

# Welcome!



We want people to participate but please use the 'raise hand' facility to ask questions and contribute when others are talking.

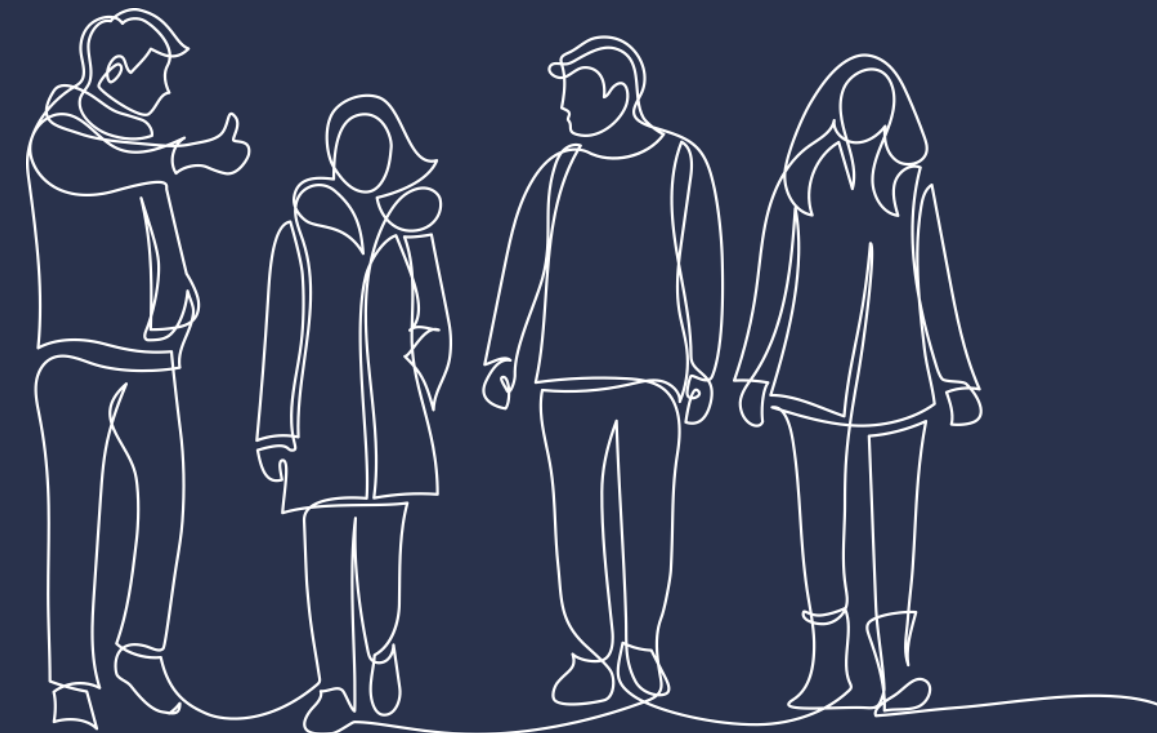
Please be considerate to others - together we want to create a safe, open and reflective space to learn.

You can turn on live captions on by clicking on the 3 dots at the top of your screen if you need this.

The link to the feedback form will be put in the chat.

Please do take the time to complete it after the session.

Thank you!



# Impact of SM use on CYP

THE MATTHEW PROJECT

# Young people

Many young people will experiment with drugs and alcohol – this is not unusual



Some young people will 'grow out' of their drug use



Drug use can take over people's lives and cause immense problems



Some young people may use drugs recreationally for a relatively short time



When a young person makes these decisions, they are also thinking about their friends and the culture they are in.



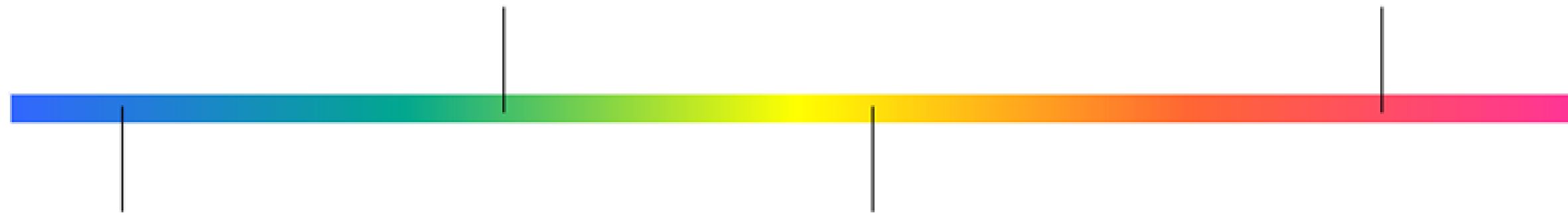
# Spectrum of Psychoactive Substance Use

## Casual/Non-problematic Use

- recreational, casual or other use that has negligible health or social effects

## Chronic Dependence

- Use that has become habitual and compulsive despite negative health and social effects



## Beneficial Use

- use that has positive health, spiritual or social impact:
- e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

## Problematic Use

- use that begins to have negative consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration

Why Do Young People  
Use?

# Why do young people use substances?



Peer pressure, connection, boredom, excitement, enjoyment, coercion.



To take risks, curiosity, to rebel, ease social anxiety, to relax, to forget



Medical reasons i.e. pain relief but also px dependency to avoid withdrawals.



Media and mixed messages, Nitrous Ox, US, Music, Alcohol

Social expectancy/norms with alcohol and cigarettes



Financial advantages, community/upbringing/social norms.



To self-medicate, to forget trauma, to relax, to manage stress, manage anxiety, low mood, psychosis, "to feel".



Who defines it as problematic? The Young Person or people around them



The term 'Co-occurring drug and alcohol conditions' helps us think beyond mental health, including neurodiversity.

- 65% identified as having anxiety/low mood/depression
- 40% expressed having are self-harming or suicidal thoughts.
- 35% were neurodiverse with ADHD and ASD being the most common diagnoses.



## Co-occurring drug and alcohol conditions

- self-medication, to forget trauma, to relax, to manage stress, manage anxiety, low mood, “to feel”.
- Neurodiversity can intersect with problematic substance use. People who are neurodiverse seek self-medication with drugs and alcohol use and/or use them to ‘mask’ their behaviour when amongst neurotypical people.
- Some young people with ADHD experiment with substances. They are also at a greater risk at developing problematic substance use.
- Impulsivity, poor judgment and school troubles that can go along with ADHD may increase the risk for initiating substance use
- However, just because a young person has ADHD does not mean they will have alcohol or drug issues. The key is to be aware of the link between the two.





Vulnerable Groups?

# Vulnerable Groups

**Excluded from school, or who truant on a regular basis**

**Looked after**

**Involved with the youth justice system**

**Involved with safeguarding agencies**

**Has a learning disability or developmental disorder (e.g. ADHD) or any other mental disorder School**

# Vulnerable Groups

**Being Homeless**

**Involved in anti-social behaviours or crime**

**Involved in an accident or who repeatedly presents with a minor injury**

**Under the influence of a substance at school or other settings**

**When their behaviour raises concerns about risk**



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PROJECT

unity

**Where do YP get drugs?**



# Where do YP get drugs

- Internet or dark web
- Buy from street, Illicit or prescription meds.
- Friends/partners.
- Own prescription i.e. Methylphenidate, Gabapentin, Subutex, Benzodiazepines. Not using as prescribed
- Family are Substance users, prescribed or buy to avoid criminality of child.
- Alcohol brought by third party.
- Internet trends
- Lighter fluid

# Protective factors



**Non-using friends**

**Supportive family**

**Clear goals  
& aspirations**

**Views drugs as  
'not for me'**

**Attending school regularly**

**Extra curricular activities**

**Able to communicate  
own feelings**

## Importance of Working Together



- Bring together expertise
- Coordinated working together is essential for better outcomes
- Early identification
- Joint care planning and risk assessing/taking
- Abstinence may not always be possible. Harm minimisation
- Flexibility and consideration to the needs of client group (change phones, unreliable carers, no internet access, poor education)
- Optimism and compassion, hope and persistence
- Progress can be slow
- Offering health education (strengths based), assessing motivation and harm minimisation.
- Working with families and significant others



# Continuum of Needs



Universal
Thriving
Community based
Low Level
Emerging Needs
Primary Prevention
Universal Plus
Inclusion
Getting Advice
Secondary Prevention
Additional Need
Early Help
Getting Help
Targeted
Multiple Needs
Complex
Child in Need
Getting more Help
Statutory
Specialist
Acute
Getting Risk Support
Child Protection





# Impact of Others Substance Misuse on CYP?

**While it is not always the case, substance misuse can have a negative affect on an individual's ability to parent effectively, therefore impacting young people**

**Family, social relationships & identity.**



**Education and cognitive ability.**



**Unsafe environment, toxic substances in the home.**



**Emotional & behavioural development.**



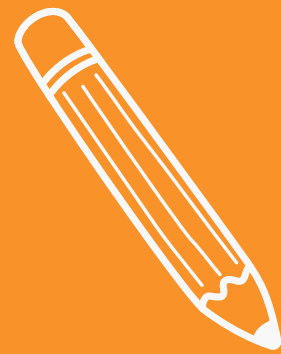
**Poverty, deprivation & inadequate accommodation.**



**Physical & emotional abuse or neglect.**



# Continued... Poor Outcomes



**More likely to experience difficulties at school**



**Anti-Social Behaviour**



**Develop substance misuse problems themselves**

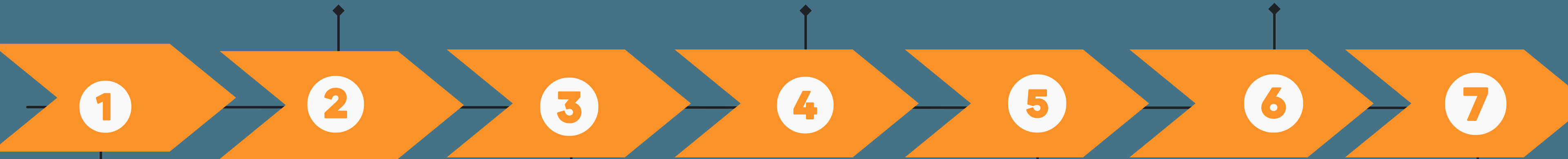


**Flourishing**

**Confidence and  
Self-esteem**

**Engaging in  
Education**

**Positive Family  
Relationships**



**Health and  
Wellbeing**

**Positive  
Friends and  
Community**

**Keeping  
Safe and  
in control**

**Building  
Resilience**

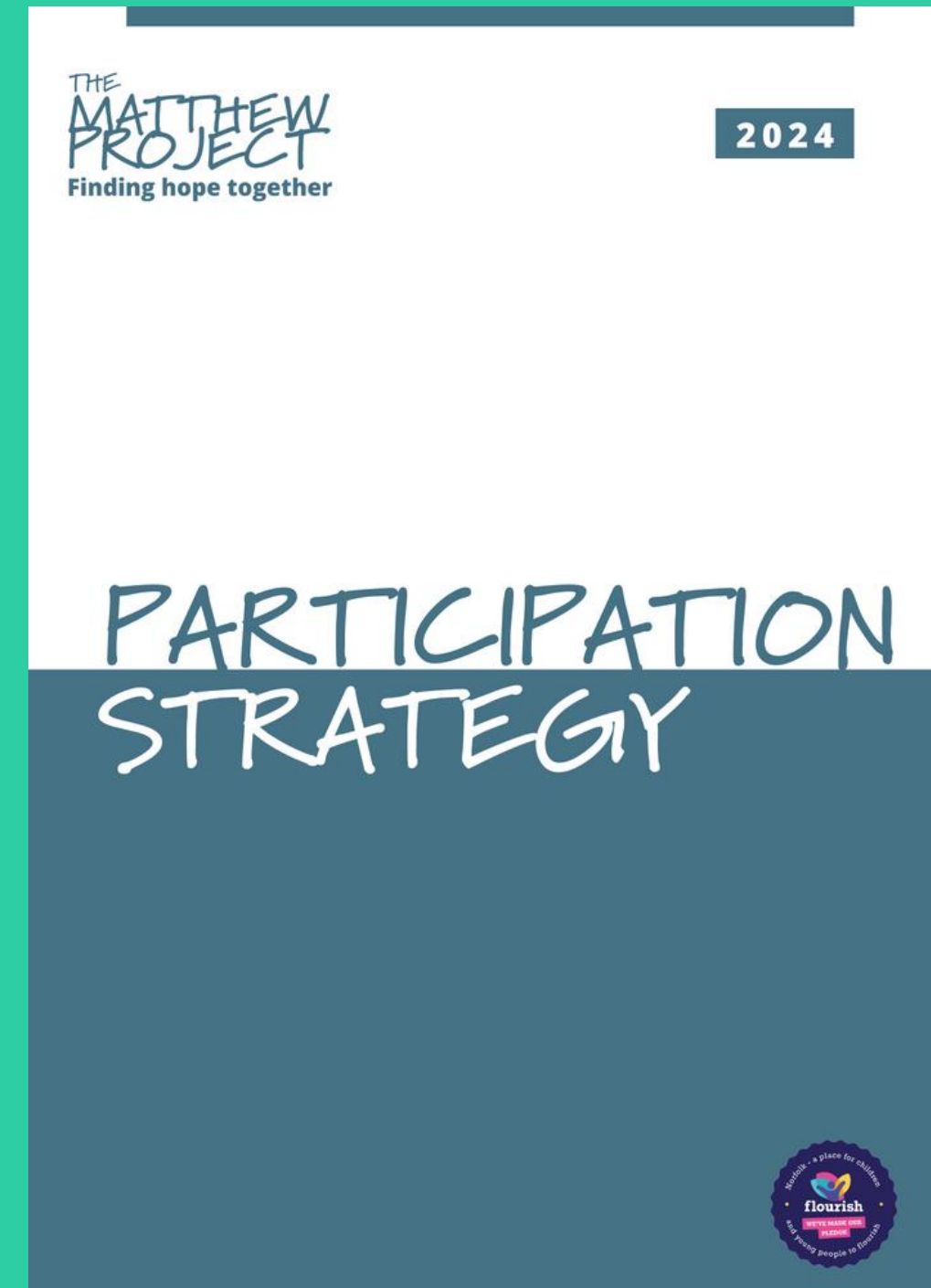
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PROJECT  
Finding hope together

# Opportunities for CYP to Flourish



# Participation

- Young people's voice central to service design, delivery, evaluation and development.
- Advisory Groups
- Midpoint and end of service survey
- Snapshot survey
- Norfolk Participation Network - young people involved in making county wide decisions.
- One to one feedback with a staff member
- Work experience for young people outside of our service (ages 16 - 18)
- Young people panel for interviews



*Aimed at young people*



# Award Winners

We have aligned our work to Flourish and have made the following Pledge

“The Matthew Project pledges to continue helping children and young people flourish. For our pledge this year we will create and develop opportunities for young people in our service to have a direct link to our Board of Trustees.

This will enable our service users to influence and help shape what we do through co-design and production. This gives young people a voice, enabling them to develop their knowledge and skills which will benefit them throughout their lives.”

Safe & Secure Flourish Award 2023 Winner







**Drug and alcohol support for  
young people in Norfolk**



# Our Charity



**Young People Services**

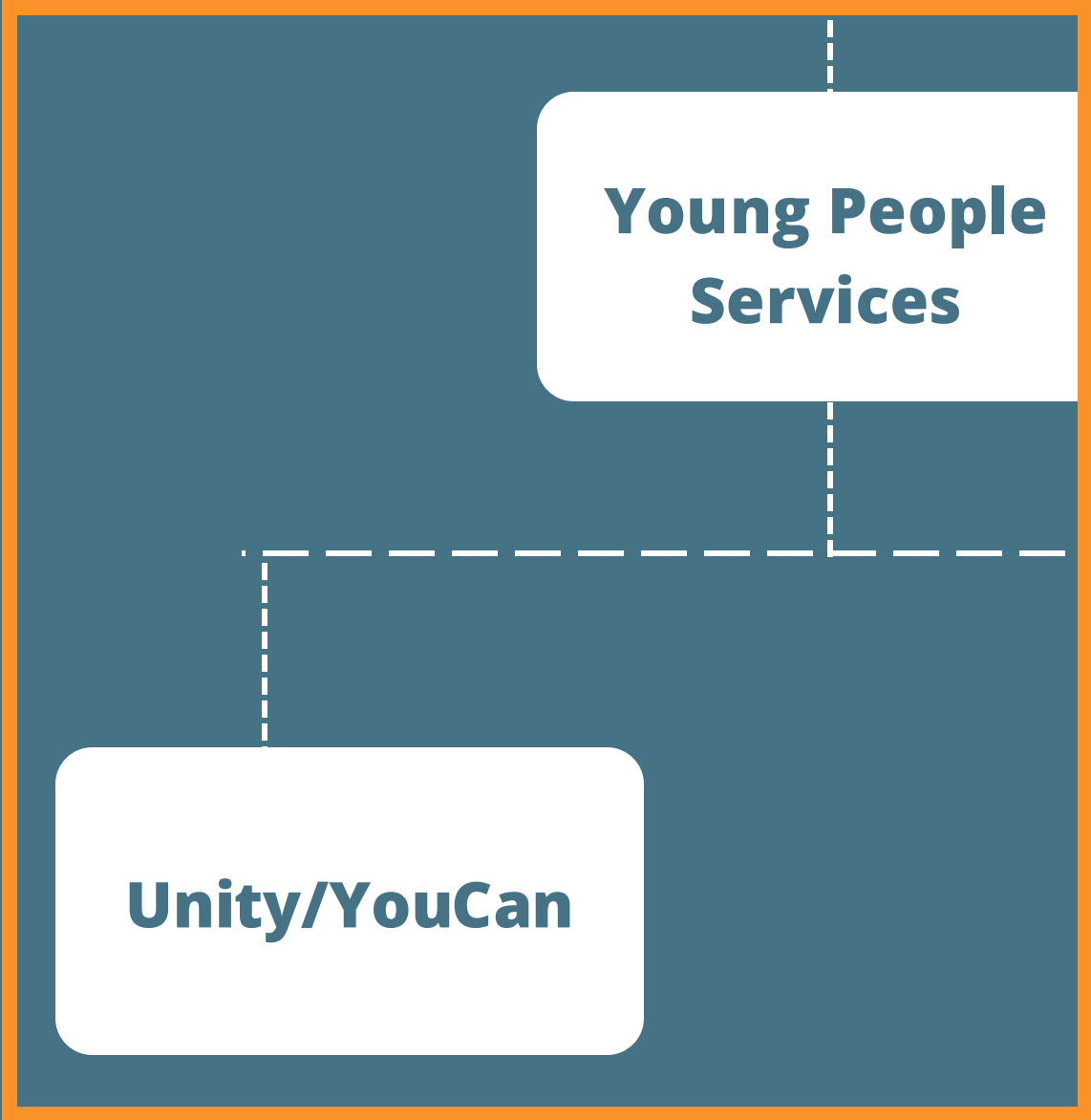
**Adult Services**

**Unity/YouCan**

**On Track**

**Next Steps**

**Outside The wire**





# REFERRAL CRITERIA

- Aged under 19 and lives in Norfolk
- Wants to reduce their own drug/alcohol use or affected by a family members use.
- Parent/carer consent for under 13 years
- Consent from the young person



# YP SM Screening Tool

# Other questions to consider

Do other people around you think it is a problem?

Do you find it difficult to stop using?

Has your use of substances stopped you doing something you wanted to do?

And / or very open questions, "tell me about your substance use". "How would you describe your use of substances"

Other perspectives: If your friend / parent were here what might they say?



# UNITY/YouCan TEAM AT THE MATTHEW PROJECT

## DRUG AND ALCOHOL SUPPORT FOR YOUNG PEOPLE UNDER 19 IN NORFOLK



### Substance Misuse and YouCan

Struggling with drug/alcohol use that either they are using or have a family member who is using.



### 1-2-1 with a worker

Providing regular support, information, and safety advice.



### Location

Meeting face to face where the child or young person feels safe and comfortable.



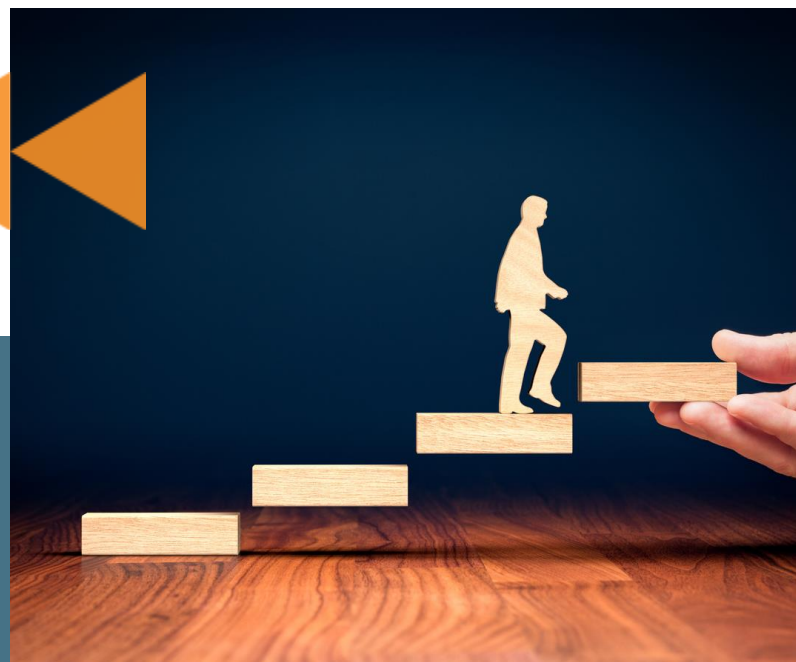
### Contact

Being flexible with how we contact a child or young person. This can be via phone calls, text or emails.



# SUBSTANCE MISUSE

## DRUG AND ALCOHOL SUPPORT FOR YOUNG PEOPLE WITH ISSUES AROUND SUBSTANCE MISUSE



Motivational techniques to facilitate reduction or abstinence.



Education around substances and their impact



Harm reduction techniques & Relapse Prevention



Sexual health advice, C-Card services & BBV + Hep B Screening

# SUBSTANCE MISUSE REFERRAL FORM



Address: 70-80 Oak Street, Norwich NR3 3AQ  
 Email: [enquiries@matthewproject.org](mailto:enquiries@matthewproject.org)  
 Tel: 01603 626123

## Drug/Alcohol Use Third Party Referral form

You can view our GDPR statement and confidentiality here - [Privacy & Safety Info](#)

Please email [unity@matthewproject.co.uk](mailto:unity@matthewproject.co.uk) with the completed form or with any questions you may have.

### Part 1: Information we need

Referral Date:	
Does the young person consent to the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, consent must be sought before we can accept the referral.
If the young person is under 13, parental consent is required. Does the parent/carer consent to the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, consent must be sought before we can accept the referral. If not, why?
If the young person is over 19, please give details about learning disability or vulnerability:	
<b>Young Person Details:</b>	
Full Name:	
What would the young person like to be called?	
Preferred Pronouns:	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> She/Them <input type="checkbox"/> He/Them <input type="checkbox"/> Other, please specify:
Date of Birth:	
Contact Number:	
Is this contact number for the young person or a parent/guardian?	
How would the young person like to be contacted? <i>E.g. phone, text, email, or via parents/carers</i>	
Email Address:	
Address:	
Postcode:	
Does the young person have any access requirements? <i>Physical (wheelchair access), mentally (anxiety), or culturally</i>	
Young Carer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality: <i>E.g. British, Portuguese</i>	

Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, preferred language:						
<b>Guardian Details:</b>							
Parent/Carer Name:							
Relationship:							
Contact Number:							
Contact Info e.g. best time to call:							
<b>Referrer Details:</b>							
Name of Referrer:							
Relationship to Client:							
Name and Address of Organisation:							
Contact Number:							
Contact Info e.g. best time to call:							
Email Address:							
Initial contact arrangements e.g. will referrer set up the first appointment, contact young person directly:							
<b>Referral information:</b>							
Reason for referral/additional information:							
<ul style="list-style-type: none"> <li>• What happened to prompt referral?</li> <li>• What are they using?</li> <li>• How much/how often?</li> <li>• How long have they been using?</li> <li>• Ask about friends, family, positive and negative things.</li> <li>• What are they worried about?</li> <li>• What does <i>you</i> think about their behaviour/drug use?</li> <li>• What do parents think?</li> <li>• What has happened so far for support?</li> <li>• Mental health?</li> <li>• Police? YOT?</li> <li>• School/college support?</li> <li>• What does <i>you</i> hope to get from our service? YP views. (check <i>you</i> has actually said why they want support)</li> <li>• If appropriate, any CRR/CGR/risk screening</li> <li>• Any witnessing/experiencing domestic abuse/ ACE's we should be aware of?</li> </ul>							
Substance	Frequency	Quantity	Route	Cost	Last used	Age first used	Prescribed
1							
2							
3							
Has the young person ever injected?				<input type="checkbox"/> Previously <input type="checkbox"/> Currently <input type="checkbox"/> Never <input type="checkbox"/> Client declined to answer			



# SUBSTANCE MISUSE REFERRAL FORM



Has the young person injected in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any potential risks or concerns?	<i>Also</i> any risks to worker doing home visit, is it recommended or are there other people there who aren't safe? Any pets? (allergies, dog bites etc.)
<b>Multi-Agency:</b>	
Is the family receiving any statutory interventions?	<input type="checkbox"/> Section 17 – Child in Need <input type="checkbox"/> Section 47 – Child Protection <input type="checkbox"/> LAC <input type="checkbox"/> FSP <input type="checkbox"/> Other Children Services Involvement <input type="checkbox"/> No <input type="checkbox"/> Not known
Lead Professional/Social Worker:	
Are there any other services involved with the family? E.g. young carers	<i>Young Carers, education, Early help etc</i>
Which education provision is the child/young person attending?	
How did you hear about us?	<input type="checkbox"/> Our <a href="#">Website</a> <input type="checkbox"/> Another organisation website <input type="checkbox"/> Internet search <input type="checkbox"/> Social Media <input type="checkbox"/> Event <input type="checkbox"/> A friend told you about us <input type="checkbox"/> A professional told you about us (e.g. teacher, social worker) <input type="checkbox"/> Poster/Leaflet <input type="checkbox"/> Other, please give details:
<b>Young Person's GP details:</b>	
GP Surgery:	
Phone number:	
Address:	

## Part 2: Equality, Equity, and Diversity Questions

Equality, Diversity and Inclusion (This section is optional):	
All the questions in this section are voluntary, so you can leave it blank if you prefer. The reason we ask these questions is to monitor equality across our projects and make sure that everyone is treated fairly. <b>If you are a referrer, please complete this section with the young person's details.</b> (Please complete only if you are happy to do so)	
How do you describe yourself?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other Gender (if other, please specify):
Does your gender differ from the gender you were assigned at birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you consider yourself to be:	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Prefer not to say <input type="checkbox"/> <u>Other</u> (if other, please specify):
Ethnicity (Please circle the one that applies):	<input type="checkbox"/> <b>Asian or Asian British</b> (Bangladesh, Chinese, Indian, Pakistani, Any other Asian background) <input type="checkbox"/> <b>Black, Black British, Caribbean or African</b> (African, Caribbean, Any other Black, Black British, or Caribbean background) <input type="checkbox"/> <b>Mixed or multiple ethnic groups</b> (White and Asian, White and Black African, White and Black Caribbean, Any other Mixed or multiple ethnic background) <input type="checkbox"/> <b>White</b> (English / Welsh / Scottish /Northern Irish / British, Irish, Gypsy or Irish Traveller, Roma, Any other White background) <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/> <b>Other ethnic Group</b> (Arab/Any other ethnic group) (if other, please specify):
Religious beliefs:	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other religion (if other, please specify):





# Targeted Groups

Additionally, for targeted groups of young people who have increased vulnerability to substance misuse we can provide structured and unstructured educational sessions

Tailored to the needs of each group.

Sessions can be delivered at a venue of your choice, including education establishments, youth groups and online, the length of these session can be negotiated based on the needs of each individual group.





# YouCan

## SUPPORT FOR YOUNG PEOPLE AFFECTED BY A FAMILY MEMBERS SUBSTANCE MISUSE



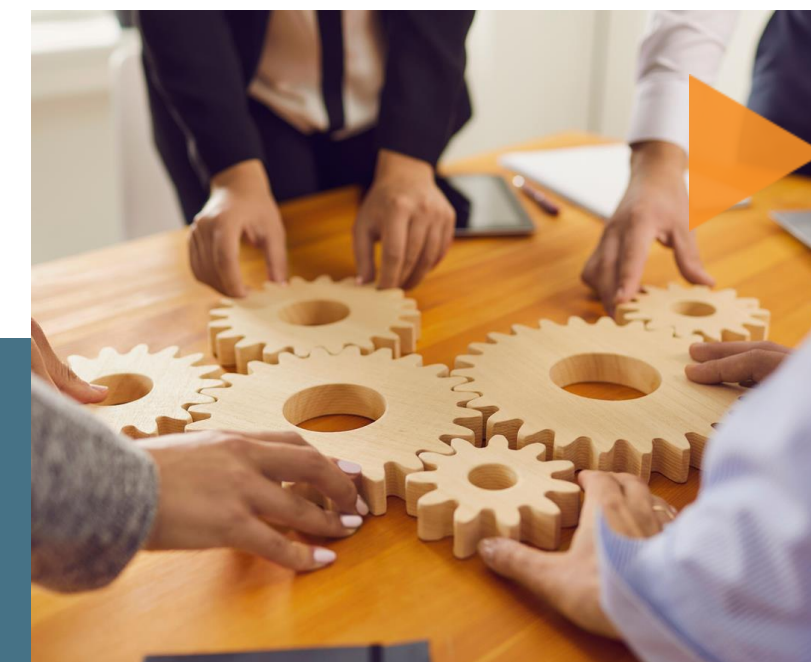
**Tailored 1-2-1  
support with a  
worker to meet  
their needs**



**Access to  
positive/skills  
activities to build  
confidence and  
self-esteem**



**Offer a space to  
talk and aid  
understanding of  
their experiences**



**Working closely  
with other agencies  
to build support**



# AFFECTED OTHERS REFERRAL FORM

## Affected Other Third Party Referral Form

You can view our GDPR statement and confidentiality here - [Privacy & Safety Info](#)

Please email [youcan@matthewproject.co.uk](mailto:youcan@matthewproject.co.uk) with the completed form or with any questions you may have.

### Part 1: Information we need

Referral Date:	
Does the young person consent to the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No - if no, consent must be sought before we can accept the referral.
If the young person is under 13, parental consent is required. Does the parent/carer consent to the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, consent must be sought before we can accept the referral. If not, why?
If the young person is over 19, please give details about learning disability or vulnerability:	
<b>Young Person Details:</b>	
Full Name:	
What would the young person like to be called?	
Preferred Pronouns:	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> She/Them <input type="checkbox"/> He/Them <input type="checkbox"/> Other, please specify:
Date of Birth:	
Contact Number:	
Is this contact number for the young person or a parent/guardian?	
How would the young person like to be contacted? <i>E.g. phone, text, email, or via parents/carers</i>	
Email Address:	
Address:	
Postcode:	
Does the young person have any access requirements? <i>Physical (wheelchair access), mentally (anxiety), or culturally</i>	
Young Carer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality: <i>E.g. British, Portuguese</i>	
Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, preferred language:

<b>Guardian Details:</b>	
Parent/Carer Name:	
Relationship:	
Contact Number:	
Contact Info e.g. best time to call:	
<b>Referrer Details:</b>	
Name of Referrer:	
Relationship to Client:	
Name and Address of Organisation:	
Contact Number:	
Contact Info e.g. best time to call:	
Email Address:	
Initial contact arrangements e.g. will referrer set up the first appointment, contact young person directly:	
<b>Referral Information:</b>	
Reason for referral/additional information:	
<ul style="list-style-type: none"> <li>• What happened to prompt referral?</li> <li>• How is <i>yp</i> affected?</li> <li>• Ask about friends, family, positive and negative things.</li> <li>• What are they worried about?</li> <li>• What is <i>yp</i> worried about?</li> <li>• Does the user acknowledge the impact on <i>yp</i>?</li> <li>• What has happened so far for support?</li> <li>• Mental health?</li> <li>• Police? YOT?</li> <li>• School/college support?</li> <li>• What does <i>yp</i> hope to get from our service? YP views.</li> <li>• If appropriate, any <i>csa/ccs</i> risk screening</li> <li>• Any witnessing/experiencing domestic abuse/ ACE's we should be aware of?</li> </ul>	
Impact on young person:	<i>How is the situation affecting <i>yp</i>? (behaviour, emotional, stability in housing and finances, school etc.)</i>
Young person's viewpoint:	<i>What have they said – YP's words. Do they want support? What needs to change?</i>

# AFFECTED OTHERS REFERRAL FORM



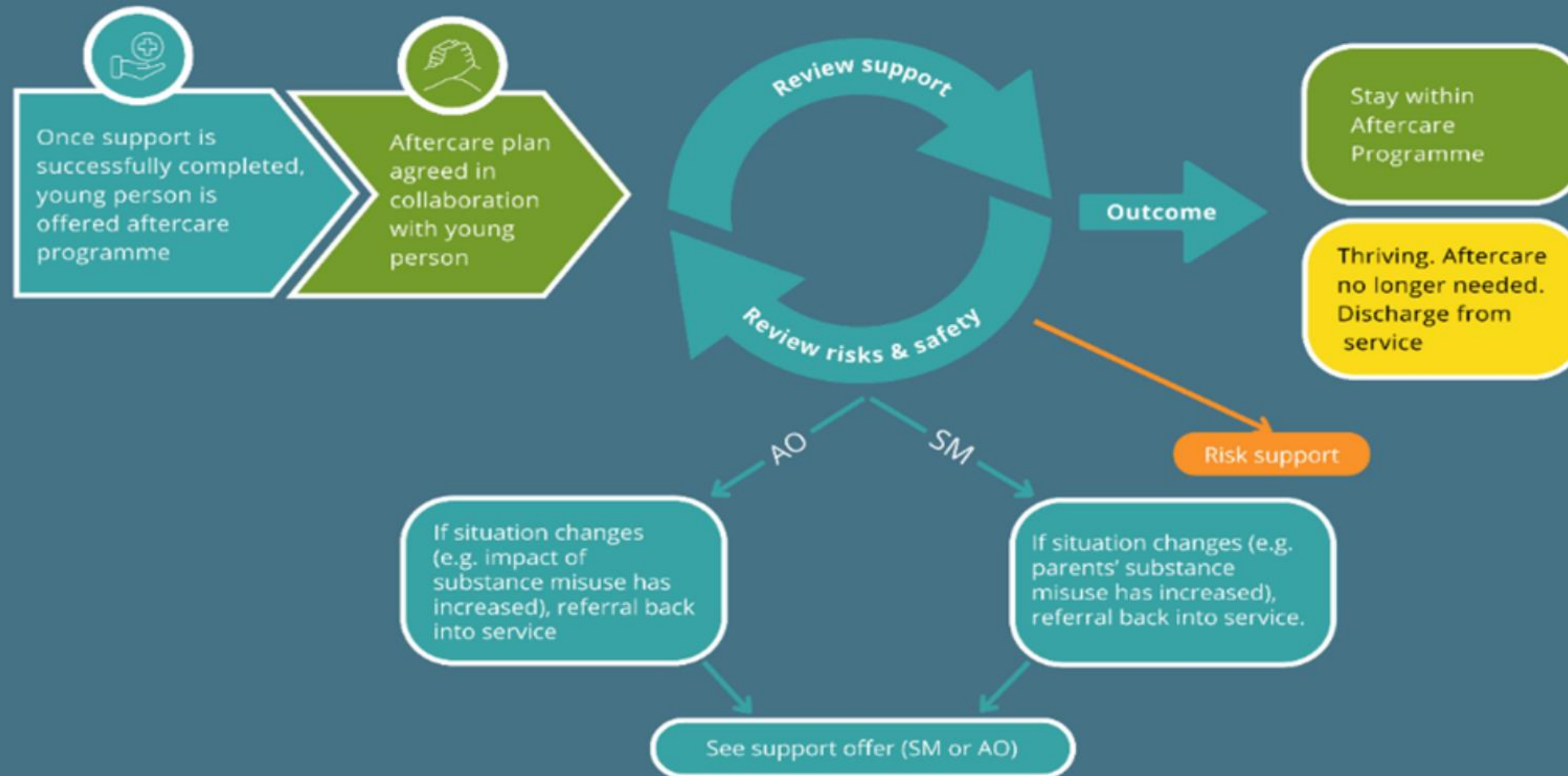
Any potential risks or concerns?	<u>Also</u> any risks to worker doing home visit, is it recommended or are there other people there who aren't safe? Any pets? (allergies, dog bites etc.)
Who is the user?	<input type="checkbox"/> Parent <input type="checkbox"/> <u>Step Parent</u> <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
Gender of the user:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Other Gender, please specify: <input type="checkbox"/> Prefer not to say
Is the user living with family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the user aware of the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Type 1:	<input type="checkbox"/> Current <input type="checkbox"/> Historical
Substance Type 2:	<input type="checkbox"/> Current <input type="checkbox"/> Historical
Substance Type 3:	<input type="checkbox"/> Current <input type="checkbox"/> Historical
Other information about substance use:	
Is the user currently receiving support for their substance use?	<input type="checkbox"/> Yes, please give details: <input type="checkbox"/> No
<b>Multi-Agency:</b>	
Is the family receiving any statutory interventions?	<input checked="" type="checkbox"/> Section 17 – Child in Need <input type="checkbox"/> Section 47 – Child Protection <input type="checkbox"/> FSP <input type="checkbox"/> Other Children Services Involvement <input type="checkbox"/> No <input type="checkbox"/> Not known
Lead Professional/Social Worker:	
Are there any other services involved with the family?	<u>Young Carers, education, Early help etc.</u>
Which education provision is the child/young person attending?	
How did you hear about us?	<input type="checkbox"/> Our <u>Website</u> <input type="checkbox"/> Another organisation website <input type="checkbox"/> Internet search <input type="checkbox"/> Social Media <input type="checkbox"/> Event <input type="checkbox"/> A friend told you about us <input type="checkbox"/> A professional told you about us (e.g. teacher, social worker) <input type="checkbox"/> Poster/Leaflet <input type="checkbox"/> Other, please give details:

## Part 2: Equality, Equity, and Diversity Questions

<b>Equality, Diversity and Inclusion (This section is optional):</b>	
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Does your gender differ from the gender you were assigned at birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you consider yourself to be:	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Prefer not to say <input type="checkbox"/> <u>Other</u> (if other, please specify):
Ethnicity (Please circle the one that applies):	<input type="checkbox"/> <b>Asian or Asian British</b> (Bangladesh, Chinese, Indian, Pakistani, Any other Asian background) <input type="checkbox"/> <b>Black, Black British, Caribbean or African</b> (African, Caribbean, Any other Black, Black British, or Caribbean background) <input type="checkbox"/> <b>Mixed or multiple ethnic groups</b> (White and Asian, White and Black African, White and Black Caribbean, Any other Mixed or multiple ethnic background) <input type="checkbox"/> <b>White</b> (English / Welsh / Scottish / Northern Irish / British, Irish, Gypsy or Irish Traveller, Roma, Any other White background) <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/> <b>Other ethnic Group</b> (Arab/Any other ethnic group) (if other, please specify):
Religious beliefs:	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other religion (if other, please specify):



# Both Services - Aftercare



# Unity

Our priority is to prevent relapse and will form the main element of the aftercare program. This will include:

- Triggers
- Support networks
- Healthy coping strategies
- Substance risk update where appropriate (eg Nitazines)

Where appropriate, be involved in participation. The aftercare program will also enable us to see if there has been changes in their substance use and whether a re-referral is needed into specialist support.

# YouCan

Our priority is to sustain resilience they have built during structured support.

- Coping skills
- Stress management,
- Safety Plans
- Problem solving
- Access to other support services
- Community groups.

CYP will have continued access to the skills program and any other future groups, including advisory groups/participation. CYP will also have the opportunity to be part of the peer-to-peer support. With the YouCan aftercare support we will establish if there has been any changes in their care givers SM and whether the CYP needs a referral into getting more help.



# LIVE CHAT

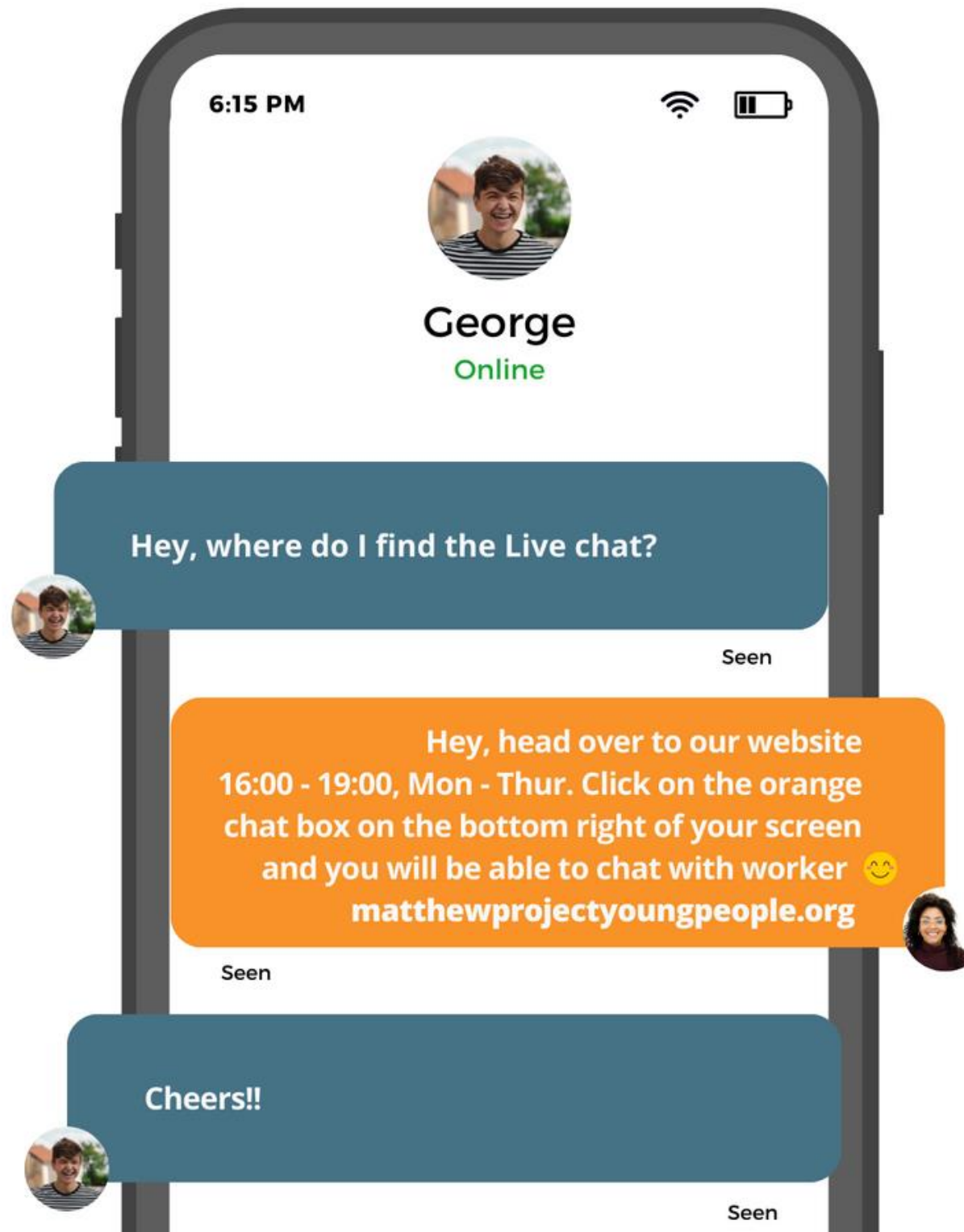
SEND QUESTIONS ANONYMOUSLY VIA DEVICES INCLUDING A MOBILE PHONE, TABLET OR LAPTOP, TO AN EXPERT WHO WILL PROVIDE IMMEDIATE HELP AND ADVICE.



Monday to  
Thursday  
16:00 - 19:00



For 13 yrs or  
older only.



Access via  
website





THE  
MATTHEW  
PROJECT

unity



## PROFESSIONALS

- A collaborative approach working closely with other organisations supporting the young person.
- Drug and alcohol Training, awareness sessions and seminars.
- Advice, guidance and information to professionals where there is a concern regarding a CYP.
- Access to screening Tool.

# Newsletter

Link for Professionals' Newsletter for  
the latest news from the YouCan  
and Unity services





# Contact Us



Advice line:  
0800 970 4866 9:00 - 17:00,  
Mon - Thur 9:00 - 16:30 (Fri)



Unity@matthewproject.org  
YouCan@matthewproject.org

[matthewprojectyoungpeople.org](https://matthewprojectyoungpeople.org)

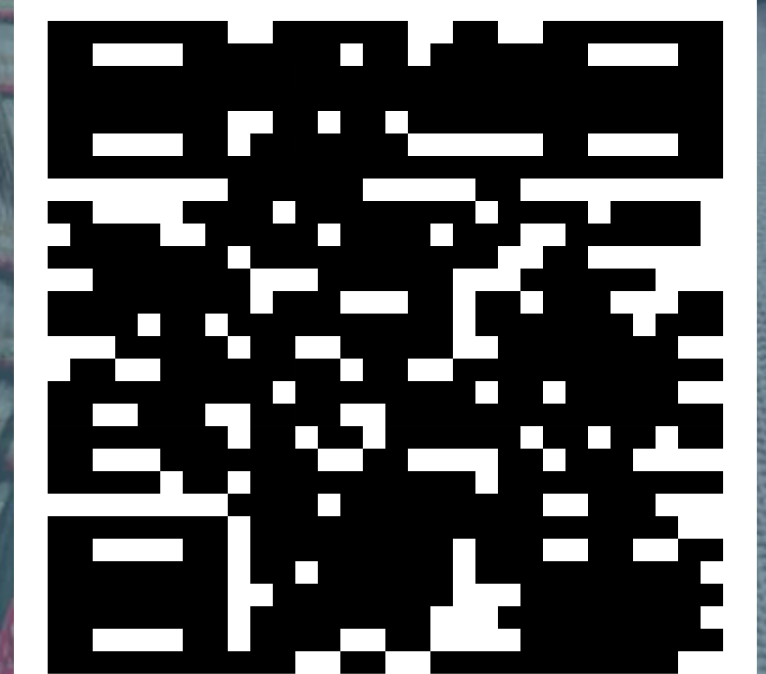


**WEBSITE**



@TMPyoungpeople

THE  
MATTHEW  
PROJECT  
**unity**





# Thank You!





Please let us know what you think



<https://forms.office.com/e/PqVNki3HUA>

