

**Scrutiny Review of Support to Pupils at risk of substance abuse
On 29 January 2009**

Report Title. EARLY IDENTIFICATION AND ASSESSMENT OF YOUNG PEOPLE WITH DRUGS AND ALCOHOL PROBLEMS

Report of Assistant Chief Executive Policy, Performance, Partnership and Communications

Signed :

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Wards(s) affected: All

Report for: Non Key Decision

1. Purpose of the report (That is, the decision required)

To inform the Scrutiny Panel of the current practice across the agencies to identify and assess young people with drugs and/or alcohol problems and to suggest recommendations.

2. Introduction by Cabinet Member (if necessary)

2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

The work of this Scrutiny Review links closely to both the ***Safer for All*** (Community Safety) Strategy where young people and crime prevention are a priority, and with ***Changing Lives*** (Children and Young People's Plan) where addressing the needs of

children misusing drugs is part of the Stay Safe chapter. It also falls under the Council's priority of: "Promoting independent living while supporting adults and children when needed", and to the Council's **Sustainable Communities** priorities: "Be safer for all" and "Have healthier people with a better quality".

4. Recommendations

To consider the report below to inform the review.

5. Summary

5.1 This panel has been convened to hold a review to examine and comment on the early identification and assessment of young people¹ between the ages of 11 and 18 who are at risk of substance² abuse. This review does not deal with young people who smoke tobacco, but it must be stressed that in Haringey this is regarded as a key issue.

5.2 The terms of reference for the scrutiny review will include:

- reviewing the assessment procedures used to establish the degree of risk and possible treatment pathways, including the use of the Common Assessment Framework;
- reviewing the effectiveness of inter-agency working and whether there are any gaps, inconsistencies or variations in the processes used by the agencies involved and recommending possible solutions
- identifying and disseminating effective interagency working
- Possible solutions

5.3 It is initially proposed to hold two meetings, the first to consider what is currently being done to identify and assess young people with drug and/or alcohol problems and the second to meet with agencies to discuss the findings, supported by a national expert to give an independent perspective on how to improve local identification and assessment procedures.

5.4 This report sets out current practice across agencies.

6. Chief Financial Officer Comments

¹ The terms 'young people', 'children and young people' and 'children' are used interchangeably to mean people between the ages of 11 and 18 years.

² This is the term used to describe all illicit and illegal drugs, alcohol, solvents and volatile substances including Khat, but excluding tobacco.

6.1. These will be considered in the final report.

7. Head of Legal Services Comments

7.1. These will be considered in the final report.

8. Equalities & Community Cohesion Comments

8.1. These are considered throughout the report

9. Local Government (Access to Information) Act 1985

For further information or access to any background reports please contact Paulette Haughton on 0208 489 6953

10. Background

11.1 The Home Office worked with the former Department for Education and Skills and the Department of Health to produce a “cross-government” approach to the development of universal, targeted and specialist services to prevent drug harm and to ensure that all children and young people are able to reach their potential. Its main aims are:

- to prevent young people becoming tomorrow’s drug users;
- to reduce the supply of illegal drugs;
- to increase the number of individuals accessing effective drug treatment;
- to reduce drug related crime.

11.2 In Haringey the majority of the responsibility for meeting these aims currently falls within the remit of the Drug and Alcohol Action Team (DAAT), which retains responsibility for commissioning specialist substance misuse treatment services for children and young people. This responsibility will transfer to the Children and Young People’s Service (CYPS) by April 2010.

11.3 A Young People’s Specialist needs Assessment of the treatment requirements of young people from identified vulnerable groups was conducted in 2007/08, with the outcome that the following services were commissioned by the DAAT to support the delivery of targets to meet those aims:

- a senior practitioner (substance misuse specialist) based in the CYPS Leaving Care and Asylum;
- a senior practitioner (substance misuse specialist) based in the CYPS Safeguarding and Children in Need;

- a major contribution to the Vulnerable Young Person's Worker post (Drugs & Alcohol), CYPS School Standards and Inclusion;
- a specialist worker (with a focus on under 10s) based in Cosmic, (a local voluntary agency) working with children and families affected by parental substance misuse;
- a specialist substance misuse service for 13 – 21 year olds provided by Involve (a national voluntary organisation).

11.4 Additionally there are 2 specialist substance misuse posts based in the Youth Offending Service, which receives funding directly from the Youth Justice Board. The only Tier 4 (residential facility) available in the country for young substance misusers is Middlegate Lodge in the north of England.

12. Haringey Drugs and Alcohol Action Team³

12.1 Haringey DAAT recognises that the example of adults, images in popular entertainment and advertising all seem to indicate that consumption of alcohol and drug taking are a common rite of passage. A major challenge in Haringey is to address the culture that identifies the use of alcohol and cannabis and other illicit drugs among young people as a normal and non-threatening activity.

12.2 It is the role of the Drugs and Alcohol Partnership, including the Children and Young People's service to identify the children and young people most likely to become substance misusers, to make this identification as early as possible and to provide attractive and effective 'treatment' options.

12.3 Haringey Young People's Specialist Substance Misuse Needs Assessment was first undertaken in 2007/08; it will be updated annually to identify the treatment requirements of young people affected by substance misuse. It examines groups of young people identified as 'vulnerable', estimates the prevalence of substance misuse, and recommends actions which are then picked up in the Young People Treatment Plan and services commissioned to meet the identified needs.

12.4 Vulnerable groups identified include young people:

- who are getting involved with crime;
- who are homeless or insecurely housed;
- who have been excluded from school or persistently truant;
- who are, or were, accommodated or looked after by local authorities;
- who are exposed to drug misuse in their family.

12.5 Whilst substance misuse by young people can have negative effects on physical

³ DAAT membership - Police, PCT, MHT, Member for Enforcement and Safer Communities, Government Office for London, Housing, National Treatment Agency, Carers representative, Adults, Culture and Community Services, Probation, DAAT support staff, Service User representative and Children & Young People Services.

and emotional development as well as social functioning, the Needs Assessment (2008) indicated that alcohol and cannabis use by young people were considered the norm rather than a problematic and extraordinary activity.

- 12.6 In order to address drugs and/or alcohol misuse there needs to be effective programmes and provision that:
- is universally provided to inform young people about the dangers and risks of substance misuse;
 - enables early identification of those most at risk of substance misuse;
 - provides appropriate support and effective treatment for those who wish to address their risk-taking behaviour or substance addiction;
 - supports those who are not yet willing/able to address their behaviours / needs / factors which make them vulnerable.
- 12.7 Schools provide one of the earliest settings to identify young people in need of support around alcohol or drug misuse. However many of the vulnerable young people are not fully engaged in educational provision. It is therefore essential that risk assessment and support for vulnerable young people, including referral to appropriate treatment services are located across a range of settings where young people are found.
- 12.8 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:
- the Common Assessment Framework (CAF);
 - the Drug Use Screening Tool (DUST)
 - CYPS Initial and Core Assessments;
 - ASSET (used by the Youth Offending Service);
 - Substance Abuse Subtle Screening Inventory (SASSI)
- 12.9 The scope of this report is to look at the early identification and assessment of young people with drug and/or alcohol problems.

13. Identification and assessment routes

- 13.1 The most common method for identifying and assessing children and young people with alcohol and drug problems is the observation by professionals in a universal service followed by a referral to a Tier 1 or Tier 2 provider for a more detailed assessment, then, where and when appropriate a referral to a specialist Tier 3 or 4) treatment provider.
- 13.2 Substance misuse is rarely an issue in isolation and is usually only one element of a number of complex problems experienced by the child. In the majority of cases, schools and other universal services deal with the range of problems in-

house.

- 13.3 Where a school has exhausted the expertise that it holds in house, or where the needs of the child / young person are clearly more complex or specific than can be managed within the school or the Children's Network (or Network Learning Community), a referral will be made to a more specialist agency that deals with specific case work. Usually, though not exclusively, this will be through the Common Assessment Framework⁴. Connexions and the Youth Service are represented on the multi agency panel which makes decisions and takes action on CAF referrals.
- 13.4 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.
- 13.5 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 have made only two referrals to the specialist service 'Involve'.
- 13.6 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.
- 13.7 The collection of data from all these partners, including schools, is complex and the development of a common, well understood, coherent, appropriate and timely collection system of such data is a challenge DAAT. This is especially true when families, young people and the settings themselves may consider confidentiality to play a key part in successfully engaging and retaining young people. The planned integration of the Young Persons Substance Misuse Commissioner in the CYPS, as directed by the DCFS, will enhance the dialogue and improved operational systems between strategic partner agencies.

14. The Common Assessment Framework (CAF)

- 14.1 The CAF was introduced as part of the Every Child Matters: Change for Children programme. It provides a standardised assessment of a child or young person's needs, and how those needs should be met, and can be used by practitioners across children's services in England. Along with other innovations (such as the role of the lead professional and the introduction of the Information Sharing Index), it helps agencies provide a more integrated service for children, young people and their families.

⁴ Universal services are expected to use the CAF as an assessment tool and for referral when universal services believe the child needs access to some of the targeted services provided by the CYPS, TPCT and YOS. Generally CAFs should only be used if additional services or planning and co-ordination are likely to be needed

- 14.2 The CAF is designed 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.
- 14.3 The assessment can help to promote early intervention and tackle problems before they become too serious.
- 14.4 The Common Assessment Framework (CAF) is a generic needs-based assessment, developed by the DCSF, which can be undertaken by practitioners from a wide range of occupational groups and provides an initial assessment of a child's/young person's need for extra services. These services are part of the multi-agency team around the child and are responsible for meeting the needs of the child/young person in their specialist area. Relevant information from the CAF feeds into any further specialist assessments to avoid the child/young person having to repeat their story more than once.
- 14.5 It is important that there are robust protocols in place covering care pathways and referral procedures for young people's substance misuse services, jointly owned by the DAAT and Children and Young People's Strategic Partnership.
- 14.6 At the end of 2006 and beginning of 2007 Haringey trained all Health Visitors and SENCO's (Special Education Needs Co-ordinators) in primary and secondary schools and Children's Centres as CAF assessors. At the beginning of 2008 Family Support Workers, Midwives and additional health visitors, school nurses and community health staff were also trained.
- 14.7 There is a rolling programme of awareness raising sessions for a range a of staff across the partnership including
- YOS;
 - Education Welfare Officers;
 - Educational Psychologists;
 - Social Workers;
 - Staff in Children's Centres;
 - Speech and language therapists and teachers.
- 14.8 This means that there are assessors available in universal provision and those in other services know how to make sure that a CAF assessment can be undertaken if they identify the need.
- 14.9 Priorities for training this year include Connexions and the youth service. Most staff have either been trained or about to receive training on the use of the Common Assessment Framework. Where young people are identified as engaging in

⁵ Local Safeguarding Children Board

substance misuse, the youth worker or Personal Advisor will be equipped to make an appropriate referral.

- 14.10 Haringey has begun work with the private and voluntary sector to identify their training needs and support them in delivering appropriate training.
- 14.11 Additionally, LSCB⁵ training includes Common Assessment Framework multi-disciplinary training.
- 14.12 Schools are very aware of the role of the CAF and are continuing to develop this as a basis for identification, assessment and recording concerns about children and young people.
- 14.13 During the academic year 2007-08 the Children's Network Panel (CAF Panel) received a total of 828 referrals, and of these, 104 were received from secondary schools and 13 young people were referred on to the Vulnerable Young Person's Drugs Worker for school-age children and young people (VYPW). However schools are not required to refer to the Children's Network Panel in order to assess other services that support young people in addressing substance misuse issues and many will refer directly to these services without necessarily completing a CAF.

15. The Drug Use Screening Tool (DUST)

- 15.1 Research indicates that many factors can increase the risk of a young person moving from 'drug use' to 'drug misuse', while some protective factors can reduce these risks. For those other than specialist drug workers it can be difficult to distinguish between use and misuse and to appropriately assess these risk factors. The DUST tool helps with this assessment.
- 15.2 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.
- 15.3 The senior practitioner based in the Leaving Care and Asylum Team has responsibility for promoting the use of the DUST in that team. The senior practitioner in Safeguarding, Children in Need promotes its use in those teams. The VYPW (for schools and Pupil Support Centre (PSC) and school-age but not in school) also uses the DUST screening tool and all young people excluded from school are automatically DUST screened as part of their initial assessment at the PSC with on-going assessment, as it has been found that the screen on admission to the PSC may not always be a true reflection of the young person's or family's situation.
- 15.4 DUST information has recently been included on Framework-i which will make monitoring and promotion of its use easier. However, there is a need for all social

workers working with children and families to be trained in how to identify children and young people who may have a substance misuse problem and then how to use the DUST.

16. Youth Offending Service (YOS) ASSET

16.1 The Youth Justice Board describes ASSET as:

“...a structured assessment tool used by YOTs in England and Wales on all young people who have offended and come into contact with the criminal justice system. It aims to look at the young person’s offence or offences and identify a multitude of factors or circumstances – ranging from lack of educational attainment to mental health problems – which may have contributed to such behaviour. The information gathered from *Asset* can be used to inform court reports so that appropriate intervention programmes can be drawn up. It also highlights any particular needs or difficulties the young person has, so that these may also be addressed. In addition, *Asset* can help to measure changes in needs and risk of reoffending over time.”

16.2 ASSET is used as a core assessment and is carried out for all YOS clients. It has a section on substance misuse which asks about:

- the type of substance used;
- recent use;
- age at first use;
- ‘risky practices’ such as injecting;
- attitude to substance use;
- links to offending.

16.3 All YOS clients have a further assessment in relation to substance misuse - 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.

16.4 There were 190 SASSI completed by the YOS during the academic year, September – 2007 – August 2008.

17. Referral routes into substance misuse treatment - 2008

17.1 CAF identified 13 young people requiring additional intervention in relation to alcohol and/or drug misuse. These were referred to the Vulnerable Young Person’s Worker based in the CYPS multi-disciplinary teams. In addition, during the same period, the VYPW received eight self-referrals from young people or their parent/carer. However, not all referrals were for young people who needed signposting to treatment services.

- 17.2 Approximately 60% of such referrals were for those young people considered to be at risk of substance misuse if they did not change their behaviours or remove themselves / be removed from settings where substance misuse was prevalent. The development of youth activities by the YISP has enabled several to become engaged in positive activities.
- 17.3 In the academic year 2007/08. The YOS had a caseload of 190 young people aged between 10 and 18 years that required intervention for drug misuse. Young people reaching the age of 18 and who are still on an order are referred on to In-volve, as well as those who complete their order but still have treatment needs.
- 17.4 The Senior Practitioner in Leaving Care and Asylum team received 13 referrals between September 2007 – August 2008, requiring intervention.
- 17.5 Up to Quarter 3 2008/09 In-volve had received 15 referrals and worked with 15 young people in treatment. The number who are recorded on NDTMS as being in specialist treatment was 7. Local data will always be higher than the reported national due to clients being able to withhold their consent..

RECOMMENDATIONS

- 1. That the second stage of the review identifies the systems for identification and possible early interventions available within primary and secondary schools.*
- 2. That the second stage of the review examines the CAFs that were referred to the substance misuse worker alongside a small selection of those referred by the CAF Panel to On Track; Behaviour Support; Children & Families Services or Family Support. This would provide a quality assurance check to ensure appropriate referral for those identified vulnerable young people.*
- 3. That the second stage of the review examines the individual roles of the staff in schools who undertake assessments of children and young people who may be at risk of substance misuse and identifies any training needs that they may have. E.g. Teachers, Learning Mentors, Counsellors, Educational Welfare Officers.*
- 4. That the second stage of the review should analyse a random sample of SASSI forms completed in the academic year September 2007 to August 2008 by age, gender, ethnicity, nature of intervention and onward referral.*
- 5. That future CAF training sessions includes the early identification of substance misuse by children and young people, or that all staff who are designated as assessors access specific substance misuse training..*
- 6. Each agency should ensure that the in main assessment tools are inclusive of substance misuse and that all relevant staff are trained in the assessment tool and have local knowledge of available resources. A rolling programme of borough-wide training in assessment of vulnerable young people and substance misuse be coordinated by the Head of Workforce Development in the Children and Young People's Service linking with the TPCT training staff.*
- 7. Relevant social workers and other professionals working with children and young people are (re) trained in substance misuse matters, e.g. How to identify substance misuse, dangers of substance misuse, brief interventions, referral routes to specialist services and the role of the Core Assessment in these processes.*
- 8. DUST should be promoted for use by social workers in all relevant C&YPS teams, including those working with parents misusing alcohol and drugs.*
- 9. The relationship between the Initial and Care Assessments and the DUST should be included in the basic substance misuse awareness training for social workers.*
- 10. That Youth Justice Board guidance on the use of appropriate ASSET and SASSI information when completing the CAF be considered for inclusion in the CAF training process*

GLOSSARY

ASSET

A structured assessment tool to be used by Youth Offending Teams in England and Wales on all young offenders who come into contact with the criminal justice system.

CAF

Common Assessment Framework

CYPS

Children and Young People's Services

DAAT

Drug and Alcohol Action Team

DCSF

Department for Children, Families and Schools

DUST

Drug Use Screening Tool

IYSS

Integrated Youth Support Service

PRU

Pupil Referral Unit

PSC

Pupil Support Centre (Haringey's secondary PRU)

SSASI

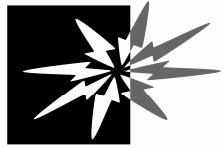
Substance Abuse Subtle Screening Inventory

YISP

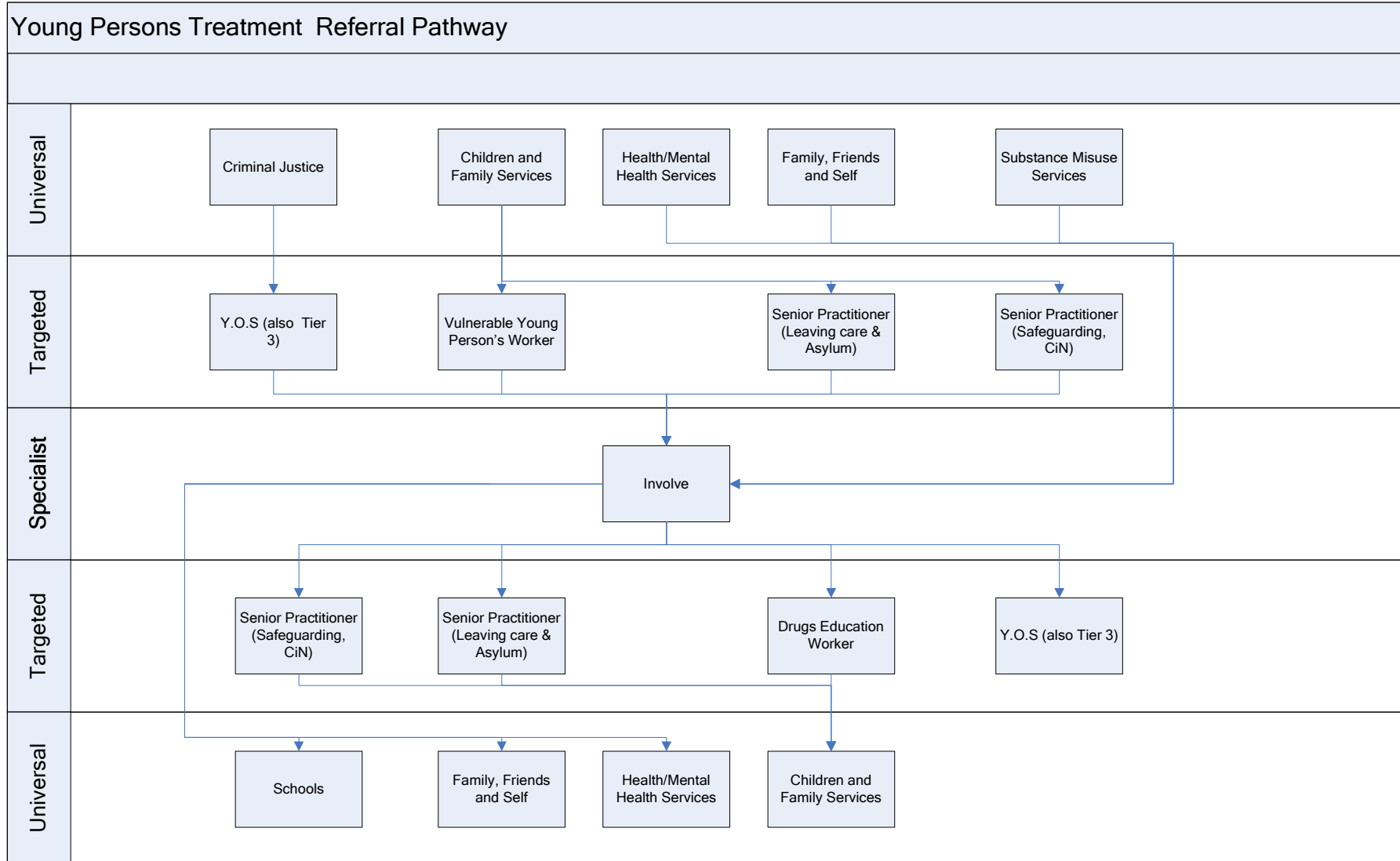
Youth Inclusion Support Project

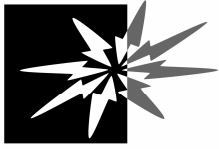
YOS

Youth Offending Service



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