

Research Report:

**Tackling VSA more effectively by
meeting professionals' needs**

A report to Re-Solv by *educari*

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Richard Ives, March, 2009

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educari produces educational publications and undertakes evaluations of educational initiatives, focusing on children and young people, and with a special interest in 'addictive' behaviours. Richard Ives has a long history of work on volatile substance abuse, dating back to the 1980s, and including research, and work with professionals, parents and young people.

Foreword

The topic of Volatile Substance Abuse is one which, to many, is a fad of the 1980's that has now diminished.

The unfortunate fact is, however, somewhat different – with VSA still causing many deaths throughout the United Kingdom.

The consultation outlined in this report and undertaken on behalf of Re-Solv by *educari* is the tool by which we are able to gauge what further research is required to establish the way forward in developing an integrated VSA service delivery programme for the future, and the roles and support mechanisms required to implement such a strategy.

The consultation process by *educari* has been comprehensive and clearly indicates both the current approach of professionals to VSA together with their support needs and the function of Re-Solv in helping to meet those requirements.

I would like to thank the BIG Lottery Research Fund for supporting this important consultation process, all those who have participated in the consultation process, and the management team who have helped Re-Solv oversee the initiative.

Finally I would like to record my appreciation of the work of Richard Ives of *educari* for the professional approach and delivery of this report.

Steve Lambert

**Director
Re-Solv**

Summary

What needed to be explored

This work was undertaken to explore the possibilities for further analysis of the under-researched database of VSA deaths and to consult with professional workers about their perspectives on VSA and their needs to enable them better to tackle the problem. The work also aimed to enhance Re-Solv's ability to understand and use research in their work.

What was done

Several meetings of the Project Steering Group were held. The Group includes key members of the VSA Deaths Study Team, plus medics and researchers. The Group received a presentation from the Team and discussed the proposed work with staff in the Unit to which the deaths study will shortly transfer. Consultations with professionals via an e-survey, telephone interviews, and face-to-face meetings across the UK took place. Re-Solv staff were involved.

What was found

The Deaths Study Team responded favourably to the approach and was willing to co-operate. A number of administrative barriers were explored and overcome. Wide-ranging discussions explored many possible topics that further analysis of the database might throw light on. A clearer understanding of the kind of research staff needed for a project was gained.

The Consultations with professionals identified some good, but isolated and individualised, practice with VS misusers, as well as a variety of primary prevention approaches. Re-Solv's work was valued and the importance of the organisation keeping a 'watching brief' and offering a quick response to queries was emphasised. There was a demand for up-to-date and appropriate resources. Re-Solv could do more to identify, assess and evaluate practice and disseminate the results. Young people should be fully and effectively consulted on their perspectives.

What should happen next

The uncertainty over the funding and future location of the Deaths Study has been resolved only recently, so more discussion needs to take place with the researchers. The research questions need to be refined.

Three key factors are crucial to the effectiveness of work around VSA. Firstly, it is hidden, relatively rare (beyond experimentation) and episodic. This means that most professionals have limited experience of working with VS misusers: Re-Solv performs an essential role as a valued source of information and advice. This could be further developed. Secondly, more knowledge of effective approaches is needed to enable a range of good practices to be identified and assessed. Documented evaluated practice is required to inform local, evidence-based commissioning. Thirdly, good-quality, up-to-date, innovative and evaluated resources are needed.

These identified issues will be reflected in Re-Solv's research proposal to *Big*.

Introduction

This Report from *educari* describes the results of a consultation exercise carried out for Re-Solv, under a Big Lottery development grant. The grant was to enable Re-Solv and its partners (which include *educari*) to further develop an understanding of the research that is required to meet the needs of professionals and others (such as parents) to improve their response to the problem of volatile substance abuse (VSA: the misuse of gases, glues, aerosols or other household substances; sometimes colloquially called 'sniffing').

There are two parts to the proposed research. One is to gain a greater understanding of the nature of the deaths from VSA. A long-running DH-funded study at St George's University has tracked VSA-related deaths in the UK since 1971, and has an unrivalled database, which has nevertheless been interrogated in only rather limited ways. This Consultation has explored in some detail with relevant stakeholders the possibilities for a further secondary analysis of these data, and has established some parameters for doing so.

The second part of the proposed research was originally to investigate young people's experience of VSA and professional workers' responses to it. The rationale for this was that little is known about the actual practice (especially recent UK practice) of VSA, and that knowing more about this would help practitioners to undertake more effective work with these young people. An unpublished study for BAMA by the current author had shown that it was possible to contact young sniffers, engage them in focus groups, and talk about their sniffing behaviour, but that it was hard to get precise details of such issues as amount consumed, and length of sniffing sessions.¹

The aims of the consultation to develop the research proposal were suggested in an internal document as:

- 'to clarify some of the issues and research questions
- to identify some possible research sites (inc. all 4 countries)
- to engage professionals' interest in the research
- to begin to build Re-Solv's research capacity in, e.g. doing surveys.'²

The following two sections describe the two parts to the consultations, which were undertaken in parallel, and the concluding section gives the conclusions of this work, which will be taken forward in the preparation of the Big Lottery research funding bid.

The study of VSA-related deaths

The St George's study of VSA-related deaths has resulted in Annual Reports which are available as downloadable pdfs from www.vsareport.org. Taken together, these Reports show a welcome decline in VSA deaths since the 1990s. They also show an increasing age of death and an increasing proportion of female deaths. It has long been a puzzle that whereas prevalence

¹ Ives R and Ghelani P 2001 'Volatile Substance Abuse: an examination of the deterrent effects of product modifications' Report for the British Aerosol Manufacturers' Association

² Ives R "VSA Research – Notes towards the development of the Consultation" 15-10-08

surveys (such as the annual school survey of drinking, smoking and drug use³) show that roughly equal numbers of boys and girls report 'sniffing', a much larger proportion of male deaths have been recorded.

Only one peer-reviewed research paper has resulted from the deaths study. But it presented important results.⁴ The paper looked at the socio-economic situation of those who died, showing that they were much more likely to come from areas of deprivation. This was significant, as – by contrast – prevalence data show that VSA experimentation is widespread and not confined to any one social grouping. Another paper looked at the relative decline in under-18-year-old deaths following a 1992 government prevention campaign on VSA aimed at parents. It was able to show a relative decline in deaths in this age-group that followed the campaign – while causation could not be demonstrated, the results were intriguing and a positive pointer for mass prevention campaigns in a field where research evidence is lacking.⁵

It was therefore considered that these valuable data could be used more extensively to investigate some important issues. There are 2,248 deaths on the database, with substantial information already coded but not used in the Annual Reports (see Annex 1 for details). For example, the deaths database records, where available, whether alcohol or other drugs were associated with the death, so it might be possible to look at poly-substance use. There is also the possibility of comparing the deaths data to prevalence data collected by other organisations. Topics of particular interest include the issue of the increasing proportion female deaths, age profile changes (for example, does reduction in deaths among under-18s reflect lower usage?), and the changes in the substances used. Others include: patterns of use and relative risks; answering the question: 'why was there a dramatic reduction in early '90s?'; association with deprivation; investigating parallels with trends in other substances causing death; time of day; season of death; whether alone or not; witnesses to the deaths.

Our consultations included a series of meetings with the toxicologist involved with the study for many years together with medical colleagues from Guys and St Thomas' Hospital and an epidemiologist from St George's. These colleagues form part of the Project Steering Group. The Steering Group also had a meeting and presentation from the key researcher on the St George's deaths study and a senior member of the staff of the Unit to which the research work will shortly move.

The consultations were complicated by uncertainty over the future of Department of Health funding for the work, and by the retirement of the

³ Fuller (ed) 2008 *Drug use, smoking and drinking among young people in England in 2007* NHS Information Centre reports on a survey of secondary school pupils aged 11 to 15 (Information was obtained from 7,831 pupils in 273 schools throughout England in the autumn term of 2007.)

⁴ Esmail A Warburton B Bland J Anderson H Ramsey J 1997 'Regional variations in deaths from volatile solvent abuse in Great Britain' *Addiction* 92, 12, pp 1765 - 1771

⁵ J M Bland, J C Taylor, C L Norman, H R Anderson, J D Ramsey 'Volatile substance abuse: possible effect of a national campaign' (published on www.vsareport.com)

responsible Professor, and consequent lack of clear commitments from the University on location and indeed the continuation of the work. These issues were only partly clarified, and then only toward the end of the Consultation period.⁶

However, the researchers proved very willing to co-operate on the use of the data, and the issue of access to the data was recently positively clarified by the Department of Health. There remain some issues to resolve over access to coroners' data, but these are not expected to impede the work. A clearer understanding of the kind of research staff needed for a project was gained. The consultation successfully clarified a number of complex issues, and provides a basis for going forward with this part of the research proposal.

Consultations with professionals

The second part of the consultation aimed to identify the involvement of and interest in VSA of a wide range of professional workers with children and young people. There were four parts to this investigation:

- an e-survey
- follow-up telephone interviews
- work by Re-Solv field staff to identify particular issues in their areas (Scotland, Wales and the North-East)
- a consultation with an invited audience in London.

(A planned consultation in Northern Ireland fell through due to difficulties with the local partners and room booking problems.)

An integral part of this work was to develop the research understanding and skills of Re-Solv and its staff. To this end, some of the staff were recruited to help with the consultation and were briefed on how to do this (Annex 5 has some of the documents relating to the consultation). In addition, a senior member of Re-Solv staff worked closely with *educari* throughout this process, and the CEO was fully briefed throughout. Following the completion of the e-survey, a presentation was given to a Re-Solv Staff Development Day, which presented preliminary data and highlighted some of the considerations in undertaking research. The consultation benefited from the staff comments.

The e-survey

The e-survey was sent to a wide range of professionals – the mailing list was constructed by Re-Solv and included people on their records and from other sources. It included many key professionals in a range of different professions. It was not representative, but it was extensive and inclusive. Re-Solv sent out an email inviting respondents to take part, and after a suitable interval sent a reminder email. The emails included a link to the website where the e-survey was located, so it was straightforward for respondents to complete the questionnaire.

⁶ The data will be moved within St George's to the Information Centre for Drugs Policy. The funders (Department of Health) had issued a variation on the current contract with the Community Health Sciences department, which will enable this to happen, covering the period up to October 2009.

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One hundred and twenty-one did.⁷ They came from all parts of the UK⁸ and had the following characteristics:

- almost three-quarters were female, and more than half under 40 years
- from various professions (inc. health, *Connexions*, and social work)
- two-thirds (68%) had 'drugs' as the main focus of their work
- 70% had worked with young VS misusers
- a quarter (24%) was currently working with VS misusers.

However, for most of them (53%), VSA was a 'low priority' in their work. This was partly because they did not come across VS misusers; one said: 'As drugs workers we don't tend to get referrals for VS misusers.' Nevertheless, they saw it as an important topic; as another said:

'All substance use is of high importance to my work We do not have large numbers in our area using VSA and our biggest concerns are around heavy alcohol & cannabis use. We do realise for those young people using VS it is a very serious risk.'

Where people were working (or had worked) with VS users, there was a focus on longer-term users and less awareness of experimental users; and workers were insufficiently aware of links with illegal drugs and with tobacco and alcohol. The respondents' assessment of their knowledge of VSA was greater than their assessment of their skills. They had a correct awareness of the risk of VSA in leading to death, although they seemed to over-estimate the risk of brain damage and other long-term health effects.

A surprisingly large proportion (42%) saw VSA as a 'gateway' drug (but this view was not reflected in the telephone interviews – see below). More than four-fifths (83%) thought that VSA required specialist knowledge, and around the same proportion thought that it needed dedicated resource and training, although fewer (61%) thought that it needed special skills.

When asked what they needed to tackle VSA, three-quarters (76%) said that they required prevention resources. Other needs were resources for use with parents and family members affected by VSA, and further training.

While this was not a representative sample and included a lot of people who had had contact with Re-Solv, it was notable that there was considerable support for Re-Solv's work. This was illustrated by statements such as:

'Re-Solv has always provided me with help and guidance every time I have phoned for support regards client work. Resources are excellent. Training is also provided and awareness workshops for young people.'

⁷ This section gives a summary of the results. More details of the results are given in Annex 2

⁸ The breakdown was: East Midlands 7; East of England 2; London 12; North East 3; North West 11; Scotland 6; South East 8; South West 3; Wales 4; West Midlands 22; Yorkshire and the Humber 22. There were no respondents from Northern Ireland – it is therefore a particular regret that we were unable to conduct the face-to-face consultation in Northern Ireland.

What more could Re-Solv do to help? There was (as many respondents had already spontaneously mentioned) a demand for: prevention resources; resources for use with clients; resources for use with families; and training. Perhaps surprisingly less than a third wanted more workers or more financial resources. There was – disappointingly for Re-Solv – demand for a newsletter from only a quarter. This finding has already stimulated Re-Solv to review its newsletter offering.

The telephone interviews

Telephone interviews were attempted with all those in the e-survey who agreed to be contacted: 21 interviews were achieved (a 64 per cent response rate).⁹ A wide range of professionals were interviewed. The telephone interviews enabled further exploration of the topic.

VSA was seen by many respondents as a problem of unknown dimensions that did not always emerge as an issue in assessments. A Commissioner felt that: 'we don't know what the issues are'. When young people were assessed about their drug use they didn't count VSA as a drug, so they didn't mention it. Thus we did not know enough about the patterns of use; it was a hidden problem and practitioners do not say that it is an issue: 'we don't know enough about what is going on... we need a large piece of needs assessment'. She went on to say that, since VSA experimentation occurred when teenagers were quite young, early intervention was required.

A Drugs Co-ordinator in a YOT said:

'...it's a small problem (maybe one percent of my entire group) with colossal consequences – so it must be taken more seriously. ... VSA is something I come into contact with and feel very strongly about because of the massive dangers'.

He went on to suggest that the issue is often avoided, and:

'practitioners are not confident to address it, they don't know how to engage with young people and this is particularly worrying given the nature of the misuse and the dangers'.

He thought that awareness training was important as well as training for developing interventions.

Unlike the other substances that they were concerned with, most respondents did not come across it very often, but when they did, they knew that they had to take it seriously. The appearance of a VSA issue was often seen as an 'epidemic', or there were transient ('a phase'), and local, 'pockets' of misuse; in some small geographical areas it was 'traditional'. Some respondents, while

⁹ 39 people agreed to be interviewed. However of the 39, three were outside the UK, there were two incorrect telephone numbers, one person was long-term sick, and one person on maternity leave, giving a possible total of 33. Achieving 21 interviews out of 33 is a 64 per cent response rate. At least three attempts were made to reach each respondent.

pointing out that sniffing was not 'cool', thought that this could be changing among younger children. Other respondents expected that volatile substances might be used as substitutes when other drugs (cannabis and alcohol were specifically mentioned) were less available.

Respondents were asked about the notion of VSA as a 'gateway drug'. There was little support for this proposition. Things were seen as more complex than this. A young people's substance misuse worker reported that the young sniffers that her agency saw were often isolated from their peer group and used on their own away from the peer group; it was not 'trendy' behaviour (not, for example, associated with logos); rather, it was seen as a 'shameful' activity by many young people. A Clinical Nurse did not see it as a gateway drug, but thought it an opportunistic activity (people tried VSA for the experience and because it was cheap) whose attractiveness has diminished over the years – but things could change quite easily: 'Troubled or struggling adolescents will still turn to it'.

One worker (a former young person's drugs worker) said that few young people were directly referred for VSA but that in historical assessments it often emerged as something that they had done – she therefore saw it as an 'early indicator of risk-taking behaviour and vulnerability factors'. A YOT worker said that he did not agree with the theory because in his experience, in most cases alcohol came first. The biggest problem with the YOT clients was they started by using alcohol and got themselves into trouble when they were drunk but they enjoyed the buzz so they moved on to a different buzz – of cannabis; and then (in the past) to ecstasy, but now cocaine. All the VSA users he'd worked with also used cannabis and alcohol.

Approaches to harm reduction were explored. Almost all interviewees were of the view that harm reduction around VSA was very problematic, but those who worked directly with young people took a pragmatic approach. For example, one YOT worker reported that when he first sees VS-misusing clients, he knows that they are not going to give up straight away in the meantime he feels the need to give them some protective advice. So he would suggest using as little as possible and not falling asleep on their back (so as not to choke on one's own vomit). But, of course, the aim is to get them to stop. A worker in a young peoples' substance misuse team said that a client who was spraying gas directly in the mouth might be encouraged to use a towel – but that generally they steered clear of harm minimisation advice: 'it's so high risk it raises our concerns and our confidentiality policy goes out of the window'.

Other respondents also said that if a young client disclosed sniffing they treat it very seriously. A manager of a young person's drug and alcohol service said: 'we've always struggled' [with VSA]. They took an abstinence approach (which they did not with other drugs): 'it's not worth the risk' was their main message but they did give limited harm reduction advice such as: don't sniff alone, don't sniff on confined spaces or near water. But because VSA was also a safeguarding concern they would speak to parents.

Some of the interview was taken up with identifying the needs of the respondents in relation to VSA. There was a lot of support for Re-Solv and a

sense of its important role of being there when they needed advice or help. For example: 'I'm confident to phone them and ask them "what do you think about this?" I've never had a negative response to my queries'. A Commissioner thought that Re-Solv could perform a valuable function in providing support and consultancy services to workers who had particular queries.

Respondents who had used Re-Solv's resources were generally positive about them, although there was a general feeling that they were rather dated. For example, the *Loaded Gun* video was 'good because there is nothing else but it's a bit dated but the message gets across'. Re-Solv's resources were seen by one respondent as 'age-appropriate' but not 'needs-appropriate'.¹⁰ Universal prevention resources needed to be appropriately contextualised. One respondent felt that there was insufficient material about butane gas. When the idea was put to them, respondents were intrigued by the idea of having resources that made effective use of new technologies, but had little feel for what might be possible.

Those who had had Re-Solv's training on VSA were positive about it. Only a few had undertaken the on-line training, but most of these people had not completed it, possibly because of technical problems.

Several respondents felt that Re-Solv could usefully provide practitioners with well-described examples of approaches that have worked with particular clients

The consultations

The face-to-face consultations carried out by Re-Solv staff, and the London Consultation, confirmed the findings reported above. A professional working with unaccompanied minors suggested that prevalence was relatively high among this group of very vulnerable young people. A survey by the National Children's Bureau of calls regarding VSA to ChildLine had confirmed that many of the children who were sniffing were very vulnerable.¹¹ Participants wondered if the deaths data could be used to investigate the extent and nature of prior vulnerability of those who died. In working with young people *and* with adults, it was important to look at VSA in relation to other issues and problems that people faced.

The consultations in Wales confirmed that there was a demand for educational materials in Welsh – Re-Solv's parents' leaflet in Welsh had been well-received.

Few people mentioned supply issues, but one DAAT worker in the North East pointed out:

'We need to raise the importance of VSA in the minds of folks like the police and trading standards and highlight that solvent misuse is not

¹⁰ for example, the *Hazard Crew* was well-judged for the target age group but was felt not to address the issues appropriately.

¹¹ National Children's Bureau 2005 *Dangerous Highs: Children and young people calling ChildLine about volatile substance abuse* (written in association with ChildLine)

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simply a legal issue. [and we need] partnership work with ... police and community wardens ... visiting traders selling solvent-related products.'

Those consulted in Scotland were aware of, and expressed concerns about, the higher rate of VSA deaths in the country. One worker who had noticed an increase in VSA attributed this to a scarcity of cannabis and highlighted its role as a substitute drug.

Education was thought to be very significant. One respondent in Scotland said:

'We need lively and exciting ways to engage these disaffected young people; giving them information on the harm they are doing to themselves is not enough, they do not care, young people feel invincible and do not believe that the negative effects will happen to them, a good deal of the time they just don't care.'

This respondent echoed views of others in indicating that resources should be:

'Free, Lively and exciting work-packs (budgets are getting tighter and management are reluctant to spend money on expensive workbooks, etc.) [I] have been using information from Re-Solv and scanning the internet for anything appropriate I can use with the young people. The quality is patchy; [I] would prefer focused, organised work-packs.'

Professionals in the consultations confirmed the hidden nature of the problem and said that children and young people tended not to discuss the practice. A young people's substance misuse worker in Scotland said:

'Young people are less likely to admit to VSA initially. For some reason there appears to be a stigma to VSA use that is not evident with any other substance apart from heroin. It can take time to build a relationship with the young person to the point they will admit to using [or admit to] historical use. The young people I work with are more likely to present with historical use and in many cases use whilst under the age of 13. Whilst a few continue to use having moved onto alcohol [and/or] other substances, I would have to say that continuing to use VSA when older is not the pattern of use I work with.'

Some people wondered if the increase in the age of death could be related to a return to sniffing by adults who had sniffed when they were younger (an example was given of a 40-year-old heroin user who also sniffed as he enjoyed the hallucinations). It was hard to identify sniffing (previous or current) among clients attending adult treatment service as assessment forms did not mention it. If the age group was increasing this would mean a need for different type of resources for working with sniffers. Poly-substance use that

included VSA needed to be considered, and the potential interactions with other substances taken into account.¹²

At the London Consultation, participants felt that the evidence base about VSA needed developing in order to 'push it up the agenda'. As VSA was a hidden problem that did not always emerge in needs assessments, there was an argument for always including it in universal prevention initiatives. With PSHE education becoming a statutory curriculum subject, there were potential opportunities for including VSA in professional training for teachers; there was a need to reduce the worries (it was suggested) that teachers had in raising it with young people. The new curriculum's focus on 'core skills' provided fresh challenges and opportunities for the inclusion of VSA topics. Pastoral care in schools needed developing.

The roll-out of Youth Support Teams¹³ might provide some opportunities to develop early interventions and to undertake more work with parents. All local authorities had a parenting strategy and perhaps this could be 'tapped into'. Given that looked after children had higher risk of engaging in VSA, foster parents should be a key target group. A participant commented that it was difficult to engage parents (who knew little about VSA) without scaring them. One participant thought that it was important to move away from the 'kill at the first attempt' message to a more nuanced approach which acknowledged that some substances are more harmful than others.¹⁴

Although VSA was seen by those consulted as a unique and special issue, it was suggested that ways forward in tackling it should be broad, and pursued by Re-Solv through alliances with others. VSA was an issue in the lives of some young people and a known-about feature in the lives of many (even if they had never tried sniffing); young people did not compartmentalise issues, and thus the response should not be compartmentalised.

Regarding the collection of information from young people, a plea was made to move away from the typical 'one-dimensional' consultation of asking young people a set of questions towards the development of dialogue and discussion with young people, which also addressed broader issues.

¹² An important point, but very difficult to do the necessary research – see Ives R and Ghelani P 2006 'Poly-drug use (the use of drugs in combination): a brief review' *Drugs: Education, Prevention and Policy* 13, 3 2006 pp 225-232

¹³ '...establishing a frontline youth support team with a focus on early prevention and early intervention, that should be able to address problems and change behaviour through support and challenge ...engaging parents and helping them meet their responsibilities' and ensuring that this support is '...effectively co-ordinated and delivered by a lead professional'. This is the basic concept of a 'Targeted Youth Support Team' set out in the Government's Youth Green Paper 'Youth Matters' published in July 2005

¹⁴ The difficulty with this approach is that we do not have a robust evidence base for the relative risk and harmfulness of different products.

Conclusions and Recommendations

This work was undertaken to help to identify the issues that further research on VSA could usefully address, and how existing information could be further explored. The part of this consultation concerned with the deaths study has clarified the nature of the data available and the extent to which it might be analysed further. The Steering Group contains the key people to help this work to move forward. The lines of responsibility for the St George's study (which had been remarkably unclear) have finally become more delineated, and the Group has confidence that it will be possible to work with the St George's Team in further data analysis, producing knowledge of use in understanding VSA and the changing nature of its practice, which will assist Re-Solv in helping professionals and others to tackle this problem.

The part of the consultation concerned with professionals' views and needs has been equally productive, but some of the initial ideas for research have not been supported. At the start of the work, a key idea was to create a research proposal for the further investigation of the nature of young people's sniffing – looking at such topics as methods of use, and the use of other substances by sniffers. The overall aim was to gain a better understanding of the behaviour of sniffers, in order to be able to better inform practitioners about the practices, so that they could improve their work with users, and develop preventive and treatment strategies.

The Consultation has indicated that few practitioners had had contact with current sniffers. Where practitioners were working with sniffers they appear to be doing so confidently, and in a supporting institutional context, such as a young person's substance misuse service. But professional workers were aware that they might be missing many cases of VSA. This is partly because of its young age profile (which may be changing) and its perceived episodic nature. It is also because the issue is not given priority by commissioners – so few services are focused on it. A reason why commissioners do not commission services is that they do not know what effective practice with VS misusers should be – this is because there are no recent documentations or evaluations of practice.

Thinking through some of the issues associated with the original idea of research with young people, it is clear that, while this would be an interesting and useful project, it would be difficult to do. The researchers undertaking the 2001 BAMA research were able to identify, contact and speak with young sniffers and ex-sniffers, and to collect useful information from them, but it proved difficult to get the fine detail of their sniffing practices that would enable more focused advice to be given by professionals.

By contract, this consultation has demonstrated the value of talking with relevant professionals about their work, and has identified a range of good practice in different settings. This confirms that the element of the original idea for the research that involves professionals is viable, and would be useful to Re-Solv, adding to the organisation's knowledge of effective practice and helping it to produce advice and resources appropriate to professionals' needs.

There was a very positive view of Re-Solv: professionals want the organisation to be there to 'keep an eye on things', making sure that things don't 'flare up', and help deal with those 'pockets' of misuse. They are also keen that Re-Solv should be taking forward universal prevention initiatives in schools.¹⁵

While there was a big demand for resources, there were lots of different needs and ideas about what the resources should be. This indicates a need for Re-Solv to experiment with different methods. There seemed to be a lack of vision about the way new technology might be used to deliver resources – Re-Solv could experiment and promote methods such as *YouTube*-style clips and text messaging.

Beyond resources, there is a job for Re-Solv in assisting in the development of treatment protocols, in ways of working with different kinds of clients, and in helping to do area assessments. Re-Solv could take a role in the evaluation of existing approaches, which would develop the evidence base for commissioning. For example, Re-Solv could work with commissioners on this issue; one way that was suggested was the possibility of working through regional meetings of commissioners organised by the NTA.

It is therefore recommended that the element of the original idea of undertaking research with professionals should be further developed, and extended to looking in detail at their practice with young people. This could involve research in contexts where professionals were working with sniffers, or undertaking preventive work. It could also include evaluative components (both process and outcome evaluation). The aims would include the identification and dissemination of good practice and the development, distribution and evaluation of up-to-date, appropriate, and innovative resources, both for treatment and for primary prevention activities – with young people and with adults.

This approach would deliver more value for Re-Solv and the practitioners whom its work supports. It would enable commissioners confidently to commission services which would help to create a virtuous circle of good commissioning – including built-in evaluation – which would provide further data to enable continuous improvement of the response to VSA. It would create learning experiences and help to embed good practice, and give a basis for greater clarity about the extent and nature of the problem.

It would be important to gather the perspectives of children and young people and this could be done in a variety of ways, but would need to address appropriate groups (users, as well as non-users), and would need to go beyond simplistic forms of consultation and be more sustained in order to tease out the detailed views of young people.¹⁶

Richard Ives, March 2009

¹⁵ Most of those interviewed were working at Tier 2 or Tier 3; they therefore did not have much experience of Tier 1 provision.

¹⁶ for example, such activities as a Junior Citizen's Jury – see example in Annex 4

Tackling VSA more effectively by meeting professionals' needs

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Annex 1 The Study of VSA deaths: more details on the possibilities

Coded information used in Report

- Year of death
- Age
- Sex
- Region (home address)
- Verdict at Inquest (for suicides)
- Place of death
- Place of "sniffing"
- Whether the deceased had any previous history of "sniffing"
- Number and type of substances abused
- Products and chemical involved
- Method of sniffing
- Mechanism of death

Coded information *not* currently used in Report

- Month of death
 - Marital status
 - Social Class of deceased (or Head of Household if minor)
 - Employment status
 - County/District (home address)
 - Postcode
 - Cause of death from Death Certificate
 - Cause of death from Coroner
 - ICD10 codes from death certificate
 - Time of death
 - Whether the deceased was sniffing alone
 - Whether the death was witnessed
 - Association with volatile substance (e.g. toxicology report positive, sniffing witnessed)
 - Method of ascertainment of death
 - Any other substance present (e.g. alcohol, drugs)
 - Whether exercise preceded death
 - Whether any sexual activity preceded death
 - Any constriction of the neck with a ligature of any sort
 - Any other indication of bondage
 - Whether the deceased was in LA care, or had absconded, or had previously been in care, or was on remand, or in prison
 - Whether both natural parents were at home, or one only, or one plus a step parent or cohabitee etc, adopted, fostered
 - Whether the abused substance was stolen
 - Any mention of the deceased having been asthmatic
 - Any mention of schizophrenia, epilepsy/fits, depression
 - Whether there had been any previous attempts at suicide
- Ethnicity is recorded on the administrative database where this is available

Annex 2 Some example data from the Deaths study compared with prevalence data

Chart A2.1 More girls sniff ...

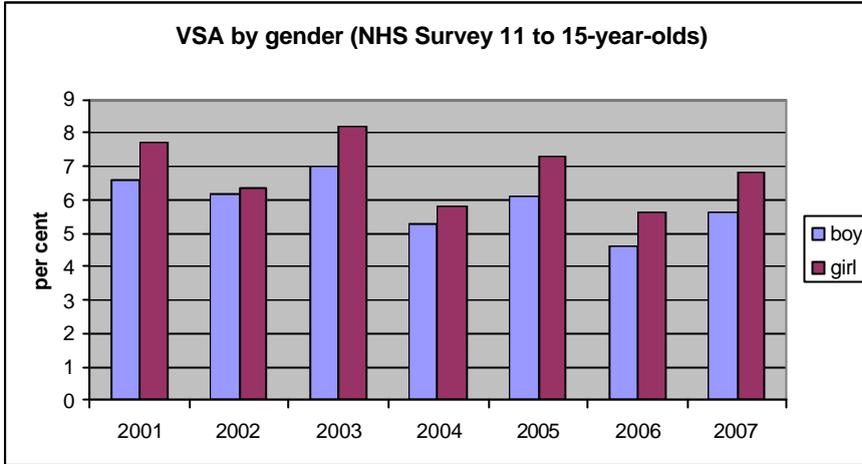


Chart A2.2 ... but more males die

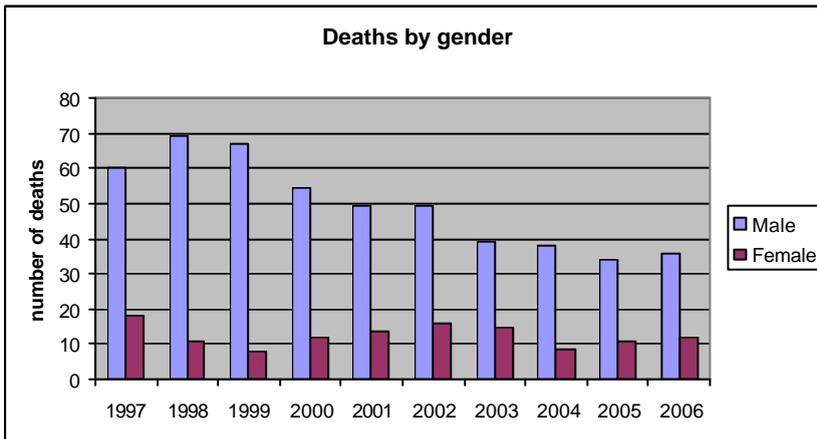


Chart A2.3 Not accounting for the age of death, which has been increasing

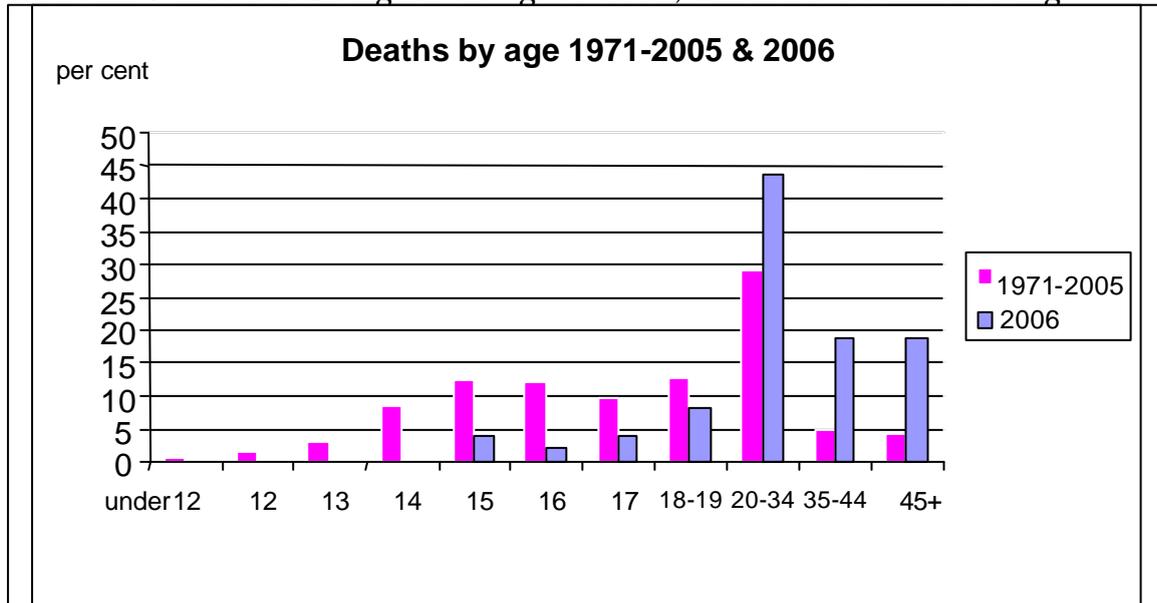
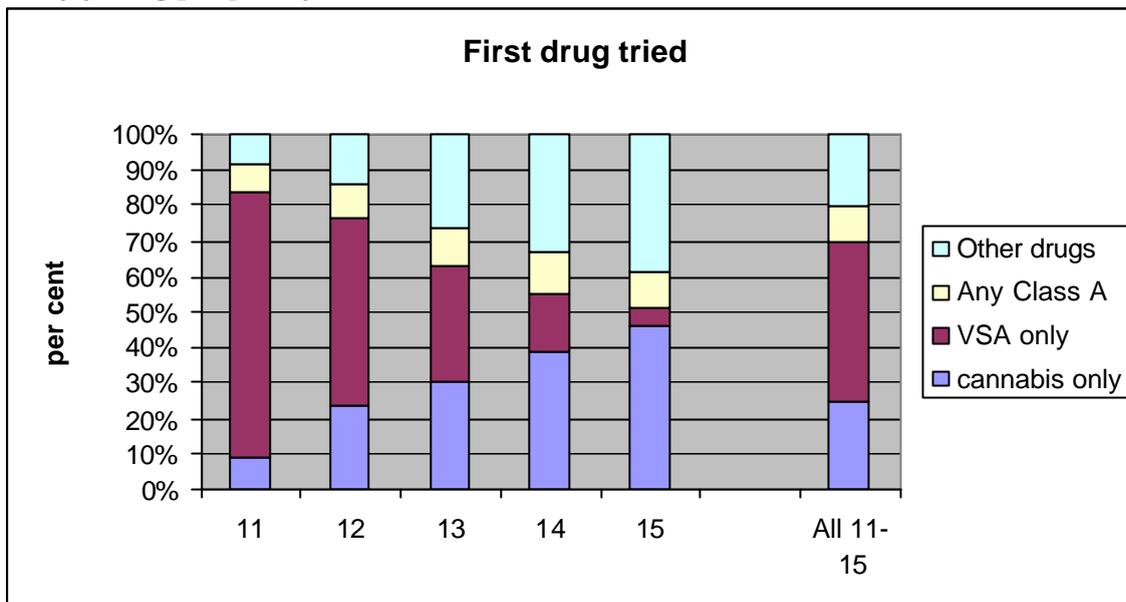


Chart A2.4 Even though prevalence data show that VSA is the first drug that many young people try

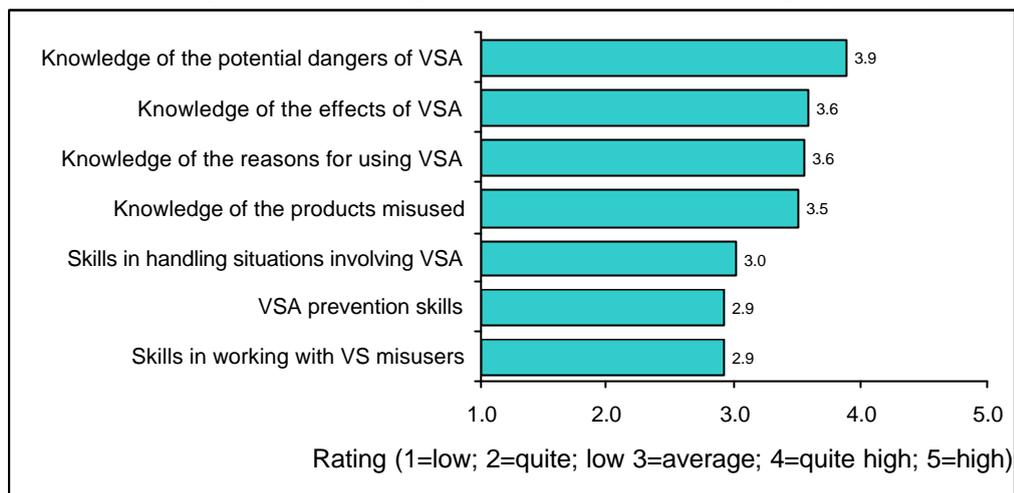


Annex 3 The e-survey: detailed results

121 responses were received

Q1. How do you rate your knowledge about VSA and your skills in working with people on VSA issues?

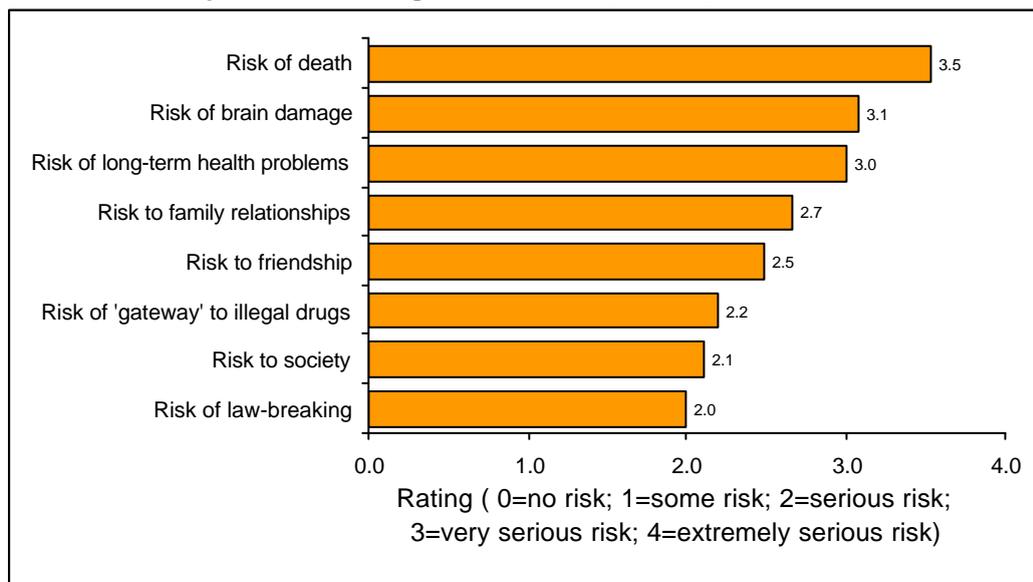
Chart A3.1: Respondents' rating of VSA skills and knowledge (N=121)



Comment: On average, respondents rated VSA knowledge between average and quite high while VSA skills were rated lower, average or just below average. Knowledge of the potential dangers of VSA received the highest rating (3.9), just below 'quite high'.

2. How do you rate the risks associated with VSA?

Chart A3.2: Respondents' rating of VSA risks (N=121)

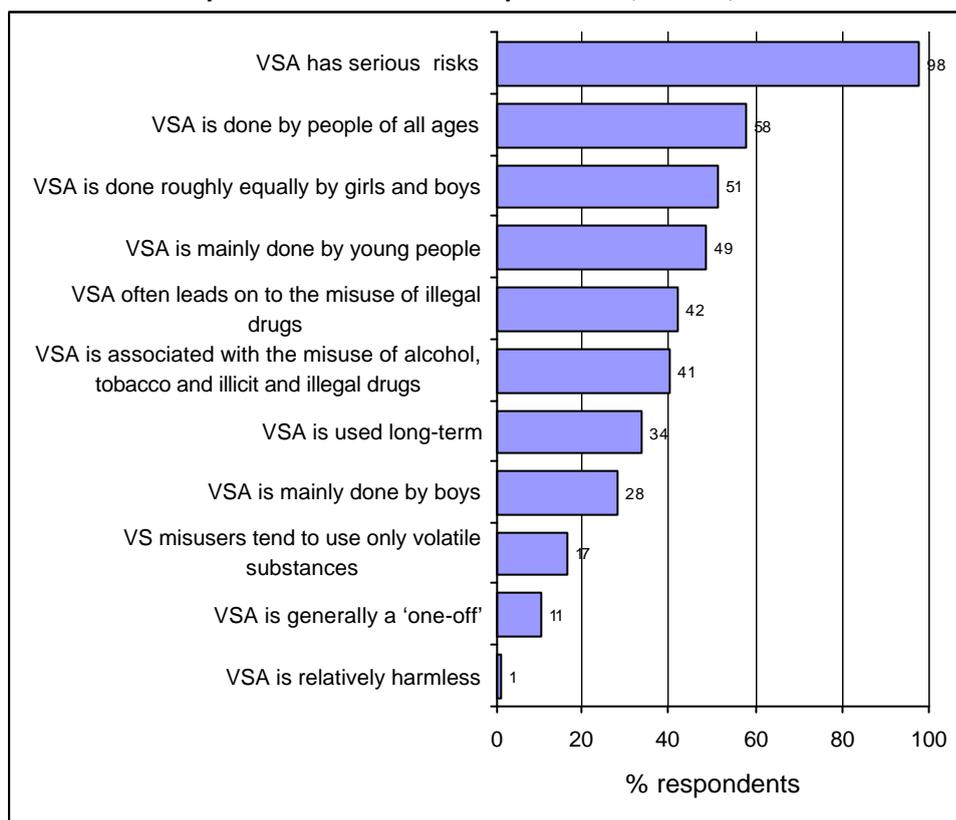


Tackling VSA more effectively by meeting professionals' needs

Comment: On average, respondents rated VSA risks of death, brain damage and long-term health problems between very serious and extremely serious. Risks to friendships and relationships were rated between serious and very serious and risks to society and risks of law-breaking and of 'gateway' to illegal drugs were rated just above serious risk.

3. What is your view of the problem?

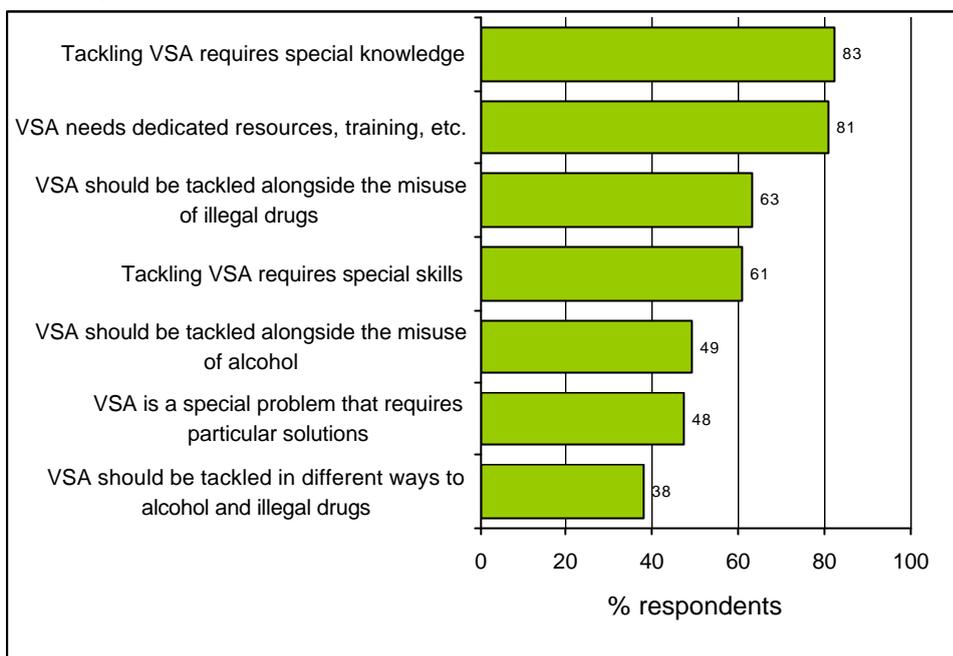
Chart A3.3: Respondents' view of the problem (N=121)



Comment: Only one person thought that VSA misuse was relatively harmless and nearly all (98%) respondents thought it had serious risks. Just over two-thirds (68%) of respondents thought that VSA was done by people of all ages; about a half (51%) thought it was mainly done by young people; and about a half thought it was done mainly by young people. There was not this degree of agreement on any of the other items.

4. How should VSA be tackled?

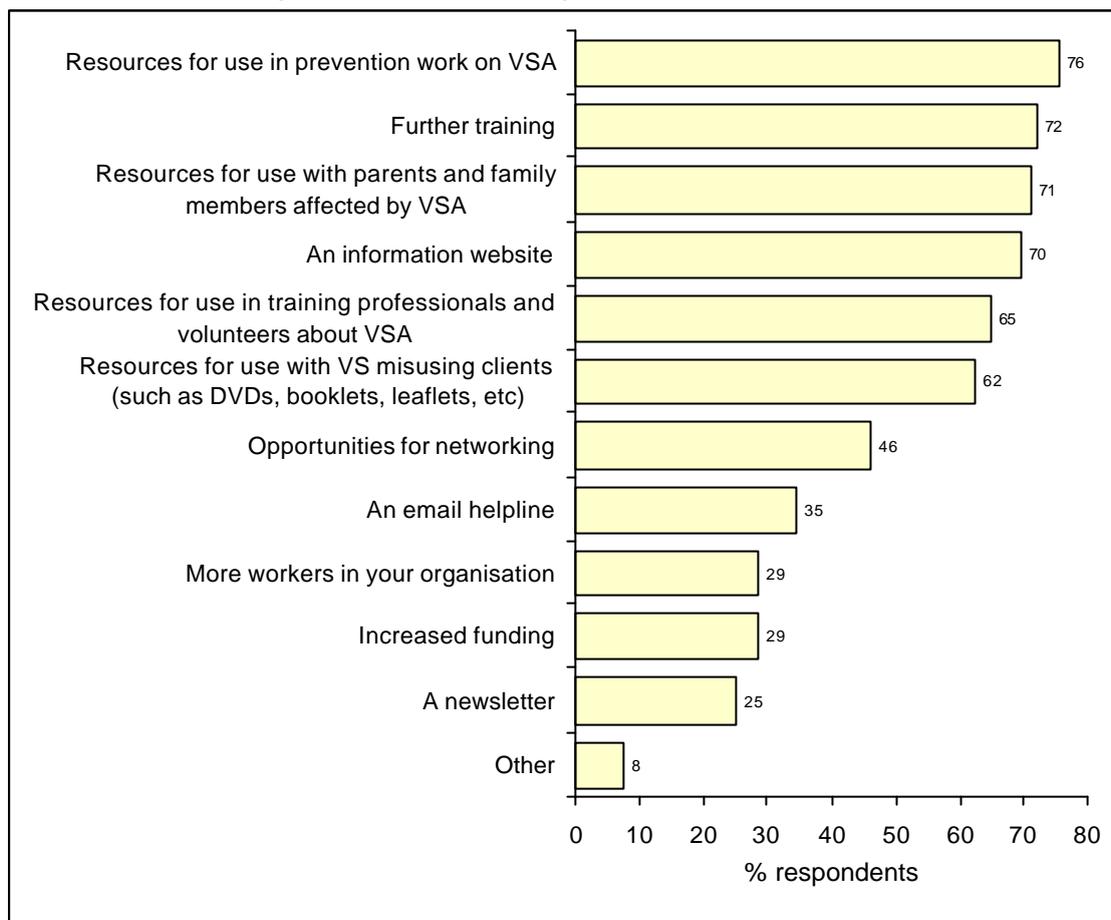
Chart A3.4: Ways in which respondents thought that VSA should be tackled (N=120)



Comment: More than four-fifths (83%) of respondents thought tackling VSA required special knowledge; this was greater than the just over three-fifths who thought it needed special skills (61%). This is interesting because in question 1, respondents rated their own VSA knowledge more highly than their skills. About four-fifths (81%) respondents thought that VSA needed dedicated resources, training, and so on.

5. What do you need to help you tackle VSA?

Chart A3.5: What respondents need to help them tackle VSA (N=119)



Comment: The main requirements to help them tackle VSA of more than three-quarters of respondents were resources to use in prevention work (76%); other resources were also required by more than three-fifths respondents. A little less than three-quarters of respondents required further training (72%), and an information website (71%).

Nearly a half (46%) required opportunities for networking. Just over a third (35%) wanted an email helpline and less than a third (29%) needed more workers or increased funding (29%).

There were four other suggestions included:

Re-Solv has always provided me with help and guidance every time I have phoned for support regards client work. Resources are excellent. Training is also provided and awareness workshops for young people.

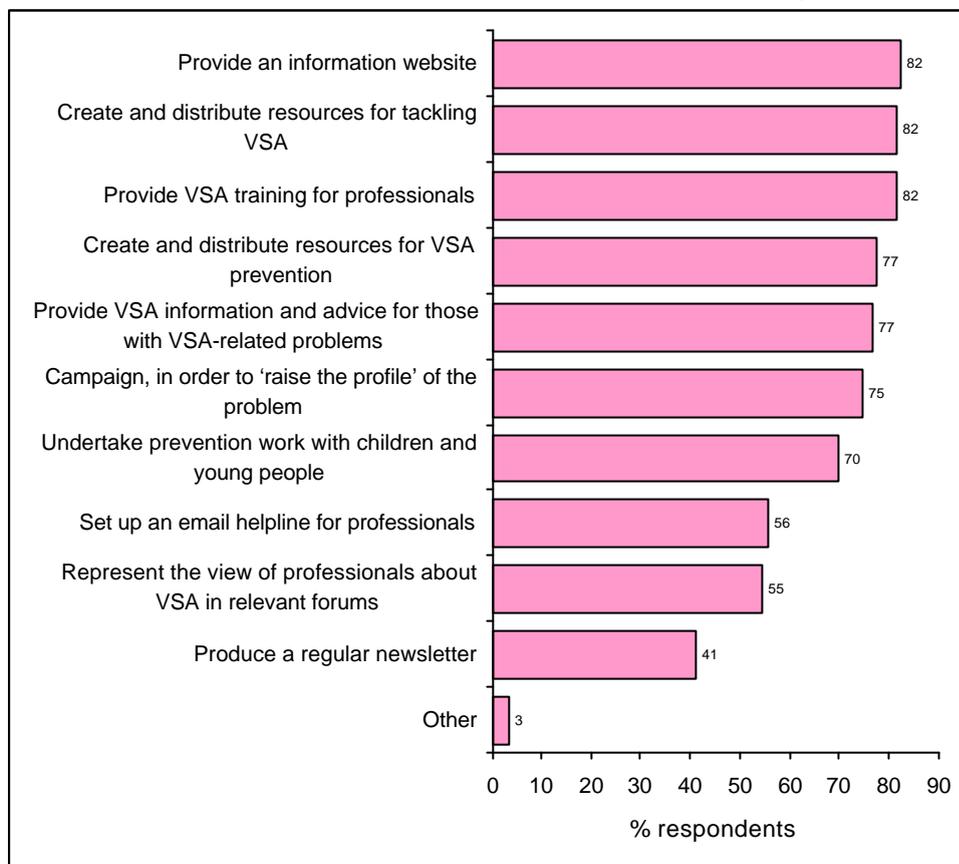
Essex has had Solve-it involved in this work for the last few years

Create video's as stated above, I've seen some communities where more then 80% are solvent abusers and having such graphics may be the only things that will really get to them and stick. Instead just another person talking

An age-appropriate prevention site which could be used as a classroom resource NB. Re-Solv already provide some of the above but their profile is not as high as it should be

6. What can Re-Solv do to help?

Chart A3.6 What respondents would like Re-Solv to be doing (N=119)



Comment: More than seven-tenths (70%-82%) thought that Re-Solv could help by:

- providing an information website
- creating and distributing resources for VSA prevention
- providing VSA training for professionals
- creating and distributing resources for tackling VSA
- providing VSA information and advice for those with VSA-related problems
- campaigning, in order to 'raise the profile' of the problem
- undertaking prevention work with children and young people

Other options were less popular:

- setting up an email helpline for professionals (56%)
- representing the view of professionals about VSA in relevant forums (55%)
- producing a regular newsletter (41%)

ABOUT THE RESPONDENTS

Gender: 29% male; 71% female (N=121)

Age (N=121):

25 or under	5.8%
26-39	51.2%
40-59	42.1%
60+	<1%

Job: 111 people gave their job title

<i>Job title provided</i>	<i>N</i>	<i>Totals</i>
Public Health Development Specialist	2	
Project Director Division of Mental Health and Addiction (USA)	1	
Children's primary mental health worker	1	
Coordinator for Health of Young People	1	
Health visitor	1	
Healthier Communities Officer	1	
Healthy Schools Drug Ed Co-ordinator	1	Health 8
Teacher adviser for drug education - LEA	1	
Schools Drug Adviser	1	School drugs adviser 2
Assistant Personal Adviser	2	
Personal Adviser	3	
Connexions Personal Adviser	5	Connexions: 10
residential social worker	1	
Social Work Team Leader	1	
Social Worker	1	
Social Worker - Youth offending team	1	Social work 4
Probation officer	3	
Probation Service Officer	1	Probation service 4
Assertive Outreach Substance Misuse Worker	1	
Drug & Alcohol Education Adviser	1	
Drug and Alcohol Officer	1	
drug education adviser	1	
Drugs Coordinator	1	
Drugs Intervention Programme Worker	1	
Drugs worker	4	
Outreach / Intake Worker at a Solvent Abuse Treatment Centre	1	
Senior Substance Misuse Practitioner (Alcohol)	1	
Sessional project worker (drugs)	1	
Substance misuse coordinator	2	
Substance Misuse Counsellor	1	
Substance Misuse Key worker	1	
Substance misuse outreach worker	1	
Substance Misuse Social Worker	1	
Substance Misuse worker	9	
Targeted Drugs Worker	1	Drugs Worker: 29
Young People's Joint Commissioning Manager for Substance Misuse	1	
Substance team manager	1	
Deputy Manager Substance Use Team	1	

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Drug and alcohol manager	1	
Team leader (young peoples drug and alcohol service)	1	
Young peoples substance misuse service manager	1	
Young People Substance Misuse Team Leader	1	Drugs Manager: 7
Substance use commissioner young people	1	
Young people's substance misuse worker	1	
Young Person Drug Worker	1	
Young Person Substance Misuse Case Worker	1	
Young Persons Alcohol Worker	1	
Young persons drug and alcohol worker (senior practitioner)	1	
young persons substance misuse coordinator	1	
young persons substance misuse worker YOT	1	YP Drugs: 8
Senior Youth Worker	1	
young people worker	1	
Young People's Play Officer	1	
young people's project worker	1	
Youth liaison officer	1	
Youth Support Officer	1	
Youth Worker	3	Youth/young people 9
Administrator	1	
Arrest Referral Worker (Under 19's)	1	
Assistant Director	1	
Business Support	1	
Case Manager	1	
Community supervisor	1	
Curriculum adviser	1	
Development Officer	1	
Family support Worker	1	
Information Manager	1	
Information Officer	1	
manager	1	
needs assessment worker	1	
Operations Manager	1	
Outreach and Development worker	1	
Pharmacist	1	
Project development worker	1	
Project Leader	1	
Project Worker	5	
Senior Commissioning Officer	1	
Senior Manager	1	
Senior Project Worker (acting)	1	
Team leader	1	
Trading Standards Enforcement Officer	1	
Training and development officer	1	
Volunteer Coordinator	1	Other 31

Area of work (N=108) (multiple responses permitted):

Job type	%
Youth work	16
Charity	18
DAAT/DAT/SMAT/ADAT	24
Community	15

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Children's Services	16
YOT/YJB/YOS/YISP	17
Education	19
Social work	11
Health/CAMHS	9
Police	<1
Prison/YOI	<1
Other	19

'Other' included four Connexions staff and twelve in drug-related work including two in solvent-related work.

Managerial responsibility (N=112):

Managers: 30%

Face-to-face workers: 80%

(10% did both)

Other (N=11)

Area of UK (N=116):

UK area	%
East Midlands	7
East of England	2
London	12
North East	3
North West	11
Northern Ireland	0
Scotland	6
South East	8
South West	3
Wales	4
West Midlands	22
Yorkshire and the Humber	22

Percentage working with children, young people, and adults (N=119)

Children (up to 11 years) %	Young people (11- 18) %	Young adults (19- 25) %	Adults (26+) %
24	86	43	24

Working with drugs, alcohol and VSA (N=120; 119; 121)

Item	Response %=YES
14. Is the main focus of your work drugs/alcohol?	68
15. Have you ever worked with people who misuse volatile substances?	70
16. Are you currently working with people who misuse volatile substances?	24

VSA Priority in work (N=121):

	%
Don't know or can't answer	30
VSA is a low priority issue in my work	53
VSA is an important issue in my work	7

VSA is not an issue in my work	11
--------------------------------	----

39 people (32%) offered to help further and gave contact details

18 people gave additional comments.

Analysis by Barbara Wyvill 13-12-08

RE-SOLV VSA SURVEY: additional analysis

In this additional analysis of questions one through six of the survey, the whole sample (N=121) was divided in three different ways to show any differences relating to whether:

- drugs/alcohol was the main focus of respondents' work or not

Main focus drugs/alcohol	N=81
Main focus not drugs/alcohol	N=40

- VSA was important in respondents' work or was not an issue or low priority

VSA is important in their work	N=64
VSA is not an issue/low priority	N=57

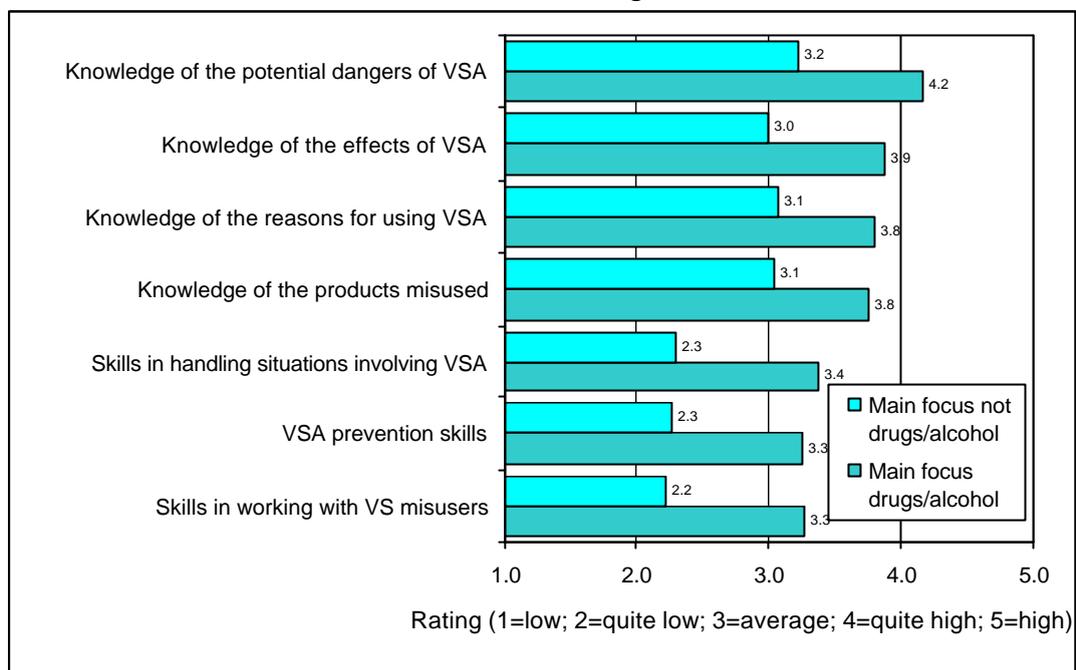
- Respondents were currently working with VSA misusers, were no longer working with them or had never worked with them

Currently	N=29
Have but not now	N=56
Never worked with VS misusers	N=36

Tackling VSA more effectively by meeting professionals' needs

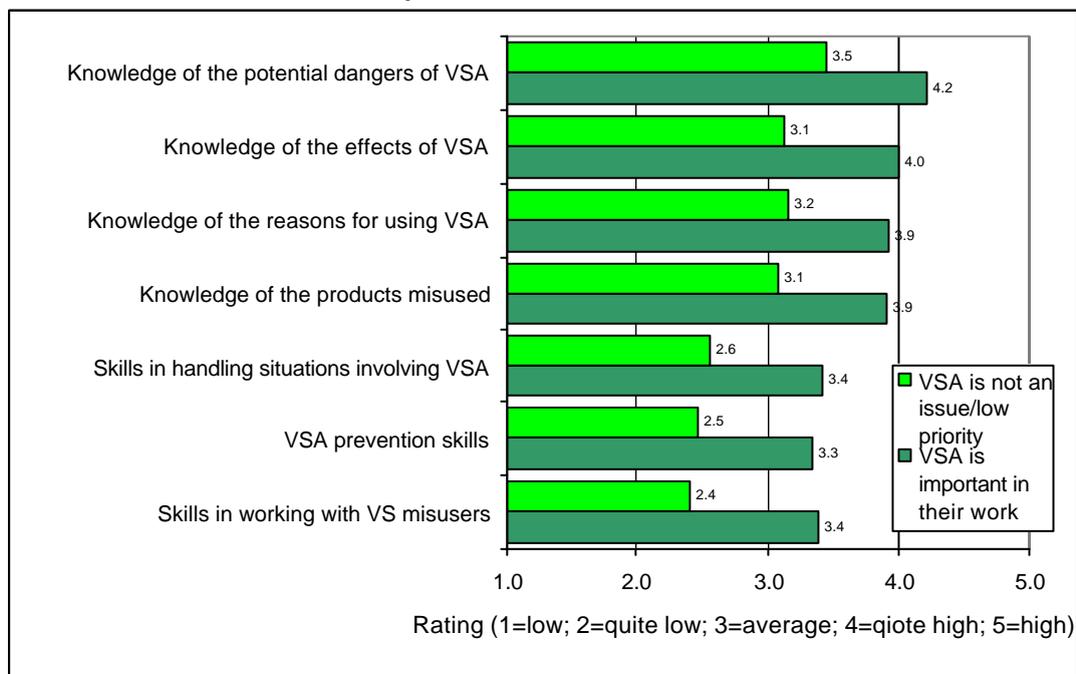
1. How do you rate your knowledge about VSA and your skills in working with people on VSA issues?

Chart A3.7a: Respondents' rating of VSA skills and knowledge according to whether or not the focus of their work was drugs/alcohol



Comment: Respondents whose focus was drugs/alcohol rate their VSA knowledge and skills higher than do those whose focus is not drugs/alcohol

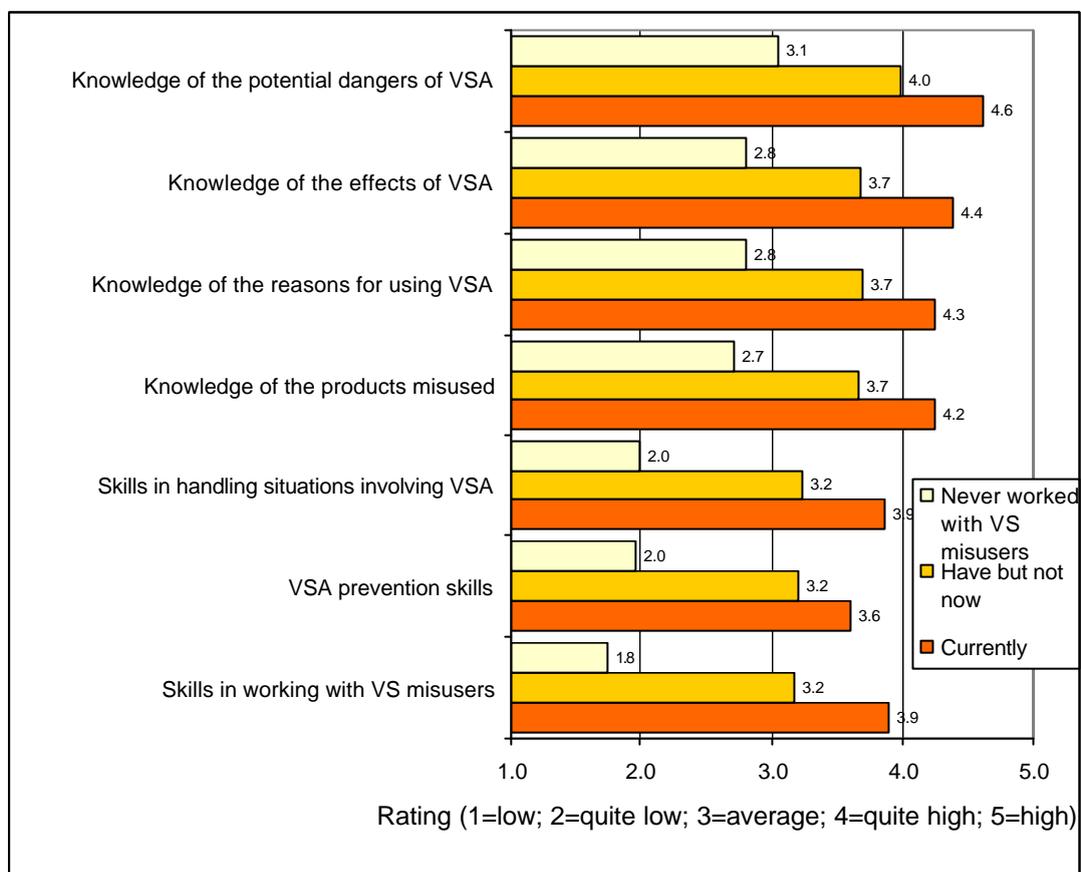
Chart A3.7b: Respondents' rating of VSA skills and knowledge according to whether or not VSA was an important issue in their work



Tackling VSA more effectively by meeting professionals' needs

Comment: Respondents who say that VSA is important in their work rate their VSA knowledge and skills higher than do those for whom it is not an issue or not a priority.

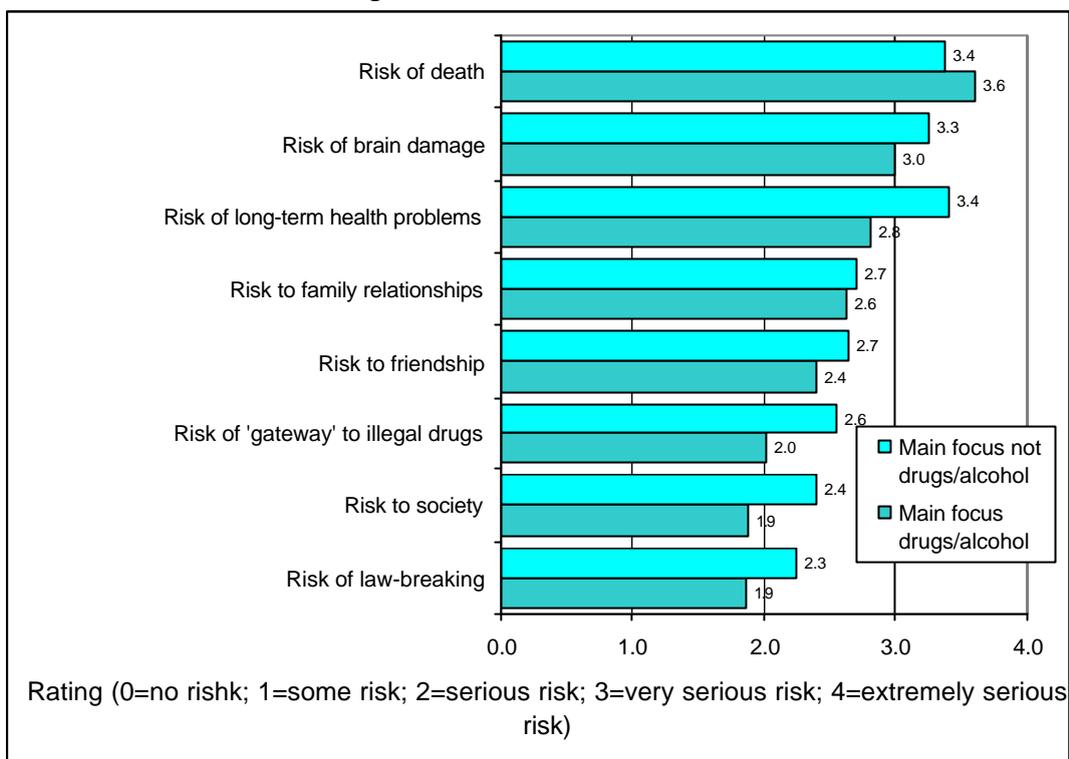
Chart A3.7c: Respondents' rating of VSA skills and knowledge according to whether they were currently working with VS misusers, were no longer working with them or had never worked with them



Comment: Respondents who were currently working with VSA misusers rate their VSA knowledge and skills higher than those who have worked with VSA users but are no longer. Those who have never worked with VSA misusers rate their knowledge and skills even lower.

2. How do you rate the risks associated with VSA?

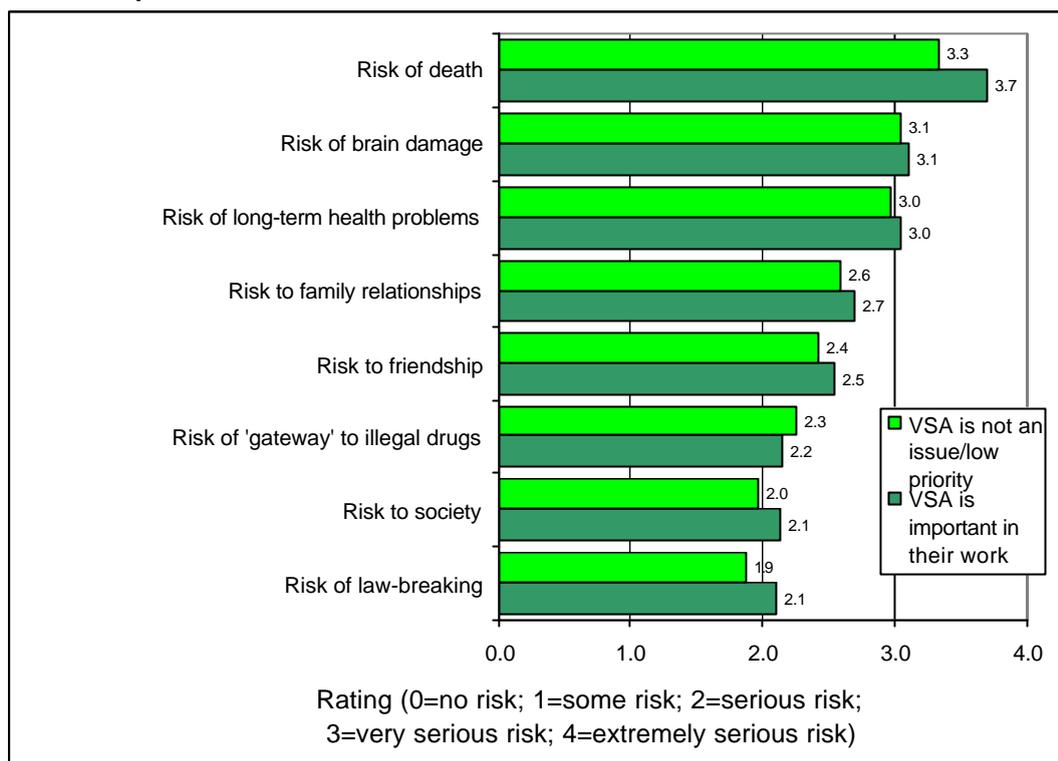
Chart A3.8a: Respondents' rating of VSA risks according to whether or not the focus of their work was drugs/alcohol



Comment: Respondents whose main focus is drugs/alcohol rate the risks associated with VSA lower than do those whose focus is not drugs/alcohol – except 'risk of death' – which they rate higher.

Tackling VSA more effectively by meeting professionals' needs

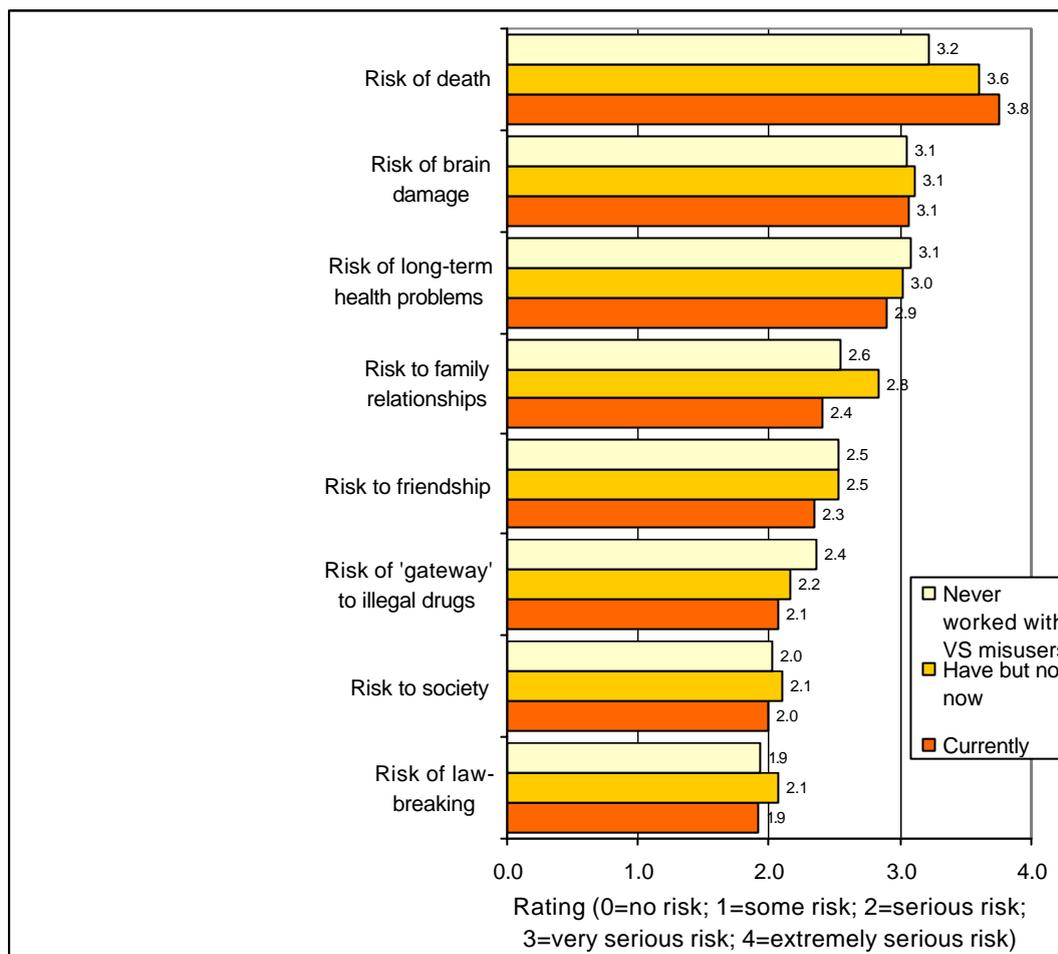
Chart A3.8b: Respondents' rating of VSA risks according to whether or not VSA was an important issue in their work



Comment: Respondents who say that VSA is important in their work rate the risks associated with VSA lower than do those for whom it is not an issue or not a priority – except 'risk of death' – which they rate higher.

Tackling VSA more effectively by meeting professionals' needs

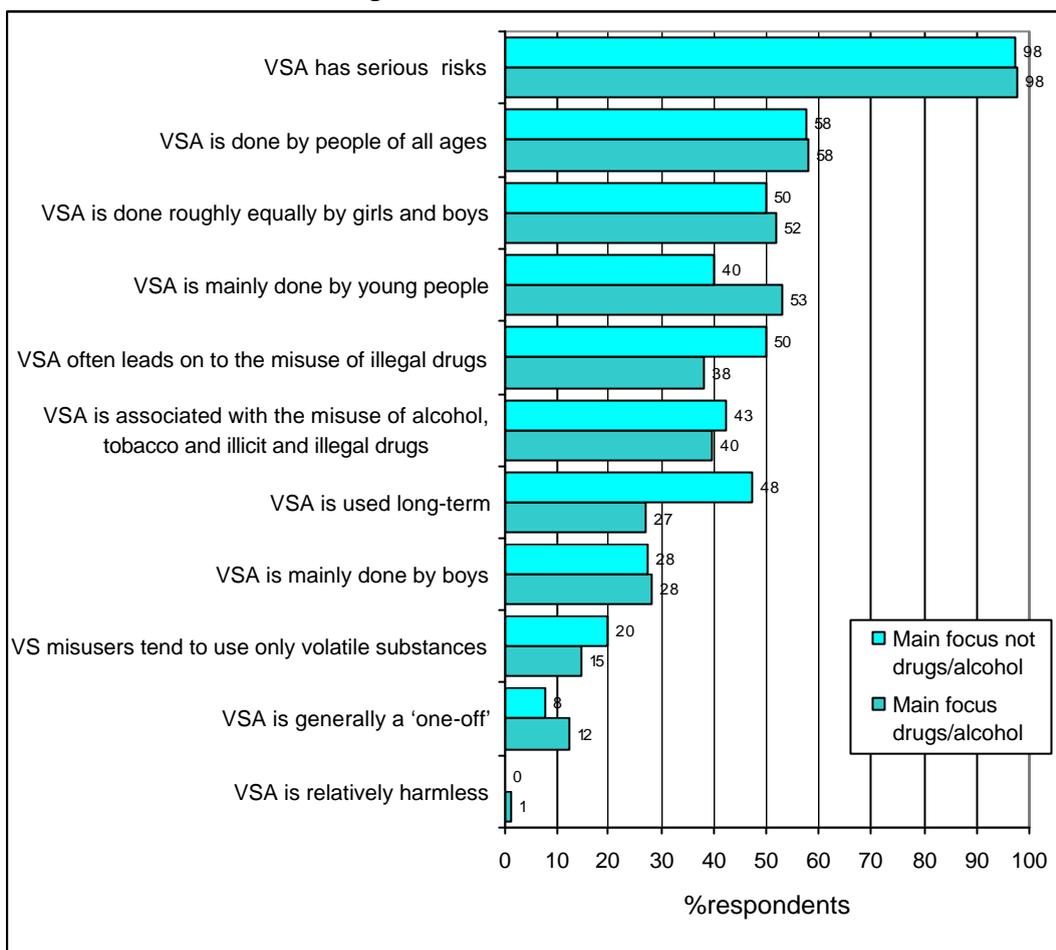
Chart A3.8c: Respondents' rating of VSA risks according to whether they were currently working with VS misusers, were no longer working with them or had never worked with them



Comment: In general, respondents who were currently working with VS misusers rate most of the risks associated with VSA slightly lower than those who have worked with VS misusers but are not currently doing so; they rate the risk of death higher. Respondents who were currently working with VS misusers rate most of the risks associated with VSA the same or slightly lower than those who have never worked with VS misusers; they rate the risk of death higher.

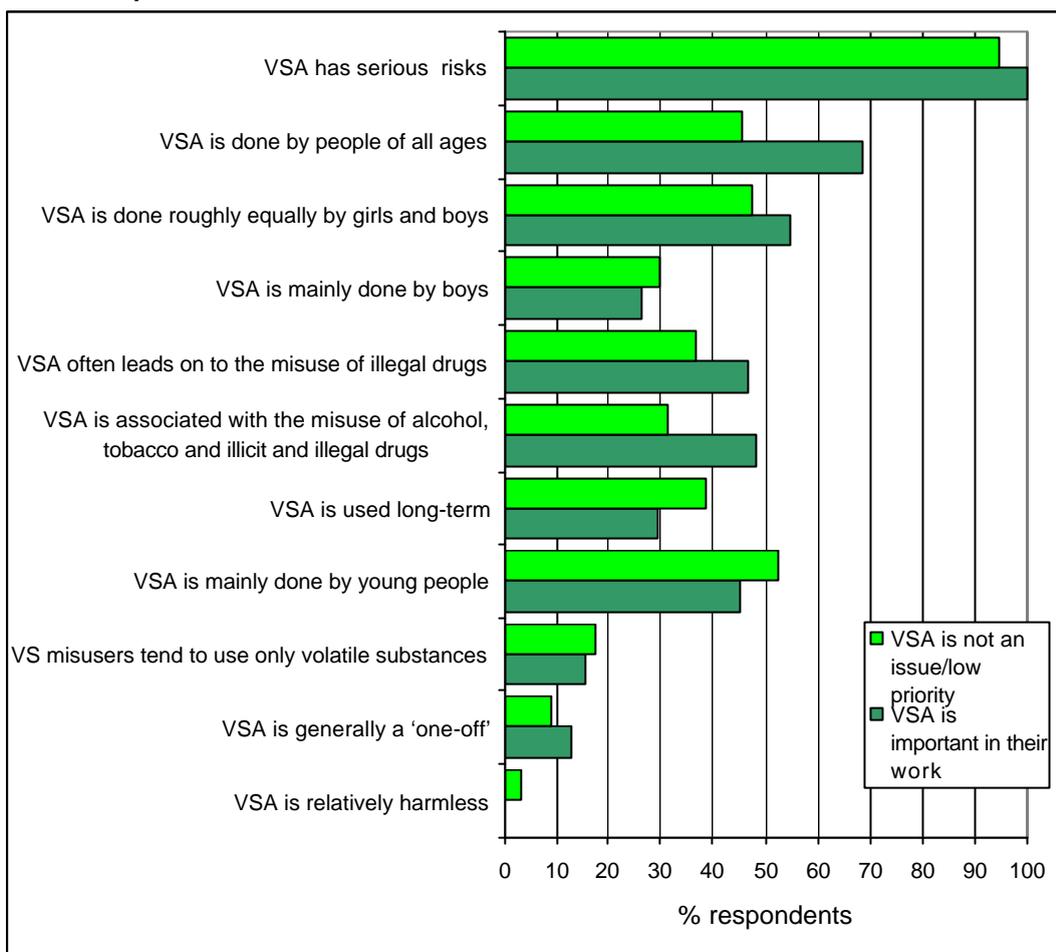
3. What is your view of the problem?

Chart A3.9a: Respondents' view of the problem according to whether or not the focus of their work was drugs/alcohol



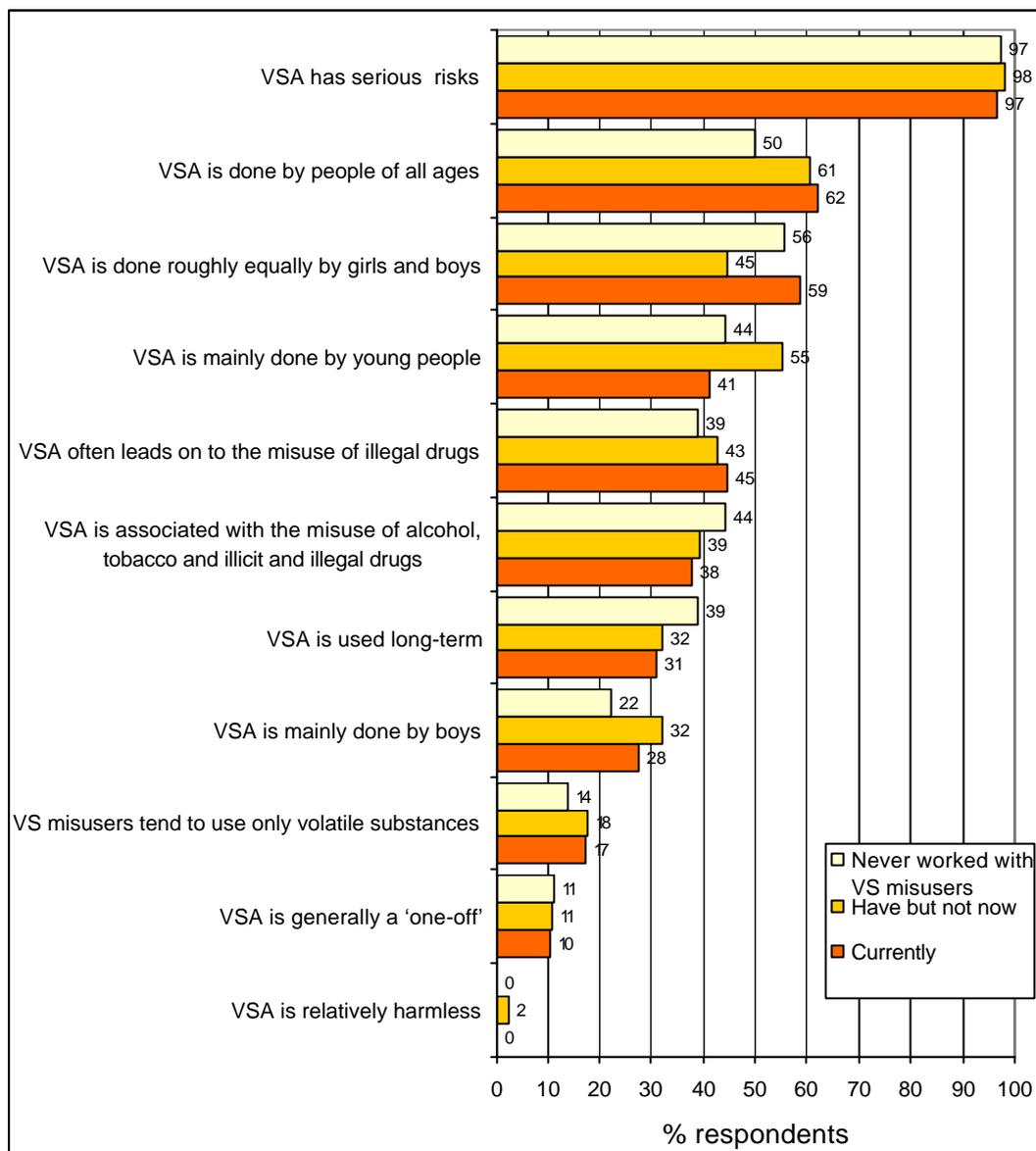
Tackling VSA more effectively by meeting professionals' needs

Chart A3.9b: Respondents' view of the problem according to whether or not VSA was an important issue in their work



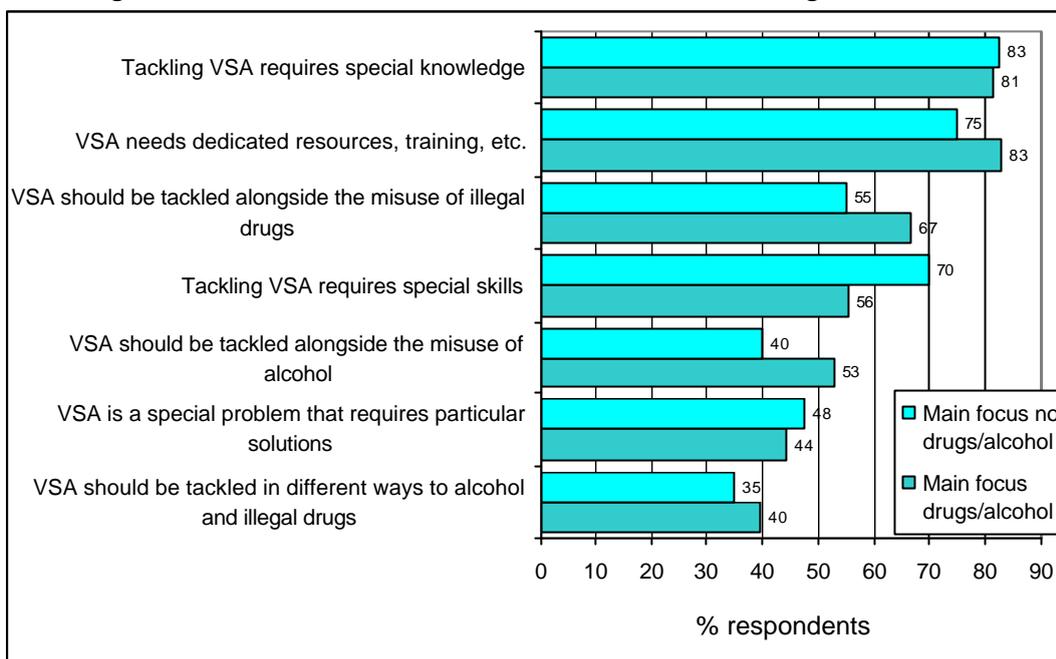
Tackling VSA more effectively by meeting professionals' needs

Chart A3.9c: Respondents' view of the problem according to whether they were currently working with VS misusers, were no longer working with them or had never worked with them



4. How should VSA be tackled?

Chart A3.10a: Ways in which respondents thought that VSA should be tackled according to whether or not the focus of their work was drugs/alcohol



Tackling VSA more effectively by meeting professionals' needs

Chart A3.10b: Ways in which respondents thought that VSA should be tackled according to whether or not VSA was an important issue in their work

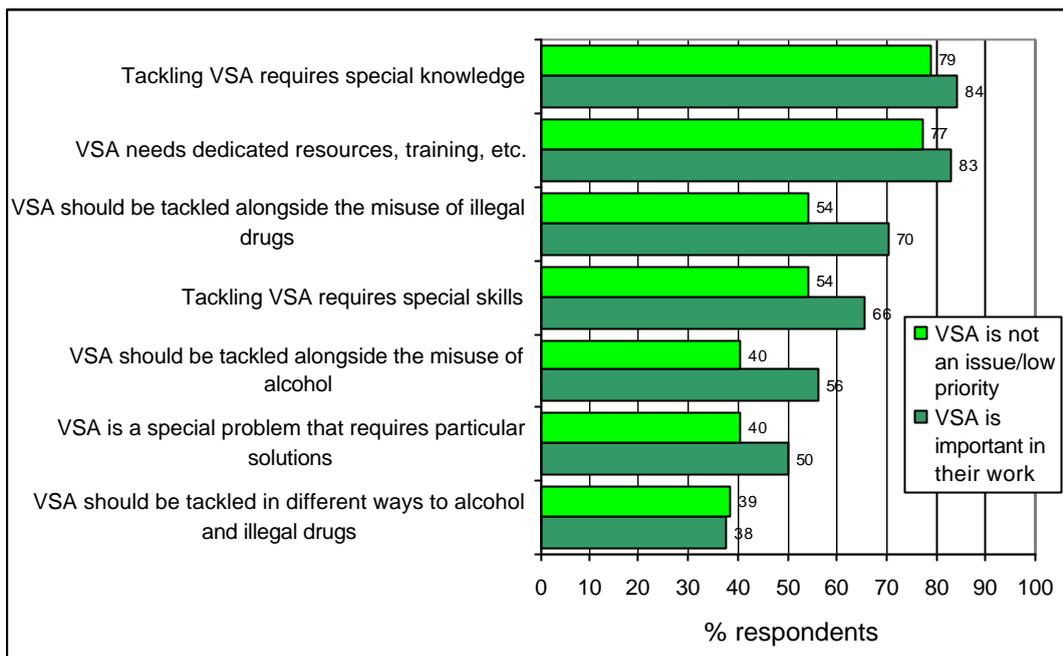
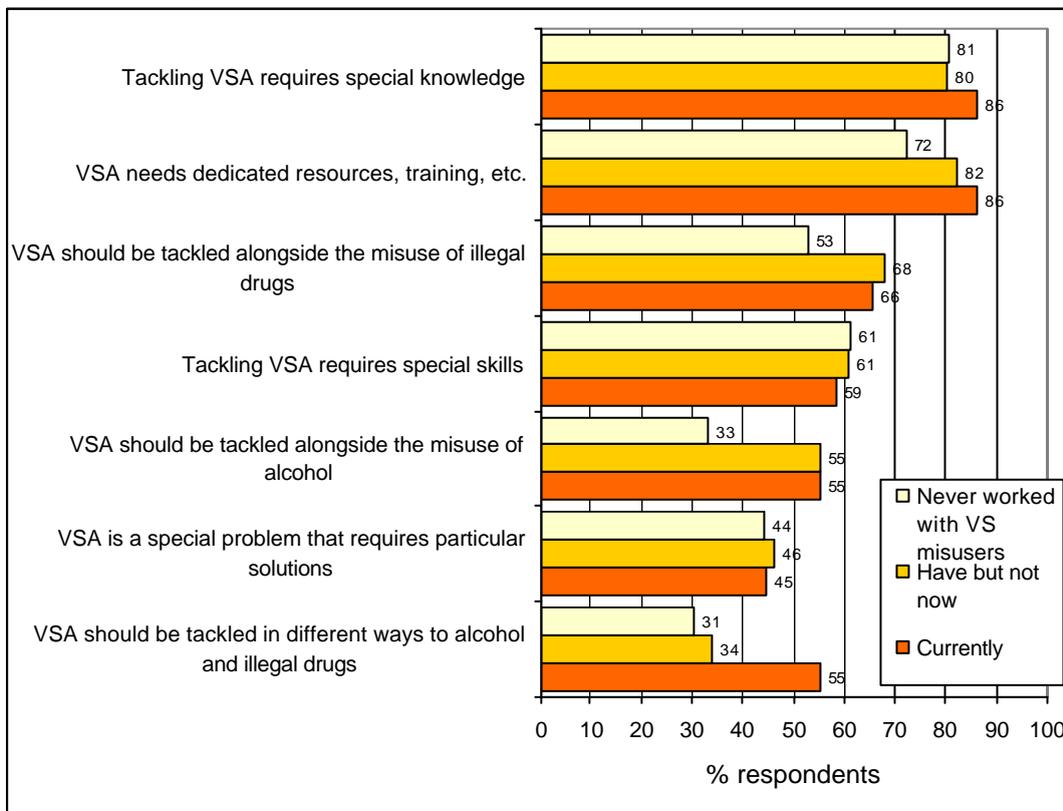
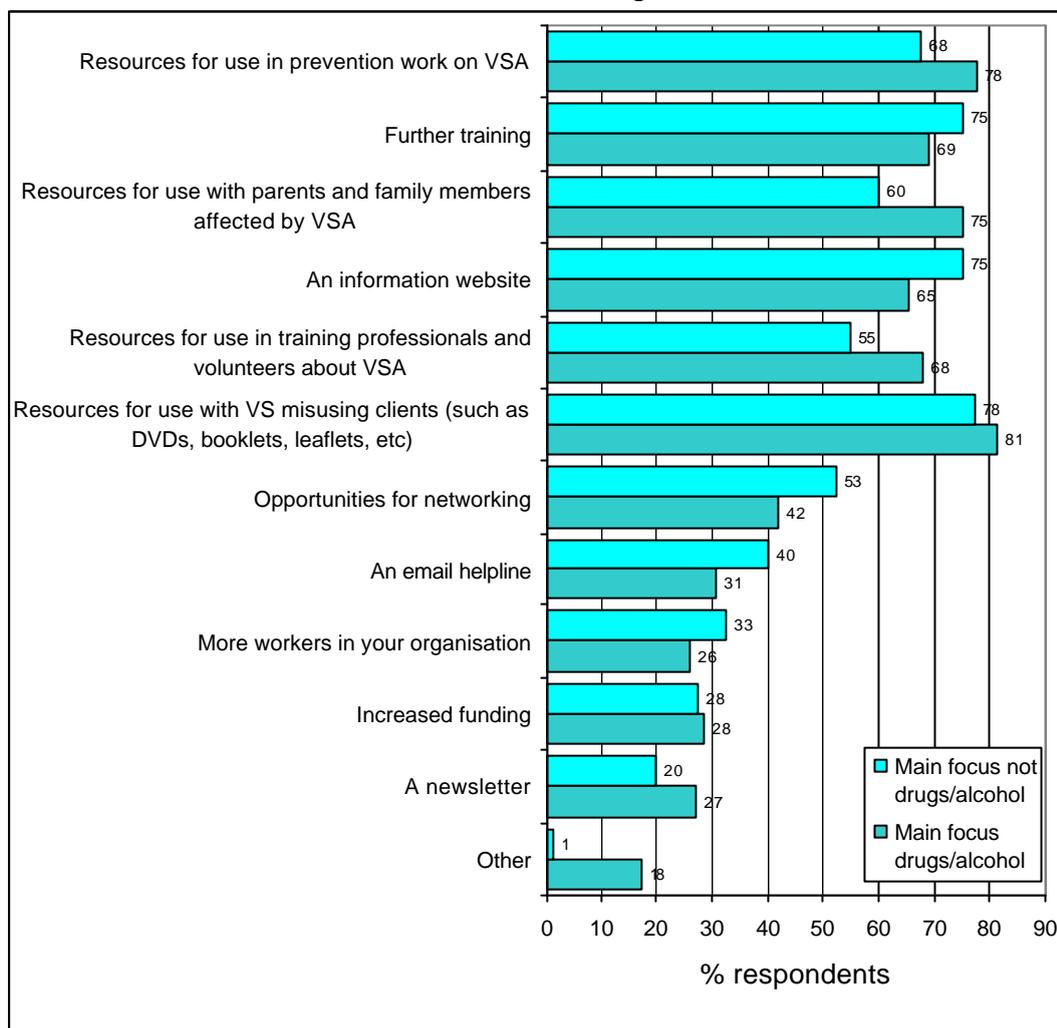


Chart A3.10c: Ways in which respondents thought that VSA should be tackled according to whether they were currently working with VS misusers, were no longer working with them or had never worked with them



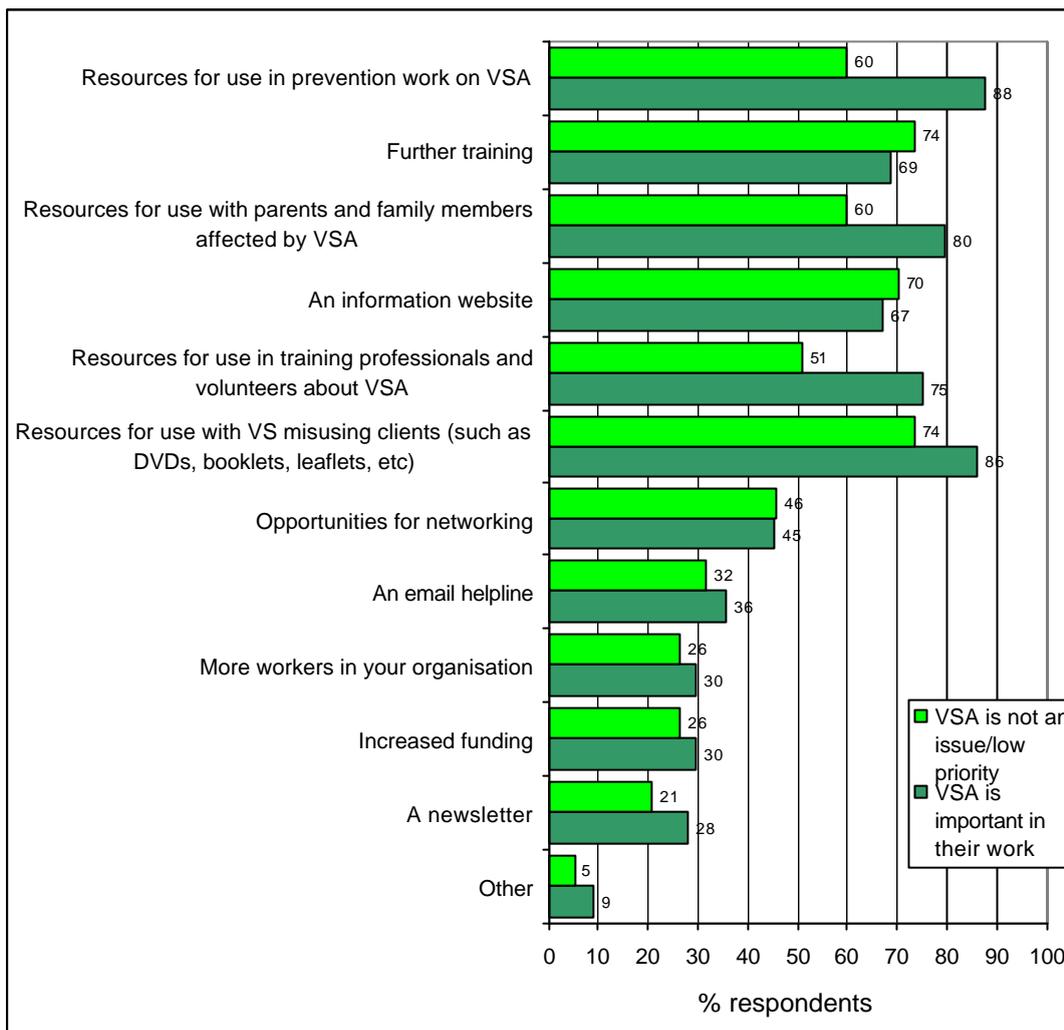
5. What do you need to help you tackle VSA?

Chart A3.11a: What respondents need to help them tackle VSA according to whether or not the focus of their work was drugs/alcohol



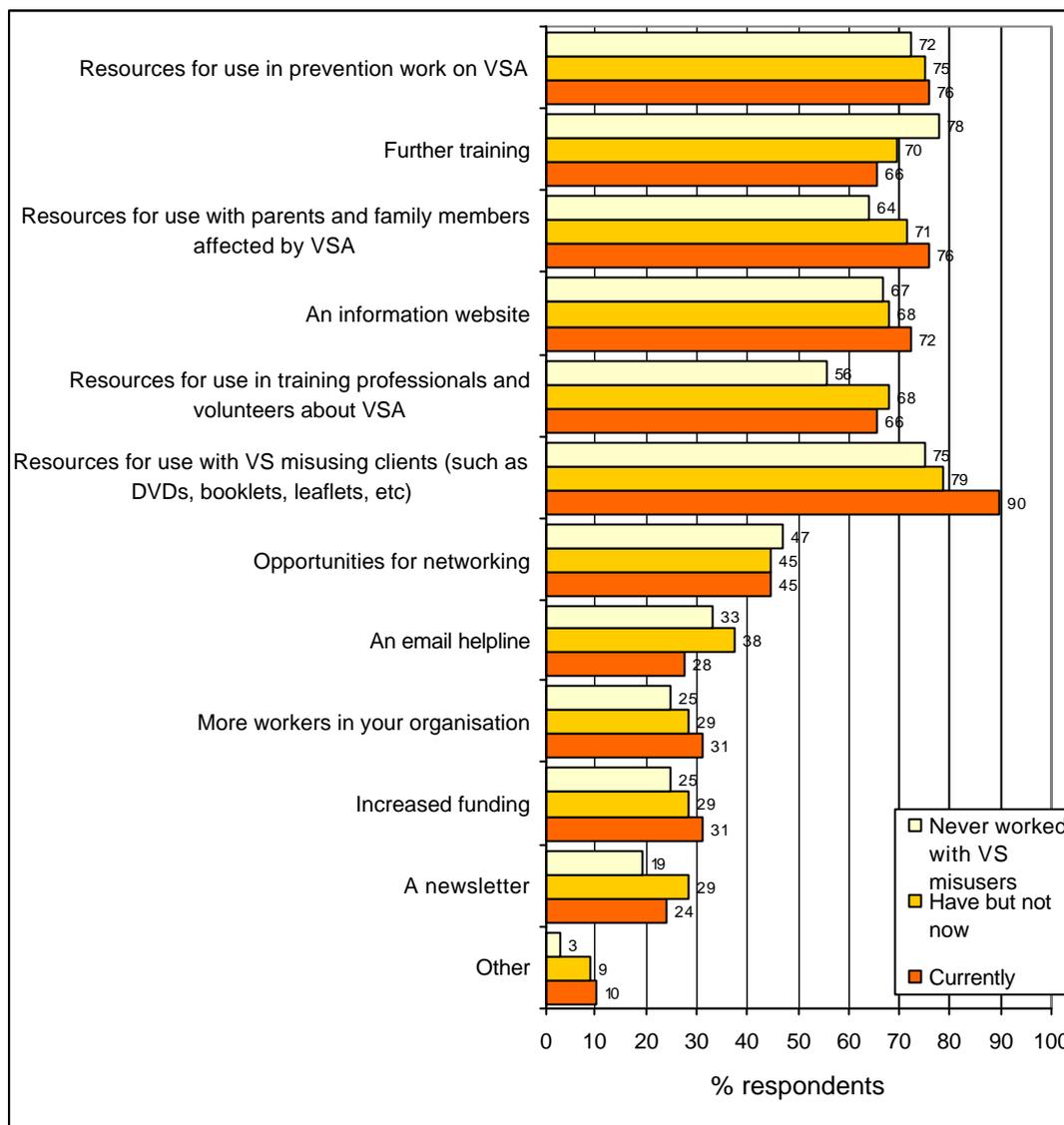
Tackling VSA more effectively by meeting professionals' needs

Chart A3.11b: What respondents need to help them tackle VSA according to whether or not VSA was an important issue in their work



Tackling VSA more effectively by meeting professionals' needs

Chart A3.11c: What respondents need to help them tackle VSA according to whether they were currently working with VS misusers, were no longer working with them or had never worked with them

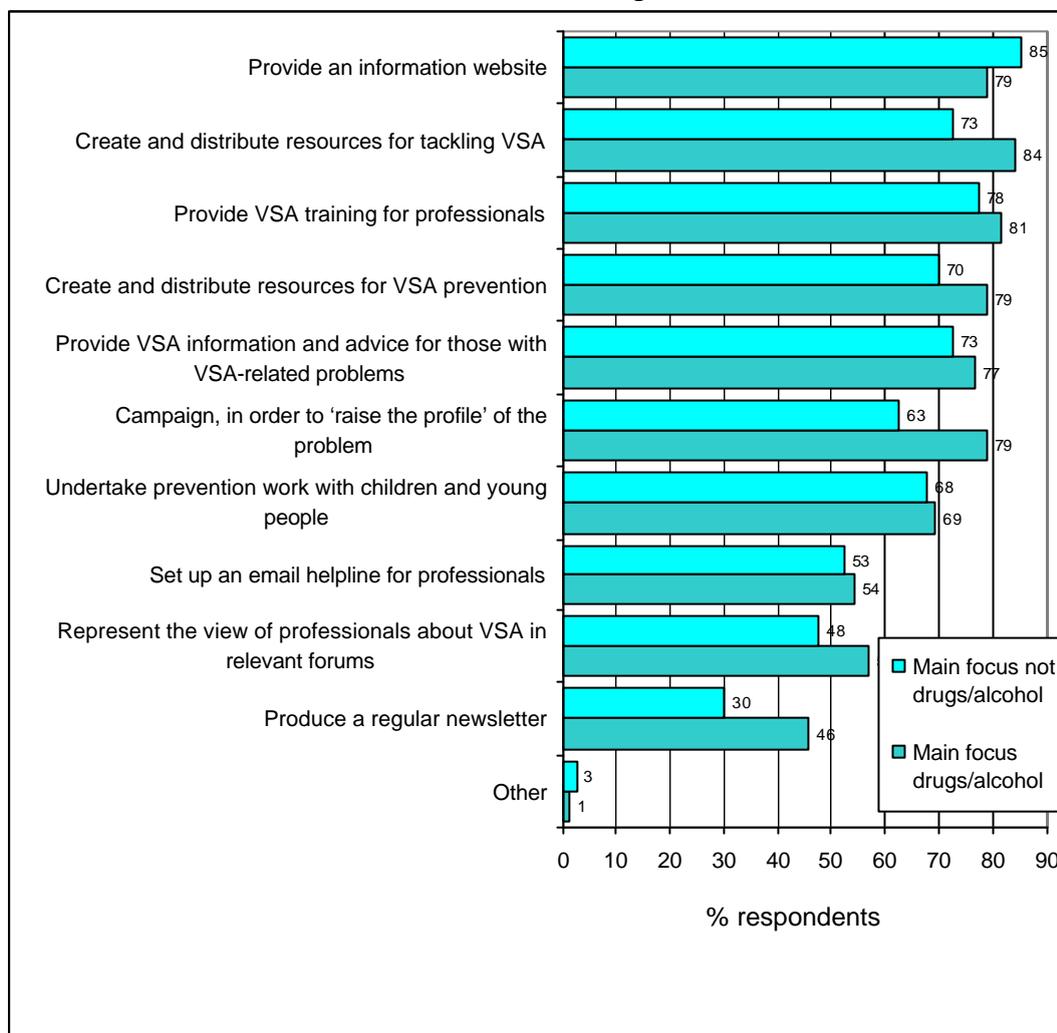


Comment: Respondents who are currently working with VS misusers reported a greater need for 'resources for use with VS misusing clients'.

Tackling VSA more effectively by meeting professionals' needs

6. What can Re-Solv do to help?

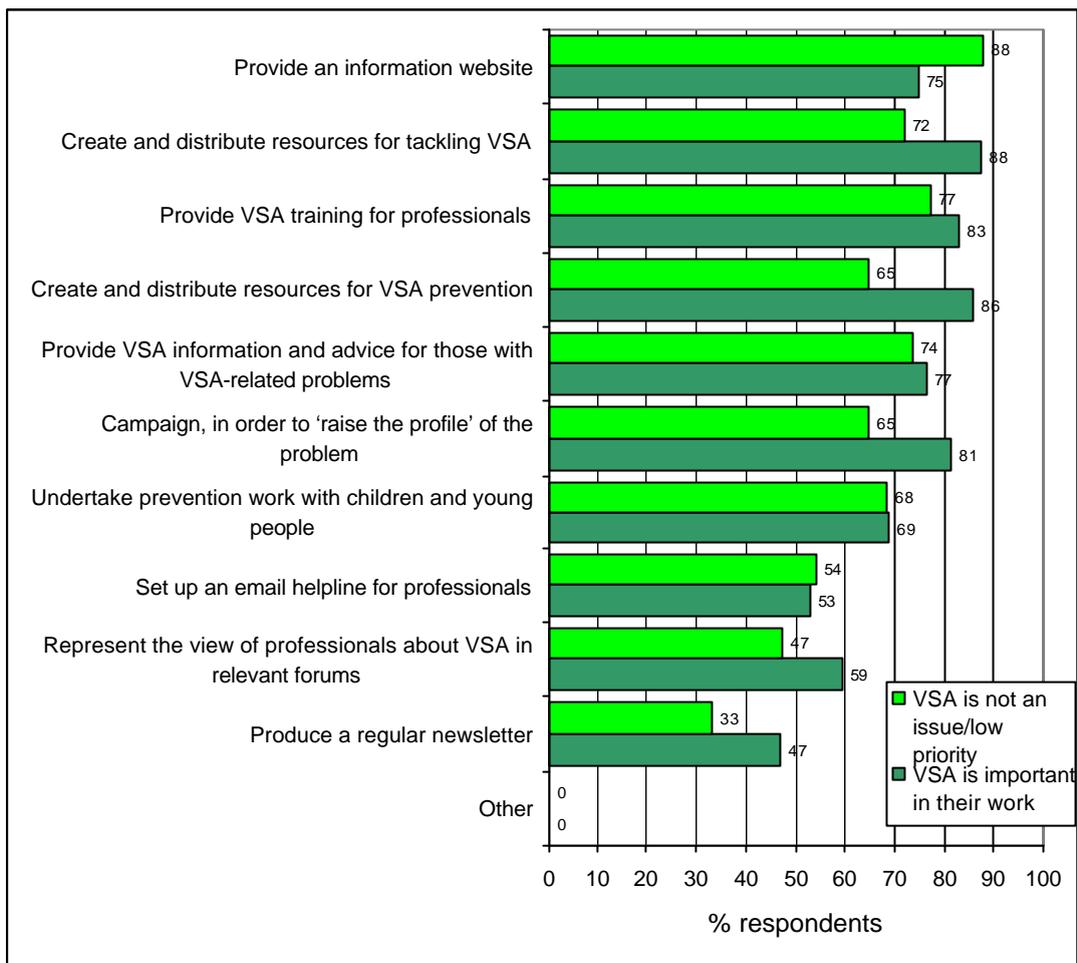
Chart A3.12a: What respondents would like Re-Solv to be doing according to whether or not the focus of their work was drugs/alcohol



Comment: Higher percentages of respondents whose main focus was drugs/alcohol wanted Re-Solv to help in nearly all ways suggested; fewer wanted Re-Solve to 'provide an information website'.

Tackling VSA more effectively by meeting professionals' needs

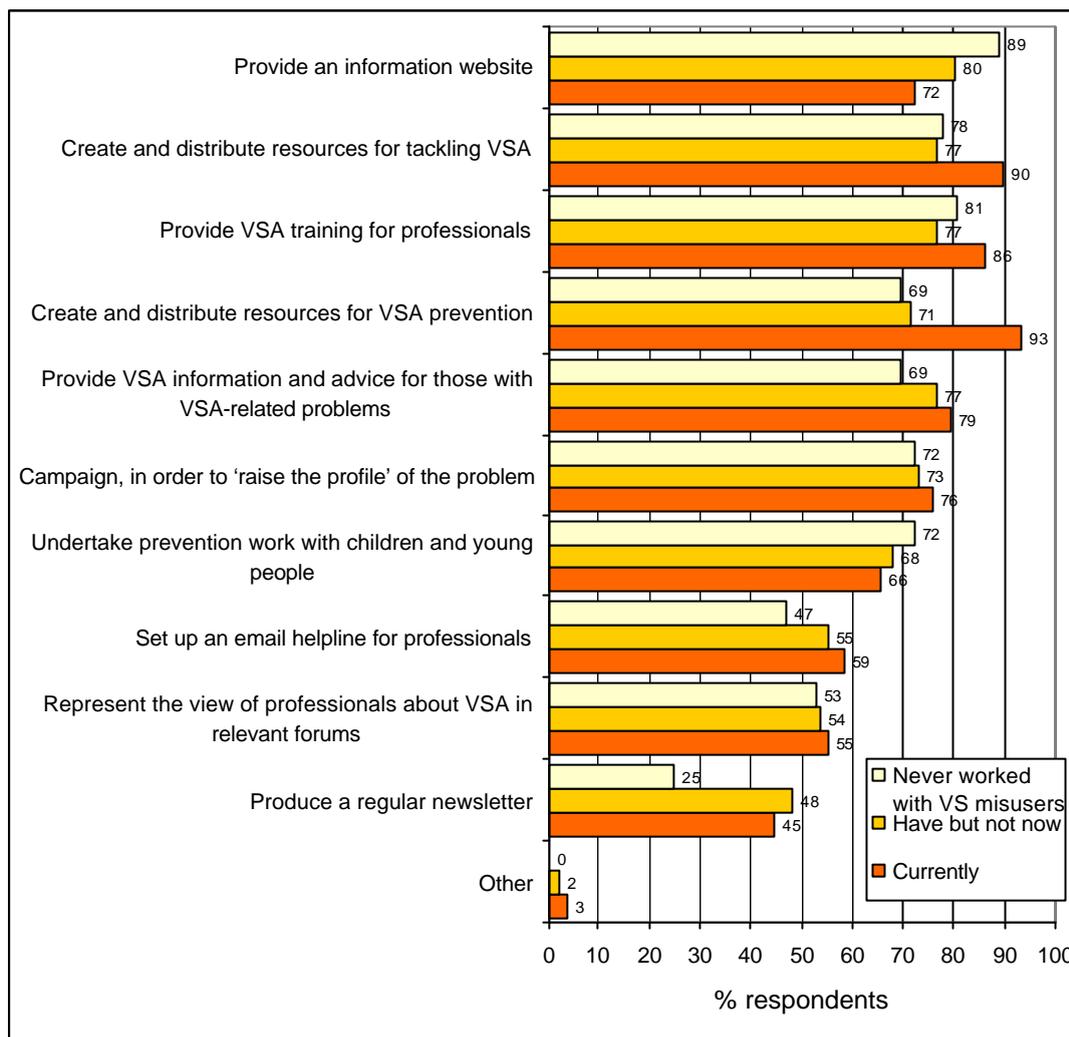
Chart A3.12b: What respondents would like Re-Solv to be doing according to whether or not VSA was an important issue in their work



Comment: Higher percentages of respondents for whom VSA is an issue wanted Re-Solv to help in nearly all ways suggested; fewer wanted Re-Solv to 'provide an information website'.

Tackling VSA more effectively by meeting professionals' needs

Chart A3.12c: What respondents would like Re-Solv to be doing according to whether they were currently working with VS misusers, were no longer working with them or had never worked with them



Comment: A higher proportion of respondents who were currently working with VS misusers wanted Re-Solv to 'create and distribute resources for VSA prevention' and to 'create and distribute resources for tackling VSA' (indicating that they are the people who need this help).

Analysis by Barbara Wyvill March 09

Annex 4 Example: using a Citizen's Jury to discuss a scientific topic

Using a citizen's jury to engage young people in contemporary science

Dr Anita Shaw, Education Director, Techniquest

How far should we be able to go in 'designing' babies? what do those who will be directly affected by any policy decision in this area, today's teenagers, think?

Techniquest, the University of Glamorgan and the Wales Gene Park ran a three-and-a-half day Citizens' Jury for young people aged 16 to 19 years old in September 2004 to respond to the Human Genetics Commission's consultation document, 'Genetics and reproductive decision making' (July, 2004). Anita's presentation and workshop covered:

- how we worked with our target audience, using focus groups and questionnaires to ensure that the project was led by young peoples' interests and concerns in this area
- how we advertised the jury to our target audience and how we told the potential jurors about the project and continued to canvass their opinions
- the parameters used to choose the jury
- how we decided the jury question, 'Designer babies: what choices should we be able to make'
- the dissemination of the verdict to policy makers.

Having listened to Anita's presentation the workshop drew out recommendations for good practice from the model and identified partnerships to take the approach forward.

Recommendations for good practice

- Go to policy makers – feed young peoples views into something bigger
- Citizens jury model can be developed into a toolkit for others to use
- Make sure you use the appropriate facilitators or ensure training for facilitators
- Let young people set the agenda
- Disseminate as widely as possible
- Don't just work with 'experts' work with people who have had a personal experience of the issue
- Remove barriers to participation (pay jurors to attend, cover travel and childcare expenses)
- Jurors should lead on dissemination with support from organisers to give ownership

...

(downloaded from:

www.britishecienceassociation.org/NR/rdonlyres/03F6B1D6-3244-417E-BD4D-F1B99E7E69FB/0/Workshop3b3.pdf)

Annex 5 Some documents created for the work

1. Consultation invitation letter

February 19, 2009

Invitation to London and South East VSA Consultation

Dear Colleagues

It has not gone away.
It is still a challenging topic.
Patterns of use are changing.
We need more knowledge.

– We need your help –

How can we help you?

VSA, Volatile Substance Misuse (the deliberate inhalation of gases, glues aerosols etc to achieve intoxication), remains a problem. The most recent figures record 49 deaths in 2006.

Despite the work of Re-Solv and other dedicated organisations and individuals, VSA continues to be a challenging topic.

There is some evidence that patterns of use are changing, but research evidence is sparse.

Re-Solv, the national VSA charity, has succeeded in obtaining a grant from the Big Lottery Fund Research Programme to enable us to develop the knowledge base – and to improve our ability to respond to the needs of practitioners and policy-makers.

As part of this work, we are organising consultations across the UK. I invite you to attend the London and South-East Consultation.

At this meeting, you will have a chance to discuss with colleagues the current issues in relation to VSA, and to get up-to-date information. We will also want to hear from you what you would like Re-Solv to do to help you do your job.

Each attendee will receive a Youth Workers Activities Pack, a popular Re-Solv resource which retails for £20.

Tackling VSA more effectively by meeting professionals' needs

We have asked Richard Ives of educari, who has a wealth of experience in this area, to facilitate the meeting. Richard will give a brief overview of some of our recent findings on the needs of practitioners.

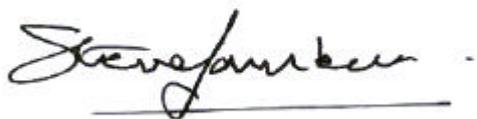
The meeting will be held on Tuesday March 17th 2009 from 10:00 to 12:00 at the offices of **BAMA**, conveniently located near to the Houses of Parliament. Please see location details below. The agenda will be:

- 10:00 Welcome and Introductions
- 10:15 About Re-Solv and its work on this Big Lottery Research Programme
- 10:30 Recent findings on VSA and on Practitioners' needs
- 10:45 Coffee break and informal conversations
- 11:00 What you know
- 11:15 What you need
- 11:30 How Re-Solv can help
- 11:45 Open Forum
- 12:00 End of meeting

I do hope you will join us. To help with our planning, please return the tear-off slip and return in the envelope provided or email information@re-solv.org, or call Stephen Ream on 01785 817885.

I look forward to seeing you there. If you are unable to attend, please delegate someone in your organisation to participate. **Places are limited – Please respond in a timely manner to assure your voice is heard.**

Yours faithfully



Steve Lambert
Director Re-Solv

2. Follow-up Telephone Survey and Consultation Questions

Telephone Survey questions

Thanks for responding to our e-survey. Some follow-up questions....

0. (Clarify what their job is, if necessary)

1. Please describe your current or recent work on VSA.

2. Please tell me, in your own words, how you see the issue of VSA.

(prompt is it similar to, or different from, the misuse of illegal drugs ...)

(prompt: have you noticed any trends in use, substances used, types of people, etc)

(prompt do you see VSA as a 'gateway' to other substances?)

3. And tell me how you think that VSA can best be tackled.

(prompt: what's needed for people to be prevented from using, helped to stop...)

(prompt should harm reduction / risk minimisation methods ever be used)

(prompt further on this one: if not, why not? if yes how?)

4. What do you need to tackle VSA in the work that you do?

5. What resources, *if any* (apart from Re-Solv's) have you used in your work on VSA?
(collect details and their opinions about them)

6. Have you heard of Re-Solv (before we contacted you)?

(if yes) Please describe the organisation in your own words)

7a. Are you familiar with Re-Solv's resources on VSA?

8. Have you ever visited Re-Solv's website?
(if yes) what is your opinion of the website?

9. Have you used any of Re-Solv's VSA resources?

(if yes) Which ones? (probe What do you think of them?(prompt: content, style, approach.)

10. Do you need other resources to assist you in your work in relation to VSA?

(if yes) describe what other resources you need

11. What else can Re-Solv do to help tackle this problem:

- for you directly
- in broader sense?

12. Is there anything else you want to say?

Consultation questions – Re-Solv Staff (Newcastle, Edinburgh and Cardiff)

Collect information on the respondents:

- Sex (M/F)
- Age band (25 or under ; 26-39; 40-59; 60+)
- Job title
- Job location (as appropriate to the post: locality, area, town...) (if small area, get postcode)
- Is theirs mainly a drugs-related post, or broader?
- Do they do face-to-face work with clients, or are they office people?
- Do they have managerial responsibilities?
- What is their involvement in VSA-related work?

(then similarly to above Qs under 'telephone interviews')

Additional questions for Cardiff

- Are there specific Wales-related issues that Re-Solv needs to take into account?
 - (if yes) What?
- Do you need resources in Welsh?
 - (if yes) Which ones?

Consultation questions – London

(As above)

Additional questions for Northern Ireland Consultation

- Are there specific Northern Ireland-related issues that Re-Solv needs to take into account?
 - (if yes, What?)

Richard Ives, 29-01-09, revised 2-03-09

3. Advice on conducting the Consultations

(This guidance was for Re-Solv staff in Wales, Scotland and the North East)

Thanks for being part of this consultation and helping to gather the data we need to assist Re-Solv to respond more effectively to VSA.

Conducting the consultations

Your job is to approach relevant people in your area and probe their opinions and experience about VSA. The list of questions should be taken as a guide. You do not need to follow the order of the questions but try to include all the

areas. Please also collect the demographic data (who they are and what they do, etc), so that we know who is saying what. Explain to the respondents why this work is being done and, at the end, thank them for contribution and tell that that we'll consider carefully what they have told us and that their views will form part of our report which will help Re-Solv to respond better to professionals' needs.

Recording what you learn

Either make a contemporaneous recording or record what you have discovered immediately after the meetings. Even those with the best memories are fallible! (But don't use audio recording – it takes too long to transcribe.)

Reporting to us

We would like to receive one *Word* file from you with the results of your interviews. These should *not* include the names of the respondents, but they *should* include the demographic data. This file should have, separately for each respondent, the responses to each question in the order given in the question list (even if you didn't ask them in that order).

In some cases, your interview may be a bit chaotic, or incomplete, so if you can't write it up like this, don't worry, just write a narrative account, drawing out what you think are the key points.

Please add your own thoughts and comments at any point but clearly distinguish these (perhaps by using a different font, or different colour text).

Please also send us a separate *Word* file with the names of the people you interview, their job titles and the area they come from (we could probably match up the two and work out who said what – but we won't – for data protection reasons).

Contact Steve for further advice.

Thanks! We really appreciate your efforts.

Richard Ives and Steve Ream, March 2009