below) they can be issued a Community Resolution. A Community Resolution is the nationally recognised term for the resolution of a less serious offence or anti-social behaviour incident which does not form part of a criminal record (it may be disclosed in an enhanced DBS (Disclosure and Barring Service) check):

- is a class B drug?
- the child is aged between 10-17 years.
- for own personal use
- first offence of possession
- An appropriate adult (e.g., parent/carer) is present.

If the child or young person is found with an illegal substance within a school setting a Community Resolution cannot be issued, due to the possession of an illegal substance on school premises being an aggravating factor. However, if this is a first offence, the Police will often refer the child to the Youth Offending Service who will take them through the Triage process which does not result in a criminal conviction.

## Support Plan

The incident of possession requires a response to provide a challenge to the child or young person that substances, including alcohol are not part of this community, and they are a member of this community. However, from the evidence above it is clear that the child also requires a support plan to develop their resilience, create future goals, respond to any wider safeguarding concerns that the incident of possession triggers.

## Conclusion

The approach recommended in the Protocol and Supporting Guidance is that an incident or evidence of a child or young person taking or possessing substances, including alcohol is an indication of safeguarding. The child or young person may have been exploited, put at risk or be putting themselves at risk by drinking alcohol or taking an illegal substance. This act may also be illegal but key drivers to prevent further risk are those described in this Supporting Guidance of '*drugs aren't for me*', or '*who I want to be*'. The situation and reasoning to take the substance may well be linked to past trauma as much as short term excitement.

The principles of the Protocol and Supporting Guidance are that a plan will be put in place that understands the child or young person's context and plans to move them to act more safely. A referral to Catch 22 would be part of this plan in all cases.

Selling drugs or alcohol and encouraging others to take drugs or alcohol is how young people are not safeguarding others. This is about their understanding and responsibility to others. Again, we need to understand the poverty drivers for selling, whilst safeguarding other children and young people.

## 6. CONTACTS AND RESOURCES

- **Merton Council**  
[www.merton.gov.uk](http://www.merton.gov.uk)  
Tel: 020 8274 4901 (General Enquires)
- **Catch 22 (Merton Council's Risk and Resilience Service)**  
[www.catch-22.org.uk/find-services/merton-risk-and-resilience/](http://www.catch-22.org.uk/find-services/merton-risk-and-resilience/)  
Tel: 0203 701 8641
- **Merton Council – The Hub (MASH (Multi Agency Safeguarding Hub))**  
Tel: 020 8545 4226 (Children's Services)

- **Local Offer**  
[www.directories.merton.gov.uk/kb5/merton/directory/localoffer](http://www.directories.merton.gov.uk/kb5/merton/directory/localoffer)  
 The Local Offer brings health, education and social care services together to improve outcomes in special educational needs and disability. The platform contains information on services, clubs and activities relating to SEND.
- **CAMHS (Children and Adolescent Mental Health Services)**  
<https://www.swlstg.nhs.uk/our-services/find-a-service/service/merton-camhs>  
 Tel: 020 3513 5000
- **NHS Continuing Healthcare (Merton & Wandsworth)**  
[www.england.nhs.uk/healthcare](http://www.england.nhs.uk/healthcare)  
 Tel: 020 3957 5053
- **Young Minds**  
[www.youngminds.org.uk](http://www.youngminds.org.uk).  
 Young Minds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people.
- **NICE (National Institute for Health and Care Excellence)**  
<https://cks.nice.org.uk/topics/post-traumatic-stress-disorder/diagnosis/diagnosis/>  
 A resource link regarding trauma and sleep.
- **From harm to hope: A 10-year drugs plan to cut crime and save lives**  
<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- **Use of e-cigarettes (vapes) among young people in Great Britain**  
[Use-of-vapes-among-young-people-GB-2023.pdf \(ash.org.uk\)](#)
- **RCPCH Policy briefing: Vaping in young people**  
<https://www.rcpch.ac.uk/resources/policy-briefing-vaping-young-people>