



Haringey Council

Scrutiny Review - Support to young people at risk of substance abuse

**A REVIEW BY THE OVERVIEW AND SCRUTINY
COMMITTEE**

JUNE 2009

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SCRUTINY REVIEW INTO SUPPORT TO YOUNG PEOPLE AT RISK OF SUBSTANCE ABUSE

1. Reasons for the Review

- 1.1 On 17 March 2008 the Overview and Scrutiny Committee commissioned an in depth review into pupils with drugs and/or alcohol problems. The Committee was particularly keen to undertake this review because reducing young people's use of drugs is central to the Government's drug strategy and an essential part of the "Every Child Matters" programme and the Council's Children Plan. This Plan also envisages increasing drug and alcohol abuse preventive work, especially for vulnerable groups.

2. Panel Membership

- 2.1 A Scrutiny Panel consisting of Councillors Alexander (Chair), Allison and Kober¹ was set up to undertake the review.
- 2.2 The Panel regarded it as essential that the Council's main partners were fully involved in this review so, with the agreement of the Overview and Scrutiny Committee, the following were co-opted on to the Panel:
- Beverley Randall (The Head of the Pupil Referral Unit) to represent Haringey Head teachers
 - Sue Baker - A Non Executive director of the Primary Care Trust
- 2.3 To ensure that young people were represented on this review Chan Amin, who represented the local Youth Council, was also co-opted on to the Panel.

3. Terms of Reference

- 3.1 The Panel decided that it wished to undertake a well focussed, time-limited review, which did not involve officers in unnecessary work, but examined and commented on the early identification and assessment of young people between the ages of 11 and 18 who were at risk of substance abuse².
- 3.2 This included the:
- Early identification process
 - Assessment procedures used to establish the degree of risk and possible treatment pathway, including the use of the Common Assessment Framework³

¹ Councillor Kober resigned from the Panel when she became Leader of the Council.

² This is the term used to describe all illicit and illegal drugs, alcohol, solvents and volatile substances except for tobacco.

³ The Common Assessment Framework is a generic needs based assessment, developed by the Department of Children, Schools and Families, which can be undertaken by practitioners

- Effectiveness of inter-agency working and whether there were any gaps, inconsistencies or variations in the processes used by the agencies involved
- Identification and dissemination of good inter-agency practice.

3.3 There were three panel meetings and besides considering officers reports on the current process, problems and possible solutions the Panel met:

- Sharon Dodds from the Government Office for London who gave an independent perspective
- Agencies and individuals listed in Appendix A to discuss assessment processes and the best way of addressing any shortfalls or gaps.

3.4 The Panel was also told about the merits of the Tower Hamlets model for common assessment in schools with teachers having ownership, and the way in which Hackney and Leeds had developed integrated Targeted Youth Support teams.

4. General Conclusions

4.1 The Panel is pleased to report that the assessment process in Haringey was a robust one in which all the agencies were continually striving to improve the service provided. It was not in the Panel's terms of reference to look at cost, as to do so would have resulted in a far longer and more complicated review. However, services seemed to be properly targeted to achieve maximum effectiveness.

4.2 Although the Panel was informed that there were no gaps, omissions or duplications in the assessment process and all the agencies seemed to be following similar processes and making use of the Common Assessment Framework and other assessment tools, they noted that there were more referrals than were being recorded. A more detailed note on the way assessment processes operate in Haringey is attached at Appendix B. Since the review commenced the Panel were informed that the Common Assessment form would shortly be amended to include reference to young person's substance misuse as well as parental misuse.

4.3 Sharon Dodds advised the Panel on the different ways that local authorities delivered the Common Assessment framework and achieved integrated working. The Head of Children's Networks responded by submitting a paper on what Haringey is doing to integrate working and how progress is reported through the Joint Area Review Action Plan. The Panel supports the suggestion that a report be submitted to Overview and Scrutiny Committee in Autumn 2009 detailing the actions taken under the Joint Action Review Plan in relation to the specific impact on substance abuse.

from a wide range of occupational groups and provides an initial assessment of a young persons need for additional services. In the case of substance misuse there are also more specialist assessment tools which are detailed in appendix B

- 4.4 The Panel considered that young people who smoked were more likely to be at risk of becoming substance abusers. Also they felt that schools with a high rate of truancy should be targeted for early intervention and those pupils in Year 6 and 7 were more vulnerable to peer pressure.
- 4.5 The Panel identified two areas where further work needed to be done and these are detailed below.

5. Size of the problem

- 5.1 Data from the British Crime Survey⁴ suggests that there are around 4,500 young people aged 16 -24 who have used drugs in the last month in Haringey. Among these are an estimated 1300 users of Class A drugs, including over 60 opiate users and approaching 1,000 cocaine users.
- 5.2 Not all drug users will need or seek treatment but using the Home Office Toolkit for assessing need it is possible to estimate there are 236 young people in need of specialist drug treatment in Haringey. However there are only 26 young people who are in specialist treatment. This low number of referral to specialist services was further confirmed by the Senior Practitioner in Leaving Care who had received 13 referrals, all of which were managed as part of an overall care package rather than receiving specialist intervention. The Panel also noted that there had been only two referrals from GPs.
- 5.3 The apparent low numbers of young people in treatment could be due to a number of factors including:-
- (a) young people refusing to have their details incorporated in official returns
 - (b) young people receiving “in house”⁵ treatment and not being referred to specialist treatment .
- 5.4 It was important that work was done to establish if the numbers were accurate and, if not, what needed to be done to rectify the situation.
- 5.5 Since the overwhelming majority of young people are at school, it was strongly recommended that a pilot project should be set up in one secondary school to look into how children at risk of substance abuse were identified. Within a framework decided by the school, all agencies could be involved in the pilot project and the Young People’s Substance Misuse Commissioner could liaise with the agencies and the school. Any lessons learnt from the pilot project should be discussed at Secondary Heads’ meetings and applied to other schools in the Borough. The Panel recognised that this could be a unique opportunity for a school to lead the way in ensuring that Haringey was at the forefront of identifying the problems of substance abuse by young people.

⁴ ‘Drug Misuse Declared: Findings from the 2006-07 British Crime Survey.

⁵ In house refers to treatment taking place in settings such as school, Pupil Referral Unit, Youth Offending Service, by officers within the Children and Young People’s service etc

- 5.6 The secondary schools' representative, Ms Randall, and the Head of Children's Network undertook to raise this matter at a Secondary Heads meeting and discuss with them the merits of such a project and how this could be achieved.

6. Common Assessment Framework Training

- 6.1 It is important that training on the use of the common assessment framework is widely available. The Panel were pleased that training has already taken place for all health visitors; special education needs co-ordinators, family support workers, midwives, health visitors, school nurses and community health staff.
- 6.2 Further training for Connexions and Youth service staff is also planned. There is also a rolling programme of awareness raising for the youth offending service, education welfare officers, educational psychologists; social workers; speech and language therapists, teachers and children's centre staff.
- 6.3 Work has begun on identifying the training needs of the private and voluntary sector to support them in delivering appropriate training.
- 6.4 The Panel considered that it was important that training on the use of the common assessment process was strengthened and included the early identification of substance misuse by children and young people. Training on the use of the framework should also be made available to school governors in both primary and secondary schools.
- 6.5 Some concern was expressed over the framework being used as a further hoop that schools would have to go through before exclusion, but the Panel was particularly concerned that schools should not exclude without an assessment.
- 6.6 The police also considered that there was an opportunity for some training across the partnership on a number of issues including substance misuse. Also the police are arranging for all officers attached to schools - Safer Schools Partnership, to receive training in a number of areas including substance misuse.

7. Future Reviews

- 7.1 In Haringey the Drug and Alcohol Action Team is at present responsible for preventing young people becoming drug users and increasing the number accessing effective drug treatment. This responsibility will, however, transfer to the Children and Young People's Service (CYPS) by April 2010.
- 7.2 A Young Persons' Substance Misuse Commissioner had recently been appointed to deliver Haringey's Young People's Specialist Substance Misuse Treatment Plan. A key priority in this plan is to carry out a robust Needs Assessment in the Borough that will identify any gaps in service and issues that need to be addressed. Once the Needs Assessment has been completed, services can be commissioned against evidenced need. (This is confirmed in Haringey's Young People's Specialist Substance Misuse

Treatment Plan 2009/10 Commissioning and System Management Objective 2).

- 7.3 The Young Person's Substance Misuse Commissioner also has a brief to ensure that specialist substance misuse treatment interventions are commissioned as part of an integrated commissioning process within the Children's Trust and to encourage an integrated approach across universal, targeted and specialist provision. As a first stage a meeting involving the Commissioners in Children and Young People's Services with the Department for Children, Schools and Families Consultant had been arranged to start the process of looking at commissioning structures and systems in Haringey.
- 7.4 The commissioning of treatment is, therefore, an issue which could be next scrutinised, especially how to keep young people engaged in treatment so as to avoid unplanned discharges.

Recommendations

1. That training sessions on the Common Assessment Framework and around the Joint Area Review Action Plan be strengthened to include the early identification of substance misuse by children and young people, and the correct assessment processes such training to include school governors.⁶
2. That the Overview and Scrutiny Committee receive a further report in Autumn 2009 on the delivery of the JAR plan, detailing the specific impact on young people for whom substance abuse may be an issue.
3. That the Panel strongly recommends the introduction of a pilot scheme in a secondary school to improve early identification of pupils at risk of substance abuse with the Director of Children and Young People Services reporting to Overview and Scrutiny Committee the results.
4. That the Overview and Scrutiny Committee gives consideration to a further review into the commissioning of treatment services examining the cost effectiveness of early intervention against the high cost of specialist intervention at a later date.
5. That the Director of Children and Young People's Service be asked to consider the merits of introducing the good working model for the Common Assessment Framework adopted by the London Borough of Tower Hamlets and the integrated targeted youth support teams used by the London Borough of Hackney and Leeds City Council.

⁶ (This recommendation is enhanced by Action 1.3.2 Haringey Young People's Specialist Substance Misuse Treatment Plan 2009/10) "To ensure a rolling training programme in the use of CAF is implemented for all staff in universal services along with where and how to refer young people to specialist services")

6. That the Director of Children and Young People's Service consider how best to engage primary and secondary schools, GP practices, the Police and Youth Offending Service and local hospitals and integrate feedback.

APPENDIX A

Contributors to the Review

Councillor Alexander	Chair
Councillor Allison	Panel Member
Beverley Randall	Panel Member –Head teacher representative
Sue Baker	Panel Member – Non Executive Director of NHS Haringey
Chan Amin	Panel Member – Youth Council representative
Jan Doust	Head of Children’s Network – Children and Young People’s Service
Marion Morris	Drug and Alcohol Partnership Manager
Jean Croot	Head of Safer Communities Unit
Jane Painter	Young People's Substance Misuse Commissioner
Paula Cronin	Senior Practitioner Substance Misuse
Bob Haynes	Involve
Linda James	Youth Offending Service
Claire Wright	NHS Haringey
Ian McGregor	Director -HAGA
Gail Priddey	Deputy Director HAGA
Kamini Patel	Cosmic
Brigitte Kore Doe	North Middlesex A & E
Ian Kibblewhite	Safer Neighbourhood Police
Sharon Dodds	GOL

Identifying young people at risk of substance abuse is not easy as it is usually only one element of a number of complex problems experienced by the young person.

The most common method for identifying and assessing children and young people is observation by professionals. In school when a problem is identified, internal resources such as counselling or targeted workers are first used to try to resolve any problems. However where a school has exhausted the expertise that it holds in house, or where the needs of the young person are clearly more complex or specific they need to be referred to a more specialist agency. Usually, though not exclusively, this is through the Common Assessment Framework. However the Panel heard that referrals to specialist agencies are low and there can be delays in referrals.

It is also necessary to observe young people in a range of settings so as to pick up problems experienced by young people who are not attending a school

Although rare, parents/carers and young people themselves may also make self-referrals to advice, support or treatment services where they are concerned that they/their child may be at risk of or actually misusing substances.

General Practitioners are well-placed to identify children on their caseload as having a substance misuse problem requiring further intervention; however in the past twelve months they have made only two referrals to the specialist service 'In-volve'.

The police and Youth Offending Service also have a role to play in identification and referral for treatment, as do Early Years settings and community and voluntary organisations working with families. The police advised that they had core response teams and Safer Neighbourhood Teams who would flag up any young people with whom they had concerns. Also they had Safer Schools officers in secondary schools, the 6th form centre and the Pupil Support Centre to ensure good liaison at an early stage. The Youth Offending Service (YOS) has two substance misuse workers who screen all young people who have been in Court and referred to the YOS. The Triage scheme, whereby 2 YOS workers are based in police stations, should identify increased numbers of young people using drugs.

A number of tools/ forms are used to identify and assess children and young people at risk of or with alcohol and drug problems. These include:

CYPS Initial and Core Assessments;
The Common Assessment Framework (CAF);

The main assessment tool is the CAF which was introduced as part of the Every Child Matters: Change for Children programme. It is designed as an early identification tool to assess the needs of children and young people at risk of not achieving the five key outcomes set out by Every Child Matters to be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic well-being and can be used by practitioners across children's services in England. It should also help agencies provide a more integrated service for children, young people and their families and information from the CAF feeds into any further specialist assessments.

The Drug Use Screening Tool (DUST)

DUST is designed for use with young people about whom there may be a concern regarding alcohol/ drug use. Whilst the use of DUST will not provide a comprehensive substance misuse assessment, it will indicate where specialist substance misuse should be sought and will help to identify risk factors.

ASSET (used by the Youth Offending Service (YOS);

ASSET is a structured assessment tool used by Youth Offending Teams in England and Wales on all young people who have offended and come into contact with the criminal justice system. All YOS clients have a further assessment in relation to substance misuse

Substance Abuse Subtle Screening Inventory (SASSI)

SASSI – which is a specialist assessment form to measure the nature, scale and extent of drug and alcohol misuse and is used to ensure provision of appropriate treatment for the young person.