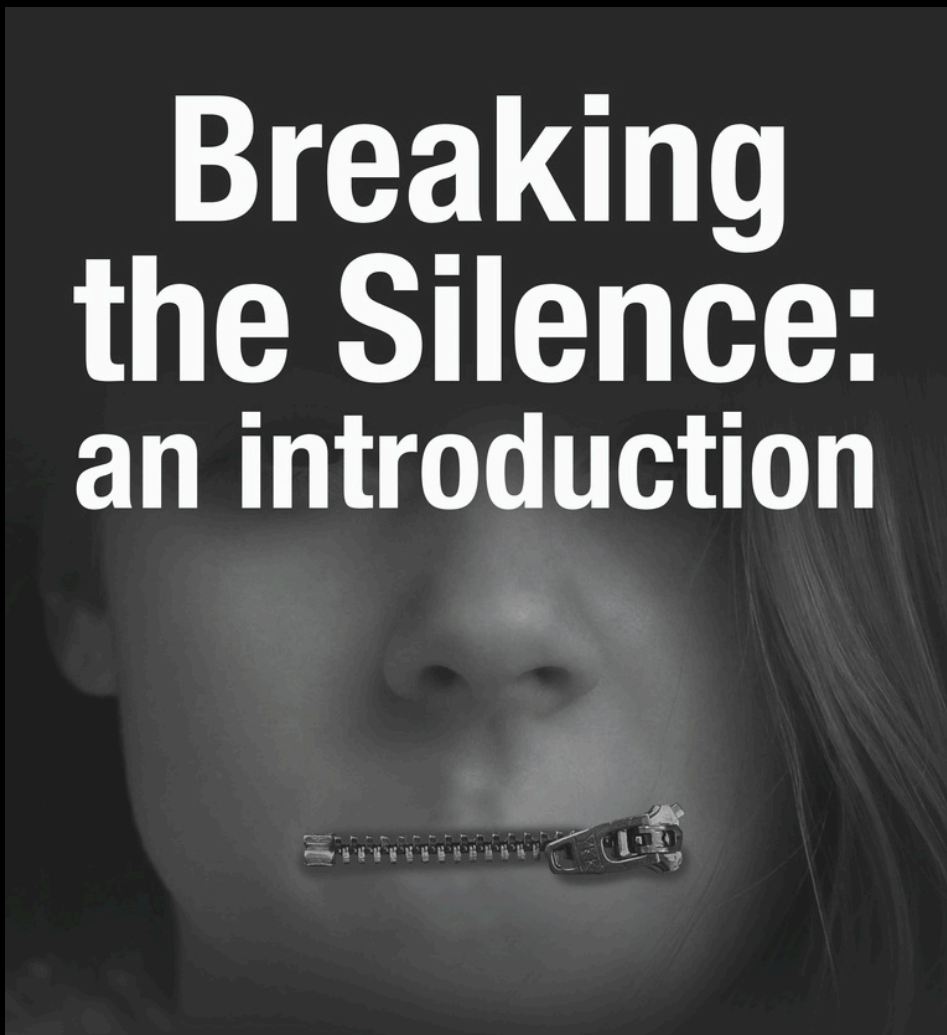




BREAKING THE SILENCE

Peer-led research into how young people are affected
by a drug related death

Breaking the Silence: an introduction



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Introduction

Scotland has one of the highest rates of drug-related deaths (DRDs) (accidental or non-accidental death caused by poisoning involving drugs classified under the misuse of drugs act 1971), in Europe. These deaths are caused by overdoses, and many of the people who die are parents. A smaller number are young people themselves. When someone dies from drugs, it doesn't just affect them – it has a big impact on their children, friends, family, and the wider community.

The Scottish Government has said that protecting and supporting children and young people affected by alcohol and drugs is a top priority.

There are national plans that aim to:

- Keep children safe and supported when parents use alcohol or drugs.
- Prevent and reduce more drug deaths.
- Improve access to treatment and support for adults, young people, and families.

In Fife, drug-related deaths have had a serious impact on children and families. The people who died were parents, siblings, aunts, uncles, cousins, friends and some had children living with them at the time of death. This shows how deeply DRDs affect young people's lives. (46% of the DRDs in Fife had a child under 16 years old in 2023).

There has been a lot of research into how drug and alcohol use affects families and how people cope with bereavement, but most of this has focused on adults. Very little research has looked at how young people experience the loss of a parent, friend, or family member because of drugs or alcohol.

What we do know is that bereavement linked to drugs and alcohol can bring up complicated feelings like anger, guilt, shame, helplessness, and stigma. Young people often feel misunderstood and may struggle to get the right support.

Until now, no research has directly explored how drug-related deaths affect young people aged 12-25 years old in Fife, and none have been led by young people themselves. The Clued Up Youth Forum in Fife wanted to change this. They were concerned about the impact of DRDs on young people and wanted to make sure their voices were heard. The group led a research project to explore what support young people need after losing someone to drugs.

This work is important because young people affected by DRDs can face extra challenges in life, such as mental and physical health problems, difficulties with school or work, and not feeling able to engage with services.

By leading this research themselves, young people are helping to shine a light on their experiences and shape better support for the future.

OUR STORY

Why We Did This Research

Over the past 10 years in Scotland, more than 10,000 people have died as a result of drug overdose, that's 2.98 per day.

Each of those people mattered. They were someone's child, parent, sibling, or friend. Their deaths left huge gaps in families, friendships, and communities.

When someone dies because of drugs, it's not just about one tragic moment. Often, it's the result of a lifetime of being let down – by systems, services, and society.

In 2021, the government promised **£250 million** to tackle Scotland's drug deaths. But none of this was aimed at helping young people affected by drug related deaths, even though:

- Young people are affected when family or friends die from drugs
- Young people live with the impact of substance use in their homes and communities
- Young people also need, and deserve, real support

We felt this wasn't right. So we decided to take action.

We asked Professor Anne Whittaker from Stirling University to work with us. She trained us, helped us design our study and gain ethical approval, supported us through the interviews, coding, and analysis, and worked alongside us to write up our findings.

“This isn't just research, it's our voices and our experiences being heard.”

We wanted to know;

- In what ways and to what extent are young people affected by a drug related death?
- What kind of help and support is offered to young people affected by a drug related death?
- What kind of services do young people want or need to help and support them?
- What are young peoples views on how drug related deaths could be prevented?
- How do the findings of the study inform policy and practice for supporting children and young people affected by alcohol and drugs?



RESEARCH PLAN

Aim: To better understand and respond to young people affected by drug-related deaths with a focus on the voices of young people themselves.

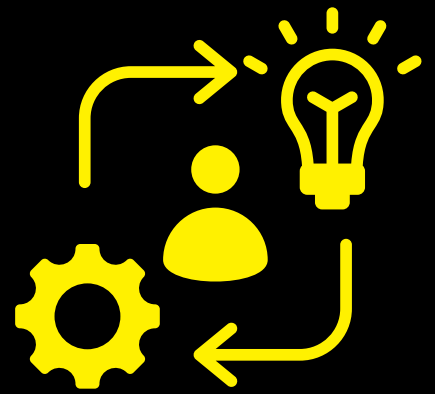


Study design: Qualitative research involving interviews with 19 young people aged 12-25 years who have been affected by a drug related death among family or friends.

Interviews with participants were conducted by two researchers from Clued Up: a peer researcher (young person) and a staff member, with supervision and support from University of Stirling researchers.

Setting: We conducted the research throughout Fife. We recruited most participants from Levenmouth and Kirkcaldy as these locations have high rates of drug deaths.

METHODOLOGY



This project used a peer-led research model. That means young people weren't only participants – they also helped design, conduct and lead the study.

This approach gave more balance between researchers and participants, and made sure young people's voices were valued in decisions about the research from start to finish.

There are lots of positives to peer research, but also some challenges. For example:

- If young people don't get the right training, the quality of the research could be affected.
- Talking about sensitive topics can sometimes be tough for peer researchers, especially if it connects to their own experiences.

To keep the research both safe and strong, the Clued Up peer researchers and staff received full training and ongoing support.

We built in regular check-ins, supervision, and debrief sessions so the peer researchers could share how they were feeling. This meant young people were supported to protect both the quality of the project and their own wellbeing.

Why peer research matters:

Young people told us that being interviewed by someone their own age felt safer and more natural. They felt that their peers could understand them better, and that the conversations were more honest and real. Peer research also gave the young researchers a sense of pride and ownership – they weren't just sharing their stories, they were shaping the whole project.



“Being part of the research made me feel proud – we weren’t just sharing our stories, we were leading the project.”

“Taking part gave me confidence – my voice actually mattered.”

“We showed that young people can do research, not just be researched.”

THE METHODS WE USED

We wanted to hear from young people aged 12–26 in Fife who had lost a family member or friend to drugs.

How It Worked

- Young people were invited through their support workers and we had information on social media.
- They met with a researcher (and could bring their worker) to ask questions first.
- Consent was important: 16+ could sign for themselves, under 16s needed a parent/carer too.
- Everything shared was confidential, unless someone was at risk of harm.

Support for Participants

- Interviews happened at a safe place and time chosen by the young person.
- Each person got travel costs covered and a £25 voucher as a thank-you.
- Wellbeing was always the priority – young people could stop or take breaks anytime.



HOW WE COLLECTED AND LOOKED AFTER DATA

Interviews:

Young people took part in one-to-one interviews with two researchers (a Clued Up staff member and a peer researcher).

Each interview lasted about an hour and took place in a safe, private, and young person friendly space – usually at the Clued Up office, the young persons home or in a workers car.

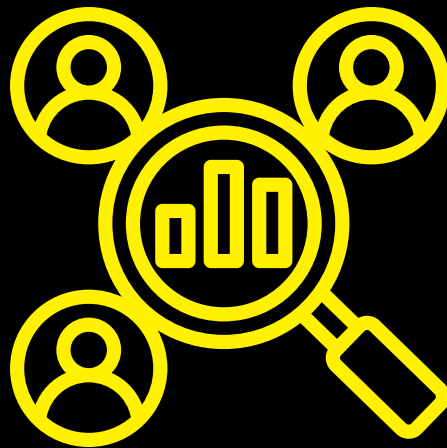
The style was informal and conversational, to help young people feel relaxed. We included a gentle icebreaker question at the start, and we always finished on a positive note.

With permission, interviews were audio recorded, and we also collected a few basic details (like age, gender, and relationship to the person who had died). This helped us describe the group who took part in the study.



Data analysis:

- Interviews were typed up word-for-word (transcribed) and all names or identifying details were changed (pseudonymised). Each participant was given a unique code and a new name so they could not be identified.
- The research team used a well-established method called thematic analysis. This means we carefully read through each interview, coded the data line-by-line, sorted these into similar and different experiences and ideas, grouped them into themes, and refined these themes through ongoing discussions. This process helped us make sense of the stories and experiences young people shared.



Data safety and confidentiality:

- All recordings and transcripts were stored securely on password-protected, encrypted devices and a secure Clued Up SharePoint site.
- Only the research team had access to the data.
- Consent forms were kept locked in the Clued Up office.
- Personal data (like contact details) will be destroyed within 12 months of the study ending.
- Anonymous interview data will be kept securely for up to 10 years (as required by university policy) and then permanently deleted.
- We used a transcribing service and they signed a data processing agreement to make sure everything stayed confidential.
- In all reports or presentations, only anonymous quotes from interviews are shared – never anything that could identify a participant.

Managing risks:

We recognised that talking about bereavement and drug-related deaths could sometimes be difficult for both participants and peer researchers. To keep everyone safe, we had clear support systems in place, including check-ins, debriefs, and links to trusted support workers if needed.

LOOKING AFTER PARTICIPANTS

We know this study involves talking about sensitive and sometimes painful experiences. Because of this, we put participant wellbeing at the heart of every interview.

- **Choice and control:** Young people were reminded that they never had to answer a question if they didn't want to. They could pause, take a break, or stop the interview at any time.
- **Respect and empathy:** If someone became upset, the researchers responded with care and understanding. The interview only continued if and when the young person felt ready.
- **Aftercare and support:** Before finishing, researchers checked whether the young person wanted extra support. If needed, they helped arrange a follow-up with their support worker. Every participant also received an aftercare card with details of trusted services they could contact for support.
- **Emergency care:** In the rare situation where a participant was still very distressed at the end of an interview, the research team (led by Professor Whittaker) would step in to make sure urgent help was arranged – such as a same-day GP or mental health service appointment. This was never required.



LOOKING AFTER PEER RESEARCHERS

The wellbeing of the peer researchers was just as important as the wellbeing of participants.

- **Training:** Peer researchers took part in a full training programme before the study. This covered things like recruitment, consent, confidentiality, handling sensitive topics, and how to look after themselves during the process.
- **Support during interviews:** A Clued Up staff researcher was always present alongside the peer researcher in interviews, so no one was left to manage difficult conversations on their own.
- **Debriefs:** After every interview, the research team talked together about how it went and how everyone was feeling.
- **Regular support sessions:** Each week, the whole team came together for supervision and support. Every two weeks, Professor Whittaker led discussions on analysing the interview data, which also gave peer researchers a safe space to share their reactions and feelings.
- **Ongoing care:** Any concerns raised by peer researchers about their role or wellbeing were taken seriously and responded to quickly, so they felt supported throughout the project.



SHARING THE RESEARCH

Public engagement event

On International Overdose Awareness Day (31 August 2023), we held a big event to raise awareness of this study and get feedback on its design. Around 85 people came along, including professionals from health and social care, policymakers, and other local experts. This event helped build strong support for the project. Everyone who attended was invited back to a second event (27th August 2025), where we shared our findings and held round table discussions to help us shape our recommendations.

Youth-friendly outputs

The Clued Up Youth Forum are now working with the research team to create a young people's version of the findings. This might take the form of a leaflet, poster, or video – something clear and accessible so young people can engage with what we learned from the study.

Influencing change

We also plan to take the research recommendations to the Scottish Youth Parliament. This will help ensure that the voices of young people affected by drug-related deaths are heard by decision-makers, and our findings influence future policy and practice in Scotland.



PROFILE OF PARTICIPANTS

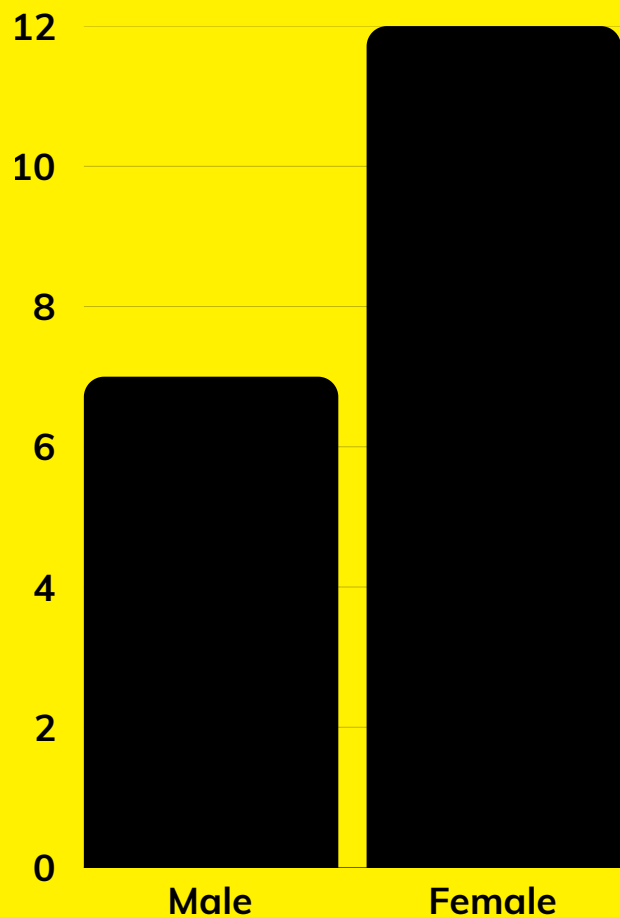
19 young people took part in the study.

All said they were white Scottish

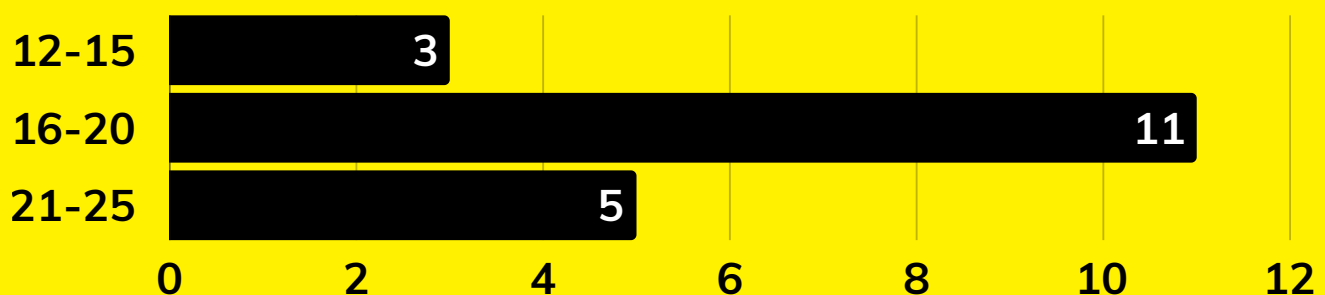
13 had experience of foster or kinship care

17 young people had personal experience of substance use

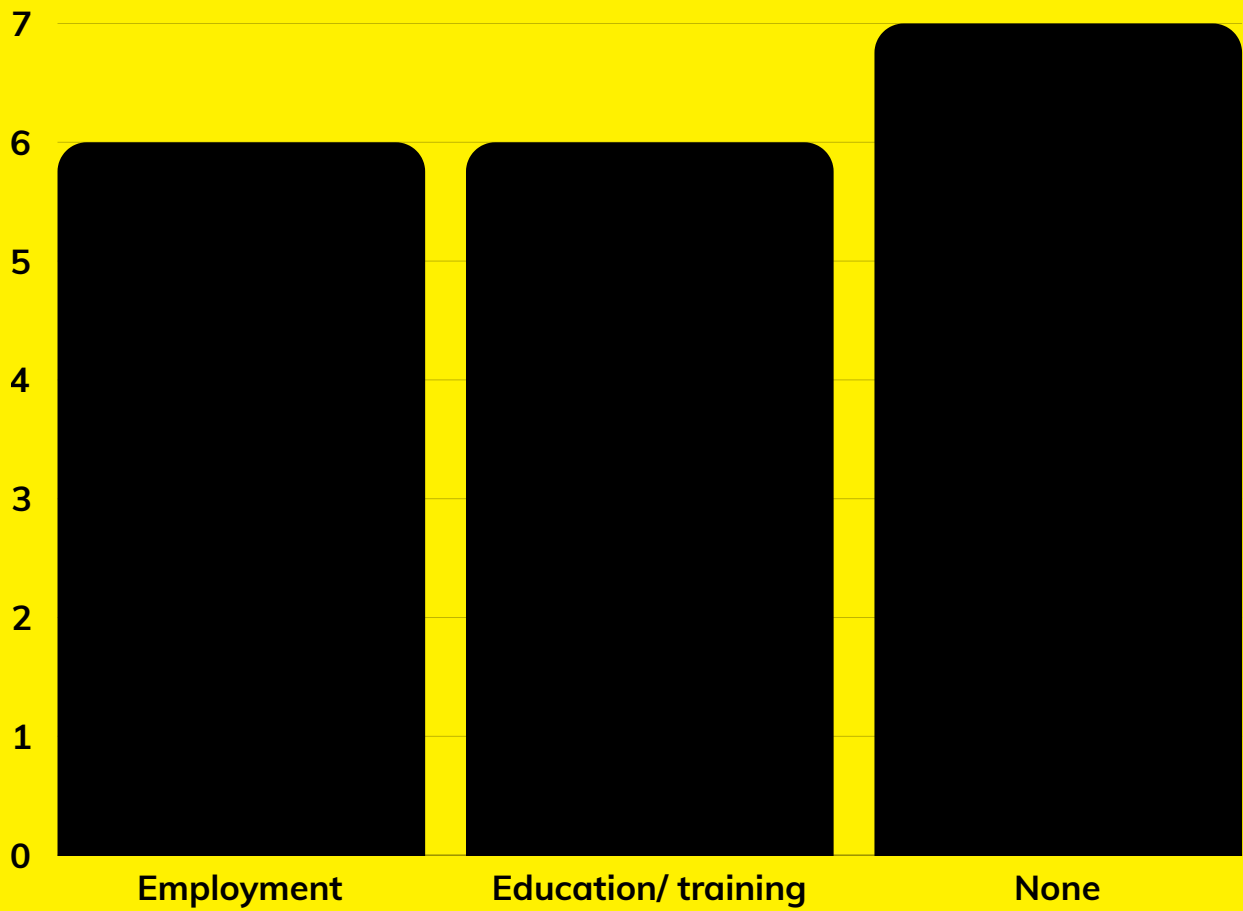
Gender



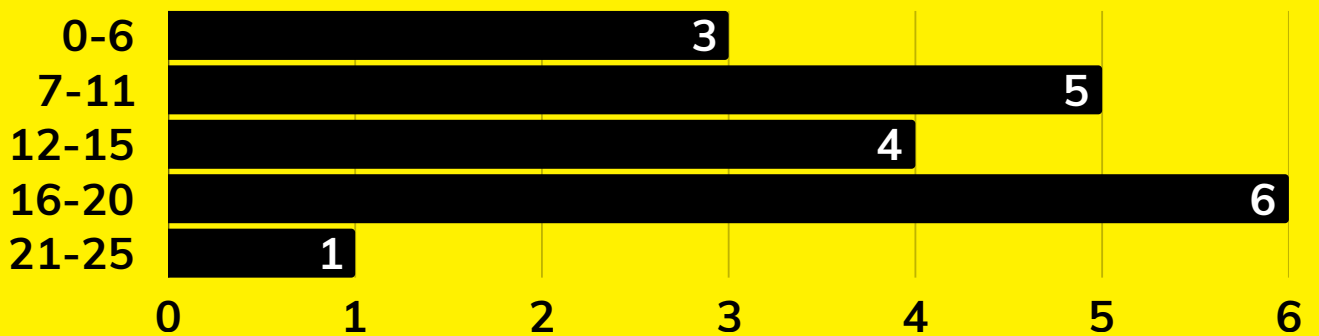
Age



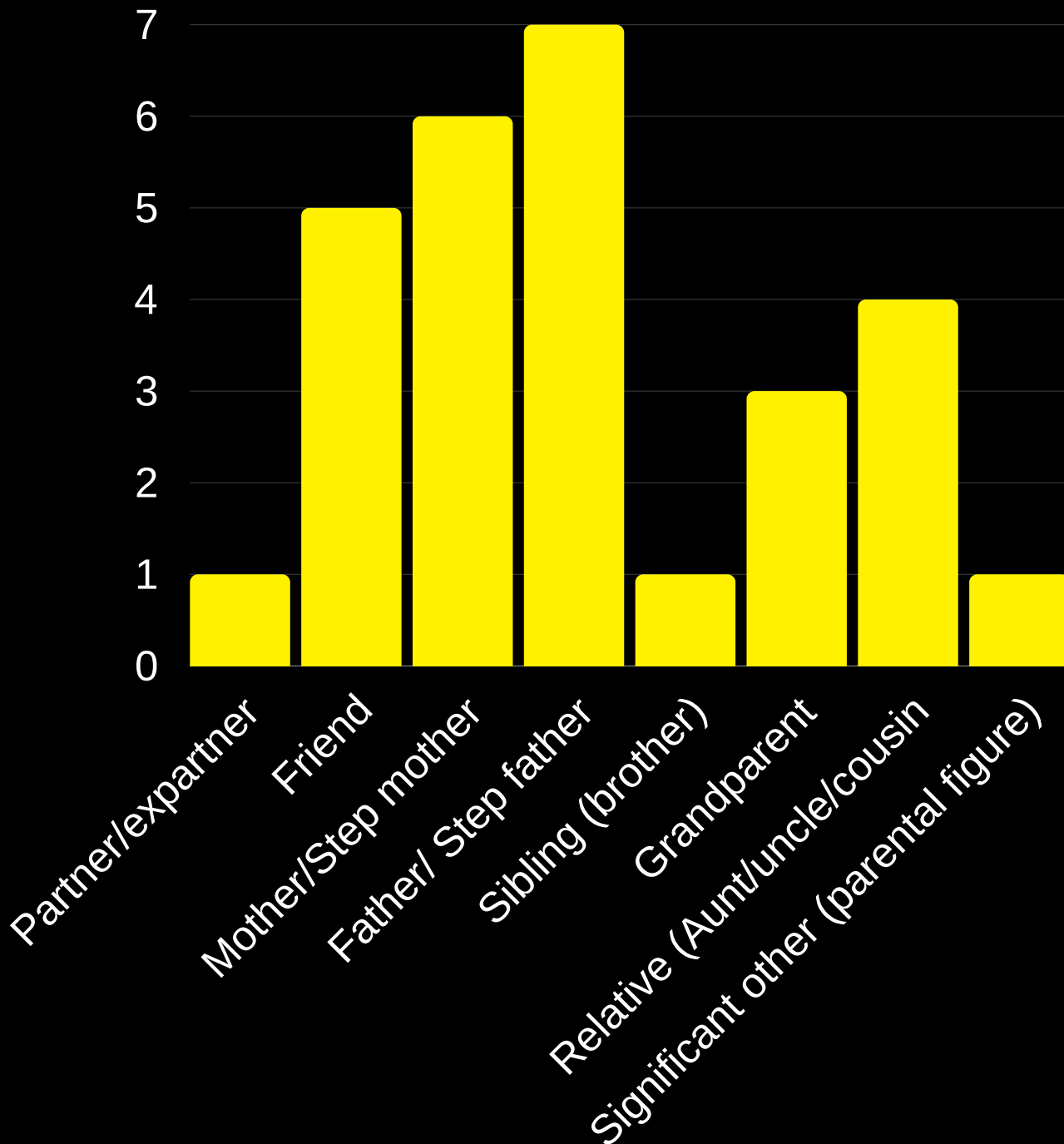
Education/Employment/training



Age when bereavement occurred



RELATIONSHIP TO DECEASED PERSON



Six young people reported more than one bereavement among family and friends.

1

IN WHAT WAYS AND TO WHAT EXTENT ARE YOUNG PEOPLE AFFECTED BY A DRUG RELATED DEATH IN THE FAMILY OR AMONG FRIENDS?

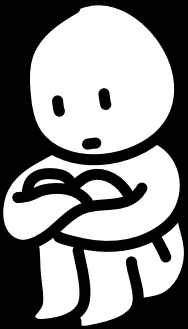
“Once the funeral had passed and it goes that really quiet way, everyone had backed off, I think that’s when it set in and I ended up going back into hospital. I don’t know if I’ve ever really dealt with it or coped with it. I still feel a lot of the same feelings, they come in waves, sometimes I’ll just go about my day and it’ll just pop up.”

“Everybody looked at you different, like you’re pure scum of the earth. People feel sorry for you. I don’t want people feeling sorry for me.”

“Drugs was usually the way I would cope. I know most of them were drug-related deaths but when something like that happens to you, you just sort of want to block it out and the only way you know how is drugs, and usually that ends up leading to more deaths. It’s a really bad cycle of abuse.”

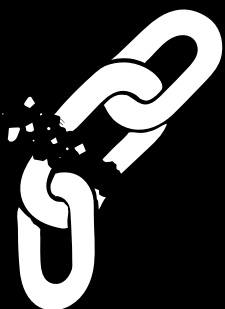
Key themes

Feeling Alone & Misunderstood



- Many young people felt left out or treated differently after their loss.
- Experienced judgement or shame at school or in the community.
- Support from schools, services, or even family was often missing.
- Social isolation and stigma made grief even harder to cope with.

Friendships & peer changes



- Friendships changed – some lost friends, others ended up in the wrong crowd.
- Some withdrew from school, hobbies, or family activities.
- Changed peer relationships contributed to feelings of disconnection.

Life Turned Upside Down



- Some became homeless or had to move.
- Money worries, including funeral costs, added extra stress.
- School and work were disrupted – some dropped out or couldn't return.
- Some had been carers for the person who died, adding responsibility to grief.

Emotional Impact



- Experienced sadness, anger, confusion, disbelief, and trauma.
- Feelings of resentment or desensitisation to difficult experiences.
- Bottling up emotions increased mental health challenges.
- Grief affected both how they felt and how they experienced life.

Coping & Risky Behaviours



- Some turned to alcohol or drugs to numb pain or escape.
- Others got involved in risky situations like fighting or selling drugs.
- Increased risk of harm due to lack of support and guidance.

Missing Support & Opportunities



- Lack of emotional and practical support from adults and services.
- Disrupted education and employment opportunities.
- Feeling judged, labelled, or ridiculed made it harder to access help.

Long Term Impacts of Loss



- The impact of losing someone to drugs doesn't just fade over time – it can stick with young people for years.
- Some never got the time or support to grieve properly, leaving them stuck or overwhelmed later.
- Growing up around drugs can make loss feel like part of a cycle they can't break.
- Loss affects mental health, identity, relationships, and future opportunities.
- Everyone's experience is different, but most carry a deep emotional weight made heavier by stigma, silence, and lack of support.

"Me and my siblings were obviously with my Mum, and then she died, my younger sibling went to my Uncle, my older sibling went to their Dad, I went to my Grannie and Grandad because my Dad was in jail."

"He videod my Mum getting brought out in her body bag and put 'that's the junkie across the road deid' and put it all over social media."

"I locked mysel away and hung aboot wi the wrong crowd and stuff like that. It doesnae help."

2

WHAT KIND OF HELP AND SUPPORT IS OFFERED TO A YOUNG PERSON AFFECTED BY A DRUG RELATED DEATH FROM THEIR PERSPECTIVE?

“My Mum, my pals, my family, they just helped me through it. If I didnt have them, god knows where I would be.”

“You’ll hae wan teacher that will ask you if yer awrite, theyre always there and that”

“ I went through a litany of different services. I had Care experience support, mental health charity, mental health service three or four times, young peoples substance use support charity, mental health team at the school, GP- but it all took a while.”

Help and support offered

**Kinship care &
Alternative
placements**

**Counselling &
mental health
support**

**Volunteering
& Youth Work**

**Supportive
Adults
(occasionally)**

**Alternative
Education**

Some young people were moved in with family members like grandparents or uncles after the death.

But these moves were often sudden and really hard, especially when brothers and sisters got separated.

A few talked about getting counselling or medicine for anxiety or depression.

One person started therapy with a local mental health team because their family encouraged them.

Some were offered help from social workers or grief counselors, but that didn't happen very often.

One young person switched to a different kind of school, which helped because no one asked about the death – giving them some space to deal with their feelings privately.

A few young people mentioned family members or carers who really listened and encouraged them to speak up or get help.

Some were involved in youth clubs or community work, which they found helpful— but most of that stopped after the death.

What support was needed but missing?

Lack of Specialized Grief Services



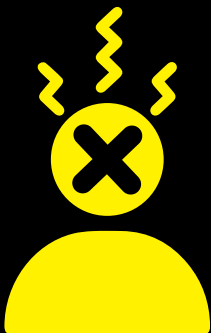
- There were no grief services that fully understood the impact of drug-related deaths, especially considering the stigma and trauma involved.
- Young people felt there was no safe space to properly grieve, particularly when the death was unexpected, traumatic, or not openly talked about.

Limited Support from Professionals



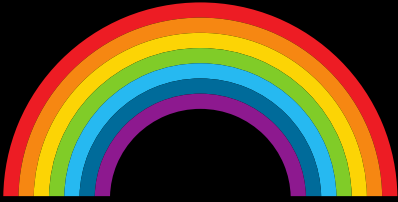
- Some young people had social workers involved, but did not feel heard or supported.
- Some employers were unsupportive or dismissive, e.g., “you didn’t have a relationship with your mum, so it shouldn’t matter.”

Inconsistent Access to Support



- A few young people received placement with family, basic mental health support, or schooling changes, but these were often minimal.
- Most young people did not receive meaningful support that addressed the grief of a drug-related death.

Safe, grief Support



Young people consistently highlighted the need for:
Safe, understanding spaces for grief from drug-related deaths.

Better mental health and social care for anyone experiencing a difficult loss.

“Just actual getting to that safe space and going out with the workers and that, doing residential, raising money for them, ken, it’s just something to put your head out there. Obviously it’s going to be hard but it’s them type of things that can actually help you like get away fae they feelings that you’re trying to get away from.”

“I was quite listened to with my voice, and ken, she understood why I wanted to stay with my gran and why I didnae want to stay elsewhere.”

“I got support through my school, through like the rector and things, so that was quite good. And I spoke to a counselor in school, which worked for a wee while. I just kinda kept talking to my guidance teacher which I found better because I was closer with her. “

3

WHAT KIND OF SERVICES DO YOUNG PEOPLE WANT OR NEED TO HELP OR SUPPORT THEM?

“With my trauma, I don’t want to have to keep bringing it up to new people all the time and talking about it because then it’s bringing back unwanted thoughts and I’m thinking of it when I leave, and then if I go to bed at night, you know, I’m dreaming about it and it’s just starting my day off wrong the next day which can lead to maybe me feeling bad that day and using drugs.”

“I think knowing that there is other people and not isolating from that, even if there was groups or something, being able to listen to other people and what they’ve gone through and being like, shit- i kind of have the same feelings, you dont have to go through it alone.”

What young people want and need

Consistent, Trustworthy Support 🤝

Young people want one solid person who sticks with them, rather than being passed between multiple workers.

This person should be real, kind, and perhaps have gone through similar experiences.

Trust is everything—they want someone who doesn't give up and is there when needed.

Safe and Relaxed Spaces 🌈

Support should feel relaxed and informal, in places where they feel safe and not judged.

Having someone to just hang out with, like a friend or peer, is important until they're ready to talk more deeply.

Non-Judgmental Approach 💬

Young people want help from people who don't judge or assume things because of their family or past.

They often face stigma at school and from professionals, particularly around drug use and grief.

Time and Ongoing Support ⌚

Many young people aren't ready for help immediately—they need time to grieve and make sense of things.

They want ongoing support, not just a one-off offer.

Grief is not linear—support should continue on anniversaries, tough days, and during other milestones.

Guidance and Access to Help 🗺️

Many young people don't know what help is available or face long waiting lists.

They want someone to guide them, show them their options, and even accompany them to appointments if needed.

What young people want and need

Support for the Whole Family 🧑🧒

Young people want help for their entire family, especially parents or carers who are also struggling.

They feel families don't always understand each other and want services that improve communication and mutual support.

Peer Connections and Shared Experience 🤝

Young people want peer groups where they can meet others who have gone through similar losses.

They emphasised that “grief is grief”—all types of death should be included, accepted, and respected.

Loss & Bereavement , Person-Centred Support 🧠

Support should focus on the person, not just checking off tasks or goals. It needs to be trauma-informed, allowing time to build trust and letting young people go at their own pace.

They don't want to repeat their story multiple times, as this can worsen their distress.

Practical and Life-Rebuilding Help 🏠

Young people want help with practical needs, such as finding housing, particularly if they need to move away from where the death happened.

Support should help them rebuild their life, create new memories, and feel safe again.

Being Heard and Recognised 💬

Young people want professionals who listen, rather than just trying to “fix” things.

Feeling heard and understood is crucial.

They want their loss acknowledged and respected, regardless of how the person died.

4

WHAT ARE YOUNG PEOPLES VIEWS ABOUT HOW DRUG RELATED DEATHS COULD BE PREVENTED?

“If he knew more about the drugs he was taking, because I don’t think he did, I think he just took them all and hoped for the best.”

“I think there should be more awareness- more awareness around how drugs impact families and young people.”

“In all the time that I remember, I’ve never known my dad to be offered support, I have had loads of different interventions in my life with social work and things like that but I didn’t live with my Dad, so he was forgotten about. Nobody ever reached out to say what we can we do to help him and they were aware he was entrenched in addiction. If it was my Mum that needed help they would have put it in place but because I didn’t live with Dad there was never a professional looking out for his wellbeing”

PREVENTION OF DRD IN FUTURE

Respect & Stigma



- **End the stigma:** treat young people and their families with respect and understanding.
- **Recognise** that addiction is linked to trauma, poverty and disadvantage, not “moral failure.”
- **Support** should be for the whole family, not just one person.
- Better treatment and care for the loved one can prevent deaths.

“There’s a stigma around drug users that everybody steals and lies, and you know, they’re just dirty- But that’s not true, that’s not the case. Some people, I mean yes, but I don’t steal and I never have.”

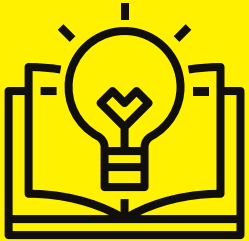
Support & Services



- **Support shouldn’t end at 18** – the move to adult services must be smoother.
- **Outreach workers** make a huge difference by reaching people who don’t know about services.
- Services should **build trust** first before moving into heavier support.
- Care leavers need **ongoing, consistent support**, not just short-term help.

PREVENTION OF DRD IN FUTURE

Education & harm reduction



- Schools and communities need **real, honest drug education** – not boring lessons or scare tactics.
- **Education should include:**
 - how drugs affect your body and mind
 - what to do in an emergency
 - how to support friends safely
- **Harm reduction** should be normal and stigma-free:
- More Naloxone, **drug checking kits**, and safer-use info should be available
- **Naloxone training saves lives** – some young people have already used it to help others
- **Young People (including under 16s)** should be supported to understand and access harm reduction services such as Naloxone training, first aid training, drug checking, peer support/mutual aid groups.

Opportunities & Future



- **Tackle root causes** of drug use, like poverty, trauma, and feeling left out.
- Give young people **positive opportunities** through hobbies, school, training, and jobs.
- **Review laws and enforcement:**
 - Stronger rules for prescription meds
 - Consider safer legal control of some drugs like cannabis
- Police should focus on the most harmful drugs (heroin, cocaine), not cannabis

LOOKING TO THE FUTURE



Young people in Fife were asked what they felt would better support those impacted by drug-related deaths. Their responses highlighted a strong desire for real, relatable education, trauma-informed services and meaningful opportunities to lead change.

Co-developed with young people, these recommendations reflect their priorities, experiences, and ideas for how systems and communities can better respond. They are organised around four key drivers identified through the research.

- **Education**
- **Systems and Services**
- **Participation**
- **Prevention**

These key drivers represent the collective voices of young people across Fife.

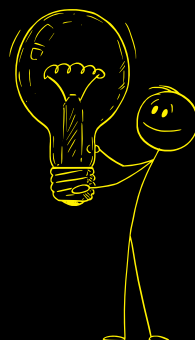
Education



Young people want real, relevant, and ongoing learning about drugs, harm reduction, and grief support.

Key Recommendations

- **Co-design interactive workshops** with young people covering drugs, alcohol, mental health, and overdose response.
- **Make staff training mandatory** for teachers, GPs, and community workers on harm reduction, current drug trends, and naloxone use.
- **Expand peer-led programmes** in schools and community spaces so young people hear from people with lived experience.
- **Include naloxone training** in staff onboarding across all community-facing roles (education, transport, youth work, council).
- **Improve signposting:** create a single, live directory of local support and harm-reduction services accessible to both staff and young people.
- **Strengthen community links** by inviting services into schools and holding community networking days to build trust and awareness.



Systems & Services

Young people want services that are connected, trauma-informed, and built on relationships rather than time limits.

Key Recommendations

- **Join up youth and adult services** to prevent young people “falling through the cracks” at transition points.
- Develop **personalised transition plans** for young people and families.
- **Co-locate services** (mental health, social work, addiction) in one place to make access easier and encourage joint working.
- **Train all staff** in trauma-informed and anti-stigma approaches.
- **Offer consistent workers** and introduce staff handover or shadowing periods to maintain relationships.
- **Involve policy makers directly**: invite them to grassroots sessions and service immersion days.
- **Advocate for multi-year funding** to make relationships and programmes sustainable.
- **Create anonymous youth feedback channels** to ensure services are responsive and accountable.
- **Adopt family-focused approaches** to support the wider impact of addiction.



Participation

Young people should not just be consulted — they should lead, design, and shape services and policy.

Key Recommendations

- **Establish a Youth Advisory Panel** with real decision-making power in local policy and service design.
- **Funders spending time** in grass route services
- Include **young representatives on funding and grant panels.**
- Create **structured volunteering and befriending programmes** within services, matching young people with trained mentors.
- **Support peer-led harm-reduction campaigns** through schools and social media to raise awareness and challenge stigma.
- When a young person isn't ready for 1-1 support, **offer a peer befriender** to bridge the gap.



Prevention

Young people want early, meaningful support that reduces risk and builds understanding around drugs and loss.

Key Recommendations

- **Make naloxone widely available** in schools, youth clubs, GP practices, and community venues.
- **Train young people and staff** in overdose response and harm-reduction skills.
- **Run awareness campaigns** to reduce stigma and normalise conversations about drug-related deaths.
- **Deliver early intervention programmes** in schools, pre-schools, and youth settings that are co-designed and/or facilitated with young people.
- **Provide family education** on grief, coping, and understanding substance use.
- **Ensure flexible, responsive services** with shorter waiting times and cross-cultural awareness.
- **Support families and peers** of those affected through accessible group or one-to-one support.



Thank You !

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