



IDENTIFICATION OF YOUNG PEOPLE'S SUBSTANCE RELATED NEEDS

**A TOOLKIT FOR SERVICES
WORKING WITH CHILDREN &
YOUNG PEOPLE UNDER 19 YEARS**

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THE PURPOSE OF THIS TOOLKIT

The following toolkit has been developed by Hampshire Drug and Alcohol Action Team (DAAT) to support all children and young people's generic, primary care and early intervention youth orientated services in the statutory and voluntary sector to;

1. Provide good practice guidance in screening for substance related needs of children and young people in contact with universal and early intervention young people's services.
2. Assist staff completing the Common Assessment Framework (CAF) forms to address substance use and misuse use within the assessment process.
3. Assist staff in completing other young people's assessment tools by ensuring key areas are addressed on substance use and misuse screening in line with national guidance and good practice.

1.1 EVERY CHILD MATTERS

Reducing substance use is a key target in the Every Child Matters outcomes framework under 'Be Healthy'. Priority national targets have been set for reducing smoking, drinking, Class A drug taking and the regular use of any illicit drugs, especially among the most vulnerable.

Following the introduction of the Every Child Matters agenda the aim is to ensure substance misuse work is mainstreamed within the Children's Services agenda. Directors of Children's Services and Drug Action Teams should agree joint targets to deliver clear local service improvements in support of the young peoples national drugs targets. In line with this, reduced substance misuse is reflected under local targets within the Hampshire Children and Young People's Plan.

The national approach has three main objectives:

- **Reforming delivery and strengthening accountability.**

Closer links should be developed between the National Drug Strategy and Every Child Matters: Change for Children programme nationally, regionally and locally.

- **Ensuring provision is built around the needs of vulnerable children and young people.**

More focus should be placed on prevention and early intervention with those most at risk, with drug misuse considered as part of assessments, care planning and intervention by all agencies providing services for children, including schools.

- **Building service and workforce capacity.**

A range of universal, targeted and specialist services should be in place to meet local needs and ensure delivery of workforce training to support it.

Integration is reinforced through the Children Act 2004, within the new Local Safeguarding Children Boards (LSCB), where explicit references are made to developing local protocols and strategic development with the Drug Action Teams and the development of a response to protect children who are suffering or at risk of suffering harm, including substance use.

1.2 NATIONAL DRUGS STRATEGY

The Government's ten-year national drugs strategy for England 'Tackling Drugs to Build a Better Britain' (1998) set a vision to create a healthy and confident society, increasingly free from the harm caused by the misuse of substances.

A key aim of this strategy is;

"To help young people resist substance misuse in order to achieve their full potential in society"

The young people's theme of the national strategy is coordinated through cross-working by the Home Office, Department for Education and Skills and the Department for Health in conjunction with the National Treatment Agency and the Youth Justice Board. A Public Service Agreement target has been set to reduce the use of Class A drugs among under 25s with a focus on vulnerable young people.

In line with the National Drugs Strategy, Hampshire DAAT, through the Young People's Joint Commissioning Group, is responsible for commissioning and purchasing a range of services to meet national targets set at a local level from the Young People's Substance Misuse Partnership Grant along with other mainstream funding.

Hampshire DAAT and its partners are expected to provide a comprehensive range of services for young people and their parents and carers including substance misuse education and prevention, early intervention services, treatment and aftercare.

Key partners include Children's Services (both Education and Social Care), Connexions, Youth Offending Teams, Police, Health and the Community and Voluntary sector. Young People and their families should be actively involved in planning and commissioning through feedback systems and the involvement of representatives.

1.3 THE FOUR TIERED MODEL OF SERVICE PROVISION

The model of commissioning and service delivery for children and young people's substance use has been developed in line with the Health Advisory Service (HAS) guidance (1996, 2001) 'The Substance of Young Needs'.

The Four Tiered Model is based on the belief that all children's and young people's services have a role to play in addressing substance related issues, no matter how small e.g. giving information or making a referral.

The HAS guidance acknowledges that in meeting the needs of children and young people, services should work collectively, sharing expertise and support across different levels of specialism. The four tiered model is not hierarchical; it simply acknowledges what services can offer within their role and responsibilities. The emphasis is on a collective response, with the aim of keeping young people engaged in mainstream services.

It is the role of the universal children's services, (Tier 1) to ensure that those children that require interventions can receive them. Many young people will not require substance misuse treatment by specialists, some will. However, all young people should receive substance misuse education, and for those who are disaffected from school special efforts will have to be made to ensure this happens.

Additionally many young people will use substances at one time or another, and many will need to receive a short intervention to ensure they are fully aware of the risks, and to help them overcome any minor difficulties they may be having related to their substance misuse. Specialist substance misuse services would only come into contact with children/young people when more complex issues have arisen.

Below is a brief explanation of the tiered model, the roles and responsibilities.

TIER 1: GENERIC AND PRIMARY CARE SERVICES

Their role within the tiered structure is to ensure universal access and continuity of advice and care to all young people. Tier 1 services are mainstream services for young people concerned with education improvement and maintenance of health, educational attainment, identification of risks or child protection issues.

Tier 1 services are expected to screen for tobacco, alcohol and drug use or misuse, provide basic advice and information about substances as part of a general health improvement agenda and identify those with vulnerability or difficulties in relation to substances, referring onto Tier 2 services where appropriate. Tier 1 services would also be concerned with ensuring all young people have access to drug education, basic information and advice and health promotion.

TIER 2: YOUTH ORIENTATED SERVICES

Practitioners with some experience of substance use issues and youth specialist knowledge should be working at this level. The aim and purpose of Tier 2 services is concerned with reduction of risks and vulnerabilities, of reintegration and maintenance of young people in mainstream services.

TIER 3: YOUNG PEOPLE'S SPECIALIST SERVICES

The aim of Tier 3 services is to deal with complex and often multiple needs of the child or young person, and not just with particular substance use problems. Tier 3 services also work towards reintegrating the child/young person into their family, community, school or place of work.

TIER 4: VERY SPECIALIST SERVICES

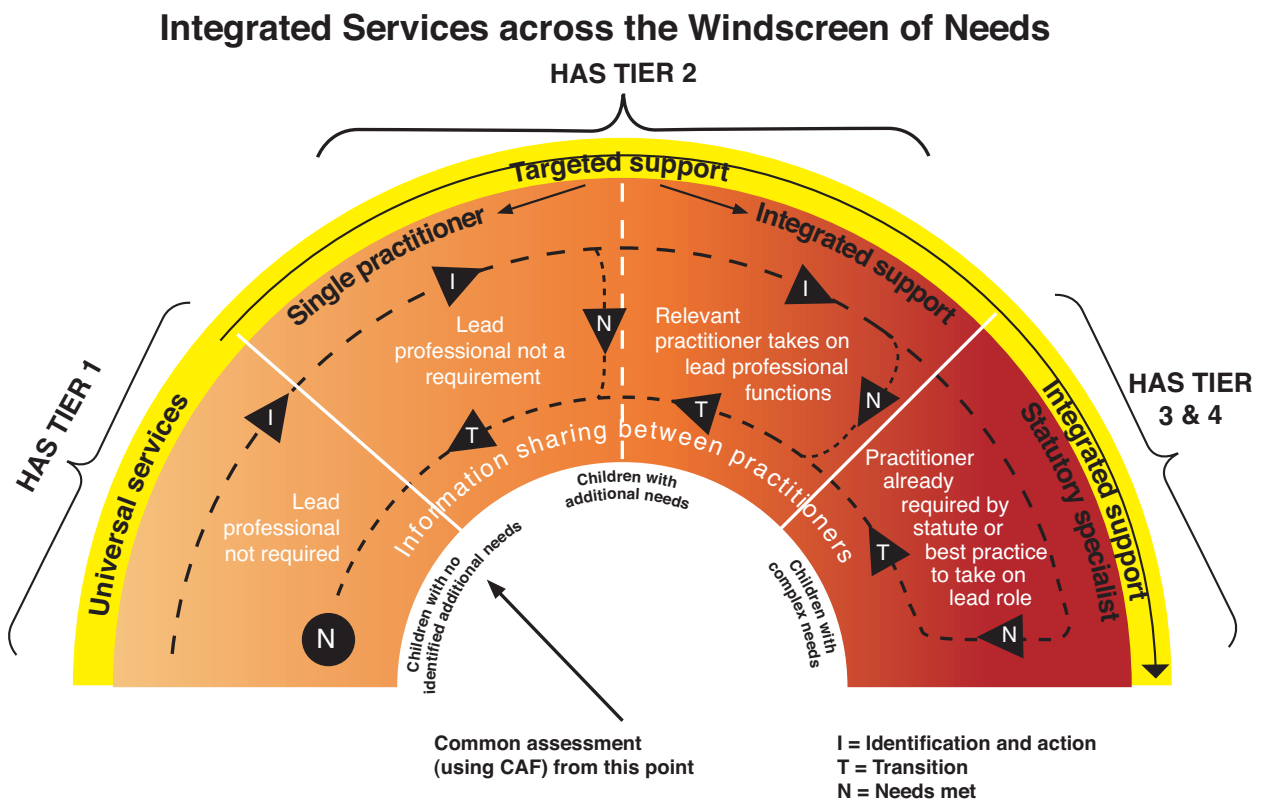
It is recognised that for a very small number of young people there is a need for intensive interventions, which could include: short term substitute prescribing, detoxification and treatment or respite care away from home. Care away from home might be offered in a number of different ways such as residential units, enhanced fostering and supported hostels.

1.4 HOW THE FOUR TIERED MODEL FITS WITH THE COMMON ASSESSMENT FRAMEWORK FUNCTIONS

The HAS tiered model for substance use fits appropriately with the 'Windscreen of Needs and Care Pathways Model' which forms the basis of the Common Assessment Framework model for Hampshire. Diagram One shows the relationship between these 2 models.

Children and young people should have their substance use needs identified along with any other need within the care pathway below. Children and young people may move between services depending on their needs, but the emphasis is one of continuous and planned care, with agencies across the spectrum working together to ensure that children and young people stay within universal services.

DIAGRAM ONE



1.5 TERMS & DEFINITIONS

Within key national documents there are a range of common terms being used to describe 'substance taking', 'use' and 'misuse' for children and young people. The use of a common set of agreed terms and definitions is important to clarify understanding and have a consistent language when discussing the substance use issues for young people.

A set of common terms have been taken from the Children Act 1989, key national substance related documents (HAS reports 1996, 2001) and policy guidance. It is anticipated that these definitions will become working terms amongst Hampshire providers to ensure a consistency of approach. Services should identify ways of introducing and reinforcing these terms into everyday practice, through training events, team meetings and changing policy documents.

The definition of 'substance' promoted by Hampshire DAAT is as follows;

'Substance' is used to refer to any psychotropic substance (capable of affecting the mind – changing the way we feel, think and or behave) including alcohol, tobacco, drugs sold as 'legal highs', illegal drugs, illicit use of prescription drugs and volatile substances such as solvents (gases, lighter and other fuel) some plants and fungi (magic mushrooms); over-the-counter and prescribed medicines that are used for recreational rather than medical purposes.

It is important to stress that the terminology used by young people's workers is different than that used for adults. This is important in making a separate and distinct message about children and young people's use.

Additionally children and young people many not use the same terms or have the same understanding of terms used by adults; for example they may describe themselves as using drugs recreationally or for pleasure (as opposed to problematically). Exploring this with young people might reveal that the amount of use, what they get up to under the influence of substances and the risks they take would not necessarily fit with an adult definition of recreation or for pleasure!

Therefore exploration of terms used by children/young people is essential to accurately meet their needs, plan interventions, identify risks and make appropriate referrals. For a full list of terms See Appendix 1.

PRACTICE TIP

Substances have 'street', 'slang' or 'jargon' names. It is impossible to know all of these as they can change within different areas or age groups, and new ones are always being invented. To keep up to date on current names staff can look up latest names by accessing the Frank website on www.talktofrank.com

However ALWAYS check/clarify the main name of the substance, as some street names mean different substances e.g. GEAR can mean cannabis or heroin. Making assumptions about names of drugs could result in misplaced advice, missing risky use, and losing face with the young person.

2.0 THE SCREENING PROCESS

The following guidance has been written to support those working with children and young people in a range of settings, to identify substance related needs using the CAF forms or through any other assessment process e.g. Connexions APIR or ASSET. The development of this guidance document has been based on the national guidance 'First steps in identifying young people's substance related needs' (DrugScope 2003).

2.1 WHY IS IT IMPORTANT TO IDENTIFY SUBSTANCE RELATED NEEDS?

Identifying vulnerability to substance use/ misuse is crucial to help identify those children and young people who may be experiencing problems or engaging in risky activity due to their substance use.

DrugScope (1999) defined vulnerable young people as:

- **School excludees**
- **Children 'looked after'**
- **Young offenders**
- **Young homeless**
- **Young people living in difficult circumstance e.g. sexually exploited children**
- **Young people with disabilities**
- **Young people with behavioural and or mental health problems**
- **Children of substance using parents**

Within Education there are well known factors that would also indicate vulnerability. These should be considered in order for early identification of risk to substance use or misuse, so that work can be undertaken to minimise patterns of use.

Risk factors include:

- Pupils with special educational needs, particularly those whose needs were identified 'late' e.g. pupils not recognised as dyslexic until secondary school etc.
- Pupils with a history of bullying either as recipient or perpetrator.
- Pupils who have made a difficult transition from primary to secondary school or from one school to another (making few or no friends, behaviour difficulties, consistently working below ability, persistent lateness or absence – including sickness etc.).
- Pupils who exhibit high levels of risk taking within the school context, such as constantly and knowingly breaking rules or codes of conduct to draw attention from peers.
- Pupils known to smoke regularly from an early age e.g. 10 – 12 years.

By identifying these vulnerable young people, help and support structures for substance misuse can be utilised to serve their needs within a developmental context. Identifying substance use/misuse may also assist in the identification of those vulnerable young people who are currently not recognised as young people with substance misuse problems.

If more information is known, future planning of substance education, prevention and treatment services can be tailored to meet their needs. Identifying needs ensures that children and young people can receive a relevant intervention by the right professional quickly.

2.2 WHAT IS THE AIM OF SCREENING?

The aim of screening is;

To get a better understanding of a young person's needs around substance related issues, so the appropriate help and support can be given if required.

2.3 WHAT DOES SCREENING AIM TO IDENTIFY?

As with all screening and assessment processes the information gained is often only dependent on what children and young people want to discuss or ask. The practitioner should try to gain as much information as possible but without interrogating him/her. The purpose of screening is not to interrogate all young people about use or potential substance use, but respond to situations and circumstances to enable exploration of the subject.

The screening process may sound daunting but the key to this is to keep it simple. The question often asked, but one which is unsatisfactory is 'Do you use drugs?' This guidance recommends that more searching open ended questions need to be asked based on why the young person is presenting.

Discussions with young people should aim to provide enough information for a worker to be able to identify needs and risks.

The following are areas that the practitioners should try to explore depending on the presentation;

AS A MINIMUM ALL THOSE UNDERTAKING SCREENING SHOULD AIM TO IDENTIFY:

- What is the presenting request/situation?
- Is the child/young person in immediate risk or increasing risk (health, social, legal, or emotional)?

ALL SCREENING SHOULD BE INFORMED BY:

- The presenting issue.
- The screening method (a formal tool or an informal discussion) and;
- The competency of the worker.

IN UNDERTAKING A FULL SCREENING PRACTITIONERS SHOULD EXPLORE ONE OR MORE OF THE FOLLOWING:

a. A young person's knowledge of substances?

It is important to assess levels of knowledge as many young people have not received education or have picked up on local myths from their peers about substances. Potential areas to ask questions about include:

- **Has the young person received drugs education?**
- **What did they learn about?**

It is important to establish if their knowledge is above that of other children their age e.g. nine years olds knowing the names of street drugs as compared with knowing they shouldn't take tablets/medicines unless for medical reasons.

b. Gaps and accuracy of knowledge of different substances?

Identifying gaps/inaccuracies is a good way of identifying needs even if a child/young person is not using substances. Potential areas to ask questions about include:

- **Did their drugs education enable them to have the right information based on their age?**
- **Does the young person know the Law around substances e.g. cannabis is still illegal (Class C).**

- **Does the young person know about risks and effects of different substances e.g. overdose, developing tolerance etc.**

Get them to describe what they are thinking of taking, and do they know what the substance will do, what are their expectations, are they really informed or completely off the mark.

c. If the young person is using substances?

Not all young people take substances. Often young people come to the attention of staff because others say they are using OR the young person is saying they are, but aren't.

In these circumstances the screener should listen to the young people's point of view. The screener should explore possible or actual use by asking open ended questions about substances to check their knowledge of the substance, accuracy etc.

Where a young person is taking substances the service should elicit information on the following in order to identify needs and possibly make a referral:

- **The substances used (names, what it looks like).**
- **The amount of use (number of tablets, cigarettes, wraps, bongs, or quantity at any one time e.g. 3 Alco pops, 1/8th cannabis etc).**
- **The frequency of use (explore terminology). If young person says recreational, establish times of days, how often etc.**
- **The route of use – the way they get it into the body, never assume, always clarify.**
- **Circumstances surrounding use, e.g. where they are getting their substances, why they may be using, who are they are using with, where they are when they are using.**

In addition, the screener and the service should consider whether there are any child protection issues both in relation to substance use, misuse or other presenting factors.

d. If the young person misuses substances?

To screen for misuse, the practitioner should cover the same points in c) above. It is the answers to the discussion that should provide information if use is resulting or leading the child/young person to problems, HOWEVER, the young person may not perceive it as 'misuse'. It is important that the information from the screening is then considered alongside the referral criteria for Tier 2 and Tier 3 services.

The screener must explore immediate risks related to substance use and if substance use is part of complex troubling behaviour (mental health affected, physical health at risk, becoming involved with criminal justice system). Again, a young person may have different interpretations of risk, so the screener should consult with line managers or seek guidance from other services.

2.4 WHEN SHOULD A SCREENING TAKE PLACE?

This guidance recommends that needs should be identified in the following situations:

- **Following actual or strong evidence of substance taking.**

Drug using equipment found.

The young person smells of alcohol or glues.

The young person's behaviour or appearance is markedly different to normal.

- **Where a young person seeks substance related advice and information from a member of staff on a one to one basis.**

Assumptions must not be made that the young person is automatically using something, they may be thinking about it, be asking on behalf of someone else or as a result of parental use. Screening should explore reasons for wanting advice.

- **When a substance related incident occurs**

Schools, youth clubs, residential units should already have a policy that states what a substance related incident is. This could include; children/young people bringing alcohol, cigarettes or drugs onto the premises, young person taken to A&E, drugs and equipment found etc.

- **When a vulnerable young person comes into contact with a service as part of a routine health or generic assessment.**

This is not to say that all vulnerable young people (See Section 2.1) are taking substances. However because of the growing evidence base of higher and earlier use among vulnerable groups, it is considered good practice that vulnerable young people are screened for any substance related issues, so if required, the appropriate education and prevention approaches can be put in place to support the young person.

Inline with the Young People's Substance Misuse Plan, key groups to screen include children looked after, persistent truants and school excludees and young offenders. The most important part of the needs identification is that it should be part of the child/young person's life context and not seen as a separate piece or a specialist function. Any screening should be integrated within existing routine health or generic assessments.

CASE STUDY: WHY EARLY SCREENING IS IMPORTANT

Gemma's father died in a car accident when she was just nine. After a year her Mum started a relationship with a new partner. Gemma felt left out and found she really missed her Dad, but now felt she had no-one to talk about it. One night her Mum and partner went out and left a bottle of vodka on the table. She tried it, hated the taste but after a few gulps she found it made her feel a bit different. During Year 6 she started to lose interest in her schoolwork and stopped doing any homework. She carried on trying different types of drinks, but found vodka took the edge off things best.

At secondary school she met a couple of girls who also liked vodka. They would meet up after school, have a drink, go home for tea then meet up again later to carry on drinking. At weekends they would hang around with others and got into a routine of getting as drunk as they could. One of Gemma's two friends ended up in hospital twice.

In Year 9, Gemma, developed a pattern of regular drinking; daily, and usually vodka. Her school work had deteriorated since Year 6, and she started to miss school. She and her friends then started to steal to either get money to buy alcohol or were stealing it from corner shops.

At the end of Year 9 and still only 14 Gemma is now drinking about one bottle of vodka a day. One evening she gets into a stolen car with two boys, they too have been drinking. At 10.15pm that evening, the car crashes into a bus stop killing a man. This leads to Gemma being taken to Court. She is assessed by a Youth Offending Team (YOT) worker, who finds out her level of drinking, and why she started in the first place; death of her father in a car accident.

The YOT worker reflects, "how come no-one in 5 years noticed anything was going on, or had any concerns. How sad, that it has taken this girl to get to this level of dangerous drinking and contact with the Criminal Justice system before anyone found out what has been going on.....it's a real pity that no-one could have picked this up earlier....."

2.5 WHO SHOULD UNDERTAKE SCREENING?

All those that work with children and young people who possess Every Child Matters Common Core Knowledge and Skills are recognised as having the skills to undertake this role.

The HAS (1996, 2001) report details the competencies needed by the different Tiers of substance misuse service provision. During the introduction of the substance related needs process, it will be important to identify those professionals who already have knowledge of substance use.

To undertake screening of substance use/misuse, and provide advice, information, education and make onward referral, the Health Advisory Service identified competencies for staff to undertake take this role. They are as follows;

- Ability to deliver services which are sensitive to the impacts of diversity, for example ethnicity and culture, gender or sexuality.
- A basic knowledge of the physical, psychological and social effects of mood-altering drugs and alcohol, including the impacts of substance misuse by parents on children and young people.
- Awareness of your own attitudes towards, and experiences of substance use and misuse and how these may impact on your work with young people who use and/or misuse substances.
- Recognise drug and alcohol use by young people, and related problems.
- Identification of young people's substance related needs with particular reference to the ability to distinguish between substance use, for example of an experimental nature and harmful use.
- Ability to deliver simple interventions, for example information or advice about withdrawal from substance use and harm-minimisation, when appropriate.
- Awareness of local specialist substance misuse agencies and specialist staff and about when and how to refer.

Staff undertaking screening of substance related issues are expected to develop competencies for this work. Hampshire DAAT will deliver training annually for staff on these competencies to support this process.

**CHECK OUT HAMPSHIRE DAAT WEBSITE FOR FURTHER INFORMATION ON SUBSTANCE USE/
MISUSE TRAINING OPPORTUNITIES.**

www.hampshiredaat.org.uk

2.6 SHOULD A FORMAL OR INFORMAL SCREENING PROCESS BE USED?

The process of 'screening' can be undertaken in the following ways:

- Informally through a conversation.
- Incorporating the identification of substance related needs into the CAF (section 2.7).
- Incorporating the identification of substance related needs through other assessment tools.
- Through observation.

How a child or young person comes into contact with a service will probably determine how the screening is conducted. Although the settings in which the screening may vary e.g. School, Youth Centre, Connexions, Youth Offending Team, Education Centre, the principles and practice should be the same.

If a screening is conducted informally for example; observing a young person's behaviour attending a Youth Centre or having a discussion with a group of young people on an estate who have requested some drugs information, the practitioner may need to formalise this process if disclosed information or observation highlights the need for intervention. Consent must be gained for this, unless child protection issues arise. Asking the minimal questions should assist with this more informal process.

If your organisation is using an established assessment tool e.g. children looked after health assessment/review or a Youth Service tool it's important to ensure that all the key screening questions are being asked as part of this process. Section 2.3 provides guidance on all the questions that should be asked as part of this process.

2.7 UNDERTAKING SCREENING USING THE CAF

Every Child Matters: Change for Children introduced the Common Assessment Framework (CAF) to standardise the way that young people's needs are assessed across agencies, and to aid multi-agency working in ensuring that all the needs are met.

Substance misuse screening within the CAF process may de-stigmatise substance use/misuse and puts young people at the centre of service delivery, addressing all their needs. As the CAF pre-assessment checklist and CAF form cover a wide range of areas impacting on a child/young person's life, it is important to look at substance use within the context of their life as a whole. In undertaking this process you should remember that one of the main problems regarding substance use and misuse is that often the child/young person does not see themselves as having a problem or being at risk.

Substance use can impact on a child/young person in different ways. Focusing only on physical signs and symptoms can be misleading as children and young people can react to, or experience substances in different ways.

DrugScope (2002) described four areas of a young person’s life that substance use could affect, either singularly or collectively. These examples are useful in terms of a holistic assessment and could be applied to making an assessment under any of the 5 outcomes within the CAF. They are detailed in Table A.

TABLE A: HOW TO SCREEN USING CAF

EDUCATION	HEALTH
<p>Relates to CAF Form: Section 1, Development of child, young person</p> <ul style="list-style-type: none"> • Learning. 	<p>Relates to CAF Form: Section 1, Development of child, young person</p> <ul style="list-style-type: none"> • Health
<p>Substance taking or misuse may affect a child/young person’s education:</p>	<p>Substance taking or misuse may affect a child/young person’s health:</p>
<ul style="list-style-type: none"> • Substance education may have been missed. 	<ul style="list-style-type: none"> • Physical affects taking cocktails or unknown substances, the risk of over dose, development of tolerance and in some instances psychological dependence.
<ul style="list-style-type: none"> • Poor or inconsistent attendance. 	<ul style="list-style-type: none"> • Intoxication and regular substance use may precipitate mental health difficulties, such as depression, paranoia, or psychosis, or it may be a form of self medication in response to untreated mental health difficulties.
<ul style="list-style-type: none"> • Special needs not assessed or addressed. 	<ul style="list-style-type: none"> • Poor diet, substances may suppress appetite resulting in weight loss or increase appetite for sugary, processed food that are easily digested.
<ul style="list-style-type: none"> • Inappropriate or difficult behaviour; while under the influence or coming down from substances; involvement in substance taking peer group. 	<ul style="list-style-type: none"> • Risk behaviour through disinhibition, income generation, or life style.

<ul style="list-style-type: none"> • Cognitive ability and concentration may be temporarily impaired due to substance effects or lack of sleep. 	<ul style="list-style-type: none"> • Injecting; infections or injury from poor technique (e.g.abscesses); risk of infection (Hepatitis or HIV), if sharing injecting equipment; increased risk of overdose.
<ul style="list-style-type: none"> • Temporary or permanent exclusion; social exclusion. 	<ul style="list-style-type: none"> • Personal safety, vulnerability to abuse; involvement in drug supply, reduced awareness of or ability to respond to dangerous situations.
<ul style="list-style-type: none"> • Legal difficulties related to substance taking or supply on school premises. 	<ul style="list-style-type: none"> • Unsafe sex (STIs, pregnancy) involvement in sex industry.
<p>SELF CARE SKILLS</p>	<p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p>
<p>Relates to CAF Form: Section 1, Development of child, young person</p> <ul style="list-style-type: none"> • Self care skills and independence 	<p>Relates to CAF Form: Section 1, Development of child, young person</p> <ul style="list-style-type: none"> • Emotional & social development • Behavioural development
<p>Substance taking or misuse may affect a young child/person's self care skills:</p>	<p>Substance taking or misuse may affect a child/young person's emotional and behavioural development:</p>
<ul style="list-style-type: none"> • Physical care and hygiene may be neglected. 	<ul style="list-style-type: none"> • Unacceptable, aggressive or passive behaviour linked to taking stimulants or depressants, or substance taking lifestyle.
<ul style="list-style-type: none"> • Problem solving and social skills may be impaired. 	<ul style="list-style-type: none"> • Substance taking as a cause or way of coping with emotional difficulties in the absence of alternative skills or strategies.

<ul style="list-style-type: none"> • Ability/confidence in social interaction without taking substances may be affected. 	<ul style="list-style-type: none"> • Effects of withdrawal or intoxication on behaviour; self-harm, disinhibition, depression, anxiety.
<ul style="list-style-type: none"> • Ability to sustain, or show interest in engaging with agencies (e.g. education, work, benefits). 	<ul style="list-style-type: none"> • Failure to achieve maturational milestones; positive self image, empathy.
<ul style="list-style-type: none"> • Prioritising; substance taking in preference to; basic needs (e.g. food and accommodation) budgeting, dealing with bills or other activities. 	<ul style="list-style-type: none"> • Impulsive or inconsistent behaviour; disregard for rules/norms; self-interest.
<ul style="list-style-type: none"> • Ability to develop or re-engage with a positive social support network. 	<ul style="list-style-type: none"> • Anti-social behaviour, attitudes and peer group involvement leading to social exclusion.
<ul style="list-style-type: none"> • Maintaining contact with local authority carers after leaving care. 	<ul style="list-style-type: none"> • Inconsistent or damaging relationships; isolation from positive influences (family, carers, friends, culture); age-inappropriate, risk of exploitation/abuse.

At a pre-assessment stage we would recommend that you undertake a minimal screen (see Section 2.3) using the CAF Pre-Assessment Checklist, but wherever possible we would encourage you to undertake a full screen.

Within the CAF Pre-assessment checklist substance use can be explored under any of the sections; healthy, safe from harm, learning and developing, having a positive impact on others and free from the negative impact of poverty. Remember to refer to the Table A to consider the impact of substance misuse on these areas and ask open ended questions.

In addition assessors may wish to ask more directly about tobacco, alcohol, drugs, medicines etc, but this must be conducted in a non-judgemental way and follow the principles of good practice outlined in Section 3 of this document.

On the Common Assessment Framework Form there are many opportunities where substance use can also be addressed within this assessment process. The layout of this form covers health, learning, emotional social and behavioural development, self esteem, family and carers, social relationships, self care skills. Each of these headings has a series of key words as prompts for discussing needs and strengths. Substance use could be added to each one of these, based on the indicators again highlighted in Table A. Again, open ended questions about substance use within their every day lives is important; direct, interrogative questions should be avoided.

On completing a Common Assessment Framework Form we would recommend that you go beyond a minimal screen and undertake a full substance misuse screen asking all relevant questions (see Section 2.3).

PRACTICE TIP

The problem is that many of the points in Table A may be caused by things other than substance use and are relatively normal behaviours. Unless you happen to be with someone while they are intoxicated or high on substances you may not see any clear signs and symptoms. Even behaviour that seems like intoxication could be due to other things such as mental health problems or shock.

One of the dangers with lists of signs and symptoms is that you can jump to the wrong conclusion. If you feel that there is something wrong with a young person or that they are acting strangely - talk to them about what is going on in their life. Trying to spot signs and symptoms of substance use is no substitute for good communication. Ideally the screening should be conducted by someone the young person feels confident talking with and should be conducted in a way to provide information on substance related knowledge, patterns of use, risky behaviour, adverse consequences, and connection to other problematic behaviour.

2.8 HOW TO SCREEN USING OTHER SCREENING/ASSESSMENT TOOLS

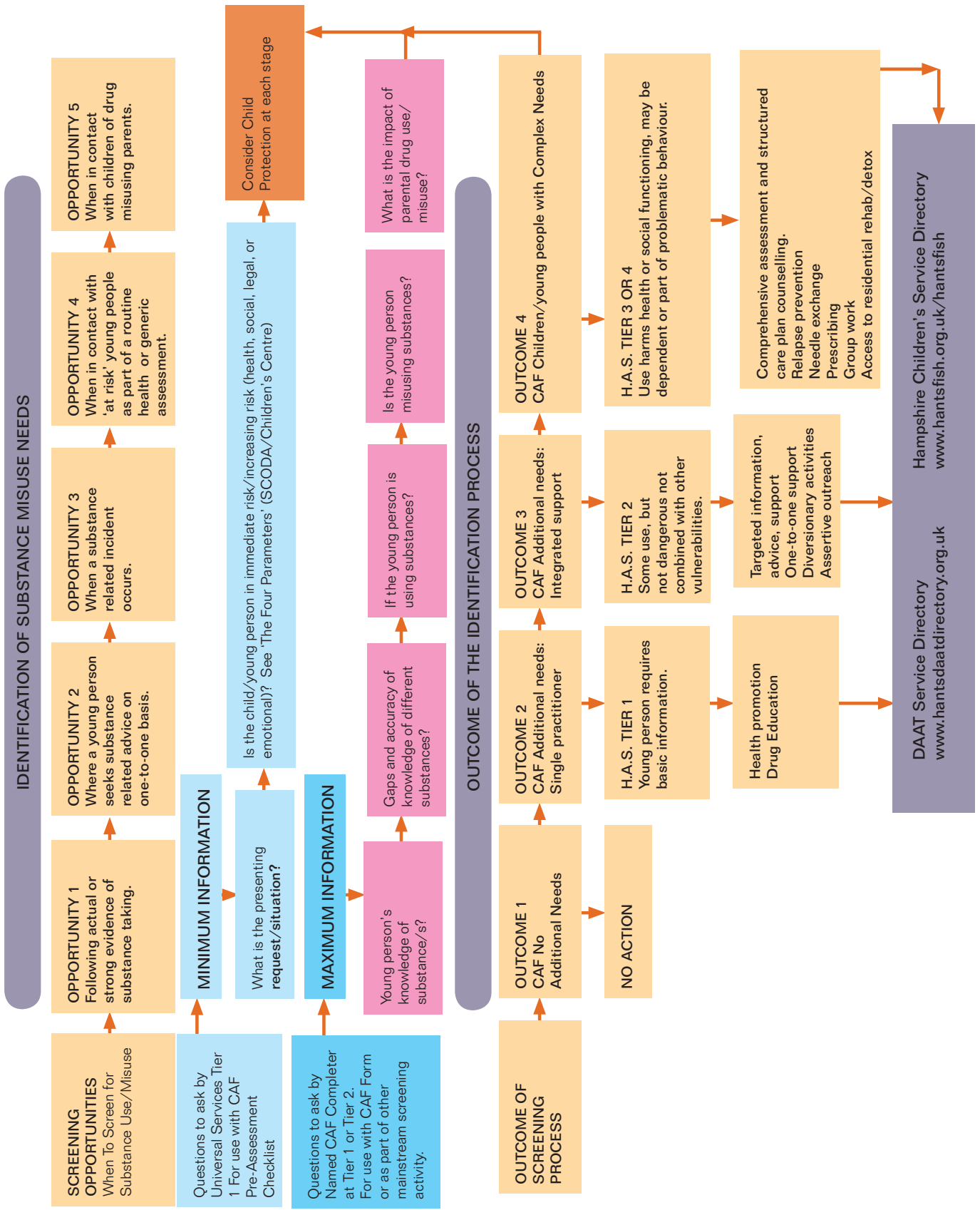
This guidance can be used to integrate identification of substance related needs within other assessment tools such as the Youth Offending Team ASSET Form. As with the CAF, substance use can impact on a child/young person in different ways. Focusing only on physical signs and symptoms can be misleading as children and young people can react to, or experience substances in different ways.

The Drugscope 4 areas of a young person's life that substance use could affect, either singularly or collectively should be referred to. In using other screening/assessment tools, staff should refer to this guidance to ensure questions are asked on all key areas in line with national guidance and good practice.

2.9 THE IMPACT OF PARENTAL SUBSTANCE USE/MISUSE

It is important to note the potential impact of parental substance use on the child/young person as part of the screening process. This is essential and meets the recommendations outlined in the Advisory Council on Misuse of Drugs report 2003 "Hidden Harm - responding to the needs of substance misusing parents". As part of a national audit Hidden Harm estimated that between 250,000 and 300,000 children and young people are affected by parental drug use.

SUMMARY OF SCREENING PROCESS



Parental drug use can significantly impact on children and young people and effective treatment and intervention can have major benefits for both the parent and child. Hidden Harm highlighted the fact that children of drug misusing parents are more likely to be on the child protection register or be in care. National reviews have found that parental substance use is evident in up to a quarter of all cases on child protection registers. Whilst not all parental use may impact on the child/young person it can result in physical harm, neglect, secrecy and stigma.

There are many approaches to assessing parental substance use and its impact.

Forrester (2004) identify the following important principles in undertaking an assessment:

- Focus on the child.
- Recognise that the adult's management of their own life is a good indicator of their ability to look after the child.
- The best predictor of future behaviours is past behaviour.
- Information from a variety of sources is better than information from one.

Kroll and Taylor (2003) emphasise the need to consider the following factors:

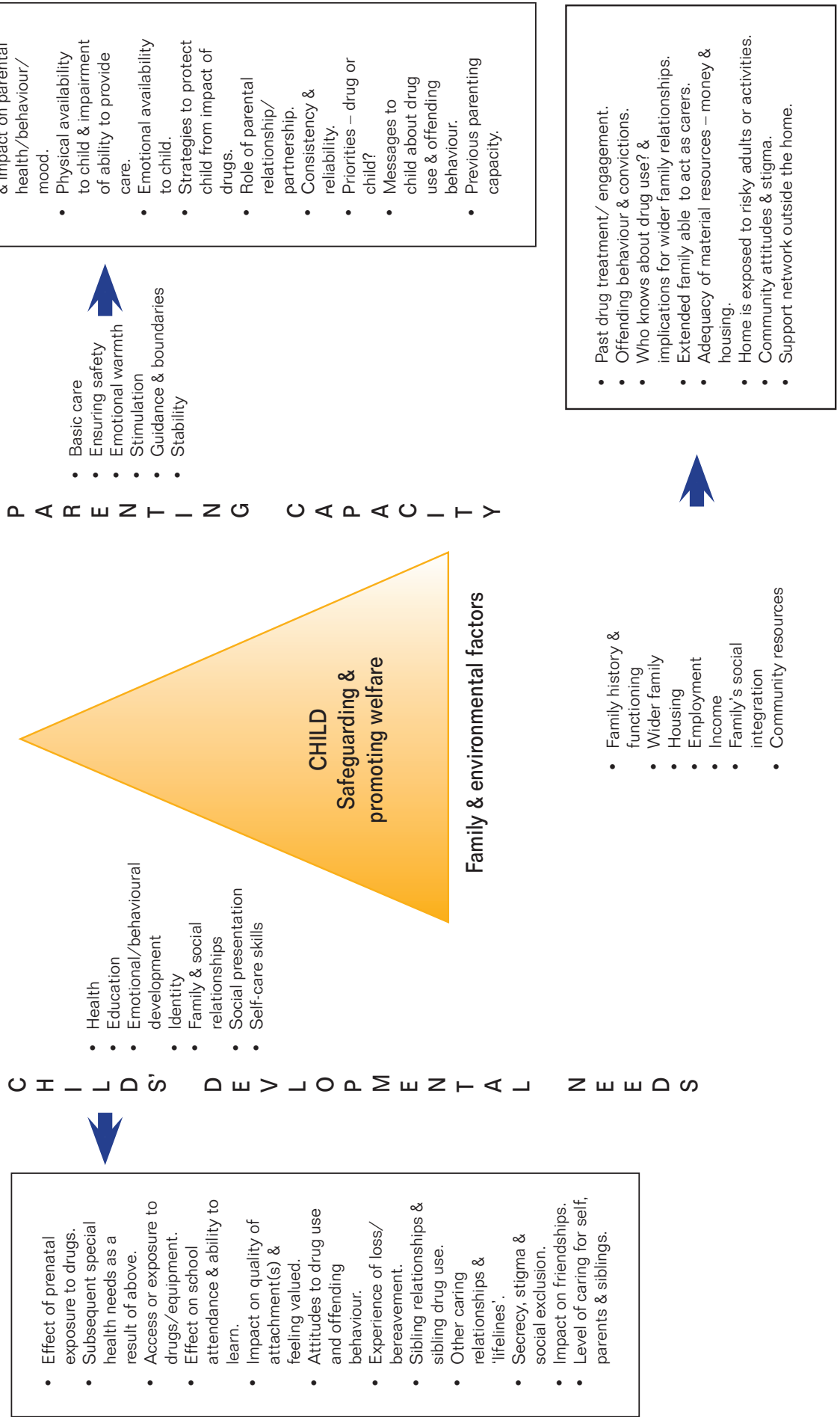
- The quality and feel of the home environment.
- The patterns and effects of substance misuse.
- Whether substance misuse is the central preoccupation of the parents and what this means for the child.

The National Children's Bureau (2006) has developed guidance on how the Assessment Framework triangle could be applied to this area. Additionally Appendix 2 provides a summary of main areas of a potential impact on health and development of parental problem substance use. In considering this area as part of the CAF, the assessment will relate to **Section 2: Parents & Carers** and **Section 3: Family & environment**.

PRACTICE TIP

If undertaking assessments in this area Hampshire Local Safeguarding Children's Board and DAAT will be able to provide further guidance on this issue.

APPLYING THE ASSESSMENT FRAMEWORK TO ASSESSING THE IMPACT OF PARENTAL DRUG USE FROM NATIONAL CHILDREN'S BUREAU, 2006.



3.0 OTHER KEY CONSIDERATIONS IN SCREENING

The following sections are based on the law, and the national guidance 'First steps in identifying young people's substance related needs' (2003). The aim of the following sections is to enable those working with children and young people to understand the principles of confidentiality, involving parents and carers and child protection when undertaking substance misuse screening. All staff should be familiar with Hampshire Children's Services Information Sharing Protocol.

3.1 CONFIDENTIALITY

Confidentiality must be addressed before gaining any information. The young persons understanding of confidentiality should be checked, and recorded in line with your agency policy.

- The screener should explain the service's confidentiality policy, including breaches, prior to asking a child/young person to disclose information. Confidentiality limitations may also differ according to staff position, for example a teacher may have to disclose information to a head teacher, while a school nurse may work within specific confidentiality guidelines. This must be made clear if more than one agency is involved.
- Services should be clear that they cannot offer absolute guarantees of confidentiality, as disclosure may be necessary to protect children from 'significant harm'.
- The consequences of screening informally or through an assessment should be clearly explained to the young person, this should include information about what you as a practitioner can provide, and this may need to include information about the agency you may be referring them on to if appropriate.
- If a child or young person is to be encouraged to approach a service for help and advice in relation to substance use/misuse, it is essential that they are able to do this knowing that their confidences will not automatically be passed on to their parents or school without their knowledge or permission.
- Confidentiality should be explained in a way that the young person can understand, taking account of age and developmental age.
- Where the screening is formal, the recording of understanding the confidentiality procedure is good practice, for example the young person signs a copy of the confidentiality explanation on the CAF form.
- Where informal screening processes have been used and there are concerns about a young person, this should be formalised and confidentiality discussed with the young person.

- As the identification of needs/risks is not an intervention, it does not require permission (consent) however a young person may refuse to answer questions.
- Confidentiality may in some instances need to be breached in line with Fraser guidelines and agency policy and practice; professionals may need to share information with parents and colleagues, to create a co-coordinated, holistic package of care to meet the best interests of the child/young person.
- Professionals must be willing to exchange relevant information but information should only be shared on a 'need to know' basis e.g. if a young person has consented to let family know, this might include that they have attended the service, but not the content of their sessions with key workers OR if there was a child protection issue. It is good practice to inform the young person prior to any confidentiality breach and if possible gain their consent to do so.

3.2 INVOLVING PARENTS AND CARERS

Parental/legal guardianship involvement should be addressed within confidentiality policy and procedures of the service conducting the screening. Services should be proactive and provide information and advice to parents or where they can access it prior to incidents arising. Positive prevention strategies could include:

- The provision of leaflets
- Workshop sessions
- Information evenings
- Parent/child workshops
- Curriculum evenings
- Items of interest in newsletters and parent briefings

All young people should be encouraged to discuss substance use issues with their parents and carers. Young people who refuse to inform their parents or carers may, with help, do so at a later stage.

Parents and carers have a valuable role in supporting the young person. However not all parents will be able to do. Their initial reaction to their child using substances may be of worry and/or anger and they may not feel they know enough about substances themselves. Therefore, services need to consider the support and education needs of parents and carers with regards to substance use. This could include referral to Hampshire Parent Support Link for 24/7 information and support.

HAMPSHIRE PARENT SUPPORT LINK 023 8039 9764

**www.parentsupportlink.org.uk
parentsupportlink@ntlworld.com**

Staff could also read some of the Frank free resources which contain good tips on supporting parents talking to young people.

FRANK NATIONAL CAMPAIGN MATERIALS

www.talktofrank.com

Parents and carers should be put in contact with adult services or given information on substances based on their needs.

HAMPSHIRE DAAT SERVICES DIRECTORY

www.hantsdaatdirectory.org.uk

3.3 CHILD PROTECTION

Concerns related to child protection should be discussed with the child or young person, without asking leading questions. All concerns related to child protection should be discussed in line with the service's policy and procedure. Where substance use itself is the cause for a child protection concern, decisions about disclosure of confidential information to parents, social services, the police, NSPCC regarding concerns that a child may be suffering or at risk of suffering significant harm, should be based on the four parameters (SCODA/CLC 1999) (See Appendix 3 for further detail):

- Age and maturity of the child.
- The degree of seriousness of substance misuse.
- Whether harm or risk is continuing or increasing.
- General context in which substance taking is set.

Consent should be gained to share information to the relevant organisation in line with the policy on information sharing. If consent is not given, the service should follow procedures for breaching confidentiality, including informing the child or young person that this will happen.

3.4 THE SCREENING APPROACH

Screening for substance related needs should be routine for vulnerable groups. These could include; young offenders, homeless young people, 'looked after' children, school excludees, persistent truants or those with substance misusing parents.

- Screening for substance related needs can be conducted by both Tier 1 and 2 services.
- Staff should have basic competence and knowledge of substance use/misuse issues.

- Identifying needs should be conducted in a child or young person centred environment.
- Whenever possible children and young people should be given a choice on who conducts the screening.
- Services should adopt a discussion format to illicit information; avoiding direct questions, such as “do you use drugs?”
- Approaches to screening should be appropriate to setting, age and development age. For example, draw and write techniques (Jugs and Herring) would be appropriate, which enable young people to detail knowledge, attitudes and beliefs in relation to substances and their use, and might indicate direct contact or involvement.

Following the process, the screener and possibly other members of the service should consider all the information, identify any needs in relation to substance use or other related areas and discuss the next steps with the young person. The outcome of the needs identification may include a range of education, prevention or intervention approaches.

3.5 PROVIDING ADVICE AND INFORMATION

Services are under no legal obligation to inform parents or Children's Services that a young person has sought advice. In order to give advice and information appropriate to the young person, it is good practice for practitioners to encourage a young person to involve parents/carers even if the young person is seeking advice and information for themselves. When advice is being sought child protection issues may be disclosed, these should not be ignored.

4.0 REFERRAL PROCEDURES & INVOLVING OTHER SERVICES

Following the identification of substance related needs through CAF or other assessment procedures, observation or informal discussion, a number of different options are available dependant on the information discovered.

Some of the outcomes of conducting the screening could include;

- Provision of substance education in a universal setting.
- Targeted information and advice, including harm reduction if appropriate.
- Referral to a Tier 2 service for interventions such as counselling, skills training, diversionary opportunities etc.
- Referral to a Tier 3 service for more complex treatment interventions.
- No further action.
- Child Protection.

Following the screening there may be a need to involve another service to meet the young person's needs. If the child/young person's needs require specific intervention or are complex, including a wider range of problems, there will need to be input from other services. In involving another service:

- The views and wishes of a child or young person need to be considered.
- The child/young person needs to give permission, unless it is a child protection issue. Parents can seek help on behalf of the child/young person if the parent has concerns for their health and well-being (the Children Act reinforces this).
- Referral following needs identification can proceed without parental/carer involvement, but the service the young person is referred to will need to gain consent for the intervention. However, this is their responsibility and it should not hold up the referral process as it may take time.
- Multi-agency joint working protocols need to be established for referrals across all tiers of service provision.
- Child/young people can make a self-referral (when appropriate) but with the support of the service.
- All screening formal and informal should record other service involvement.
- Services should meet child/young people's substance use needs by referring within the Tiers of service provision as well as across Tiers (1-4).

4.1 REFERRAL CRITERIA: TIER 1

For many young people there will be no need to refer them to another service. Often children/young people just require more substance education, or advice and information and this should either be provided by those identifying needs or by giving them contact details of a service who can e.g. advice and information centre.

In some instances a single Tier 1 (universal) service may not be able to provide all the information and support is needed following identification of substance related needs. Referral within Tier 1 services should be considered when a professional lacks the competence to provide or meet the following young person's needs, for example:

- Young person requests harm reduction advice. This could be achieved through a leaflet, talking to a youth worker or visiting an advice and information centre.
- Needs brief intervention e.g. motivational enhancement.
- Needs medical attention e.g. emergency or basic health check.

TIER 1 CASE STUDY: SIXTH FORM COLLEGE

Background information:

Sam is 17. He is at college and goes drinking regularly with friends most evenings. He smokes 20 cigarettes a day. He goes to see the college Nurse as he has developed abdominal pains, which he says happens every time he has a curry.

Needs identified:

- **Health needs: smoking, drinking and abdominal pains**
- **Education needs: units of alcohol and safe drinking limits.**

How needs were met:

- **Visit to GP to check out abdominal pains and referral to a nutritionist.**
- **College nurse helped explore ways of cutting down smoking in one to one sessions.**
- **Connexions PA worked with Sam on education and information on alcohol, units and safe drinking.**

4.2 REFERRAL CRITERIA: TIER 2

Referral to, or within Tier 2 services should be considered when in some instances the young person may need different types of support or intervention from a number of Tier 2 services, e.g. one providing counselling and another providing diversionary activities or from one Tier 2 professional.

All substance misuse services at Tier 2 should accept referrals direct from young people, parents/carers or from Tier 1, Tier 2 non-specialist services and Tier 3 services. The role of these services is to look at needs in more depth and develop an action plan for any required actions and /or interventions.

In making a referral, consent should be gained and confidentiality addressed. Referrals should be made to Tier 2 substance misuse services in the following instances:

- Following actual or strong evidence of substance, alcohol or solvent taking.
- When young people vulnerable to substance misuse come into contact with your service. Tier 2 services should actively target vulnerable young people. Key vulnerable groups at higher risk include:
 - o Children of problem substance users
 - o Persistent truants and school excludees
 - o Looked after children
 - o Young people in contact with the criminal justice system
 - o Children in need (within or not within local authority care)
 - o Young homeless
 - o Young people living in difficult circumstance e.g. sexually exploited children
 - o Teenage mothers
 - o Young people not in education/employment/training

- o Young people who may be at risk of any of the above groupings
- When a substance related incident occurs (as per service policy).
- Where a young person seeks, alcohol or solvent related advice and information from a member of staff on a one-to-one basis and if the needs of cannot be met by a member of staff.
- Where substances are being used but not being injected.
- Users with low to moderate use. This is defined as where substance use is not dangerous i.e. unlikely to lead to an overdose or where users do not require a high level of commitment to more structured, longer-term programmes. Additionally, where substance use is not combined with other vulnerabilities.
- Where a young person needs detailed information and advice including harm minimisation.
- Where a young person requires brief interventions. This may consist of short-term interventions delivered in community settings (2-3 session of group-work or one to one focusing on changing behaviour).
- Where a young person needs to explore alternative options to using substances e.g. diversionary activities.

It is important to recognise that some substance use becomes fairly common at late adolescence, mainly cannabis or alcohol use. Any substance use outside this should be looked at as a potential problem.

Cannabis and alcohol use should not however be dismissed, as some young people will develop problems with these substances (DrugScope, 2003). When looking at cannabis/alcohol use, consider frequency of use and quantities used along with whether use is affecting other areas of the young persons life e.g. participation in education, training or employment.

TIER 2 CASE STUDY: EARLY INTERVENTION SERVICE, FAREHAM AND GOSPORT

Background information:

John is 13 years old and was referred by a police beat officer. He was caught with a group of youths from his school who were sharing a spliff in a den. He lives at home with mum and an older sister. His brother became a heroin addict and mum is very worried he should not become a drug user.

Needs identified:

- **Using the 'How I see myself' Hampshire DAAT assessment tool, John identified his needs and solutions to meeting these.**
- **Health Education needs: cannabis use**
- **Social needs: filling time out of school hours.**

How needs were met:

- **John was supplied with appropriate information on cannabis and in a one-to-one session with the Early Intervention Service worker and followed up fortnightly to review progress.**
- **Arrangements made with school for after school activities i.e.: Football, Fishing, & Tennis.**

TIER 2 CASE STUDY: IT'S YOUR CHOICE, NEW FOREST

Background information:

Angela is 15yrs old and attends an Education Centre after being excluded from her local secondary school due to her behaviour and attending school drunk. Angela disclosed to her teachers at the Education Centre during a lesson that she spends most weekends drinking alcohol and getting in trouble with the Community Safety Officers for her behaviour in the community. After the teachers discussed this issue with Angela, a referral was made to the drug and alcohol worker at a local young people's service.

Needs identified:

- **Health needs:** Levels of smoking, drinking, overdose education.
- **Safety needs:** Where she is drinking and keeping safe when she is out and about with her friends.
- **Sexual health:** Education regarding risks associated with substance use.
- **Educational needs:** Attendance, participation and concentration levels.
- **Family/relationship needs:** Conflict in the family home regarding drinking.

How needs were met:

Angela was initially met during one of the drop in sessions at school. This was followed up by:

- **One to one work:** giving information, advice and education regarding alcohol use, sexual health and reducing risks.
- **Links were made with her Anti Social Behaviour Coordinator to identify diversionary activities and the teachers to improve attendance and look at her future aspirations.**
- **Angela was put in contact with her local Sexual Health Clinic**

TIER 2 CASE STUDY: THE PRISM NETWORK

Background information:

Joss is 10 and attends a local Educational Centre having been permanently excluded from mainstream school due to attendance and behaviour issues culminating in an assault on another pupil. A previous head of year said he displays what they term “oppositional disorder characteristics” Joss wants to return to a mainstream school although the likelihood of this happening is remote, according to his parents. Joss smokes cigarettes which he either steals from his parents or busks to obtain money to buy them, or picks them up off the street and re-lights. Both parents chain smoke and are not prepared to consider changing their habits. The police are regularly called to detain Joss due to his habit of stealing and his behavioural problems out of school.

Joss also loves to use aerosol sprays which are left lying around his house. As soon as sprays are purchased Joss will empty them by spraying them directly into his mouth. He says he doesn't care if it is likely to kill him.

Needs identified:

- **Health needs:** cigarette and aerosol consumption and associated risks.
- **Safety needs:** use of volatile substances in the home, busking, and stealing.
- **Education needs:** assessment of ability and communication, reintegration into school.
- **Mental health needs:** behaviour not usual for 10 year old, substance taking, stealing, exclusion, challenging behaviour.
- **Family needs:** parents attitude to smoking.

How needs were met:

Although Joss met the criteria for Tier 3 services, he refused to go, therefore the PRISM worker used clinical supervision from the Young Peoples Substance Misuse Treatment Service to support work with him. A joint comprehensive assessment was undertaken in partnership with the substance misuse treatment service worker. Contact was also made with a range of agencies to assess and meet all the above needs, as substance use was only one of many needs.

- **Harm reduction interventions** from Young Peoples Substance Misuse Treatment Service on substance use and risks.
- **Multi-agency response** from Social Care, School Health and Speech and Language Therapist and Family Group Conference Co-ordinator.
- **Referral to CAMHS** for assessment of mental health/behavioral issues.
- **Additional assessment** with an Educational Psychologist.
- **Regular visits** from the Community Safety Warden and the police to check on the family at home.
- **A visit to the local Fire Service** Community Safety Officer.

TIER 2 CASE STUDY: REMIX, WINCHESTER

Background information:

Zak is a 16 year old male. He was referred to Remix by the EOTAS (Education Other Than At School) service. Presenting issues: using cannabis and alcohol which were affecting many areas of his life, particularly his education, and causing family problems.

EOTAS have previously been working with this client on family issues, though are now withdrawing as client is reaching the end of Year 11.

Needs identified:

- Health needs: levels of cannabis and alcohol consumption.
- Safety/risk needs: carrying a knife.
- Relationship needs: family conflict.

How needs were met:

We initially met Zak at his school. At the first meeting, we made a grid of current and previous substance use, positive and negative effects, desired changes over next month or two, and importance levels versus confidence levels in making these changes. From this, Zak identified cannabis as being the main issue. Having looked at the broad picture, he set one or two achievable and measurable targets for the next week.

The following week, we reviewed progress on these targets (which had been considerable), and went into more depth about de-motivating and motivating factors. This continues to be our way of working, and so far Zak has reported good progress. As EOTAS has now withdrawn support, we have gradually engaged with family issues more, though keeping substance issues at the centre.

Through this way of working, Zak was able to make some real reductions in his alcohol and substance use, and some associated changes to his lifestyle which impacted positively on his experiences within education and within his family.

After five sessions, the summer holidays intervened. We offered him the choice of continuing to meet at intervals through the summer holidays, or of re-contacting in September. He chose the latter, as he will be away on several different occasions during the summer. As one of these holidays is a holiday with peers, we offered the client a leaflet about 'Drugs Abroad', which he was happy to receive.

Zak agreed to re-contact us after the summer holidays and review progress.

4.3 REFERRAL CRITERIA: TIER 3

Should a young person be using problematically or if other risk factors are identified, then the child/young person should be referred to the Tier 3 service for ongoing attempts at engagement. If a service is unsure whether to refer to a service offering Tier 3 assessment and intervention, contact should be made with a member of the Hampshire Young People's Substance Misuse Service for advice. Confidentiality should be maintained by the referring agency at this stage.

HAMPSHIRE YOUNG PEOPLES SERVICE (TIER 3 SUBSTANCE MISUSE TREATMENT)

NORTH TEAM

Hartland House, 26 Winchester Street, Basingstoke, Hampshire RG21 7DZ

Tel: 01256 819 315

SOUTH TEAM

Unit 1, Dleme Court, Maytree Road, Fareham, Hampshire P016 OHX

Tel: 01329 826 074

Where a child or young person meets the criteria for Tier 3 but refuses to be referred, the assessing agency should contact a member of the Young People's Substance Misuse Service who will work with the young person in Tier 2 by providing, consultancy, mentoring, supervision, support and advice to enable the service to maintain contact and support the young person, until a referral can be made, if still appropriate.

Services should consider referral to Tier 3 for children and young person under 19, who meets one or more of the following:

- There is a need for comprehensive assessment of substance misuse to ensure there is a co-ordinated and integrated package of care, which could include a range of services. The specialist tier 3 service would act as the care co-ordinator.
- Young people under 13 years of age and taking substances not usual for age or developmental age (except tobacco).
- Young person regularly presents as incoherent following use of substances (stoned, drunk, incoherent, slurred speech, uncoordinated at more than one formal meeting or on more than 2 occasions in other circumstances e.g. parks, youth clubs).
- Young person has developed a physical or psychological tolerance to a substance i.e. stopping use would result in withdrawal symptoms.
- Young person perceives substance use affecting their daily life and requests specialist support e.g. use is causing physical, psychological, social functioning or legal problems.
- Young person has difficulty controlling use and has a compulsion to continue using.
- Young person is in contact with the criminal justice system as a result of substance use.
- Substance use is dangerous, i.e. likely to lead to overdose (young person repeatedly putting self at risk; health, mental health; safety), child protection

issues, is a danger to themselves or others, not responding to harm reduction work etc.

- Any heroin, crack, cocaine, amphetamine or volatile substance use on a daily basis.
- Any substance use taken in quantities or frequencies that increase risk to self or other e.g. weekend bingeing, mixing etc.
- Dependent cannabis use.
- Poly substance use e.g. daily cannabis use and alcohol, or opiates and alcohol, or cocaine and alcohol.
- Pregnant young women and using substances.
- Substances are being injected.
- Young person is only receiving needle and syringes from a pharmacist.
- Young person requests safer injecting advice.
- Substance use is causing or contributing to acute health problems (physical complications, persistent health problems, loss of weight, problems need medical treatment.
- Substance use is contributing to acute mental health problems ie. young people expresses changes in mood they need assessed and/or request wanting help manage better, anxiety, panic attacks, increasing sense of hopelessness, feelings they can only manage with substance use, substance induced psychosis, increases in paranoia.
- Young person requires advice, information, on pre and post test counselling on Hepatitis B and C and HIV.

On making referrals to the Tier 3 Substance Misuse Service, Tier 1 and 2 services should (with consent) provide information relating to:

- **Current substances taken.**
- **How substances are taken.**
- **Risk associated with use.**
- **A view of the situation from the young person.**

The screening guidance in section 2.3 will provide further advice on gathering this information. All joint working arrangements need to be clearly explained and understood by the young person and the agencies involved.

Tier 1 and 2 providers referring to the Young People's Substance Misuse Service should provide information collected in undertaking a screening. Whenever possible the referral agency should escort the young person to the first appointment. The referral worker can be present at meetings with Tier 3 providers if requested by the young person.

All services should consider joint assessments, reviews, care planning and information reports as ways of maintaining contact with young people, if the young person gives consent for sharing information.

Not all children and young people referred to a Tier 3 substance misuse treatment service will have a CAF completed, for example if they have not accessed another service before or if a young person self-refers direct to a Tier 3 service. It may be in these cases completing a CAF will be suggested by the Tier 3 service to provide a

holistic basic assessment for the young person. Alternatively the Tier 3 service may wish to use their own specialist assessment to gather this information and this could be used in conjunction with the CAF to ensure the young person's holistic needs are identified and that the right skill mix is identified within the multi-agency response.

Where a CAF has been completed prior to referral to Tier 3, this information will be a useful basis for a Tier 3 assessment, ensuring key areas are not re-assessed.

TIER 3 CASE STUDY: HAMPSHIRE YOUNG PEOPLE'S SERVICE

Background information:

Henry was referred to Hampshire Young People's Substance Misuse Service by Youth Inclusion Support Panel (YISP) who used the service's referral form and faxed to the office following a consultative phone call. He had been at an Education Centre but was permanently excluded following spending 6 months in custody. He was nearly 16 at the point of referral. His workers at the YOT were concerned about his alcohol intake as he was regularly drunk on Friday and Saturday nights which was leading to other problems in his life. Whilst drunk he was sometimes violent and confrontational. He was easily bored if he didn't have a drink or go out with friends. Henry had a girlfriend but they were increasingly arguing about his drinking. He felt his life was increasingly based around his alcohol use. He also had been suffering depression and had tried to overdose.

There were issues with parents and their offending and emotional issues from a difficult relationship with his large family.

As Henry left school before sitting his exams he had problems finding a job and didn't want to go back to education.

Needs identified:

- **Health needs:** consumption levels of alcohol (40 units per week)
- **Mental health needs:** depression/emotional issues, anger management problems
- **Relationship needs:** family and girlfriend
- **Employment needs:** finding suitable training/work
- **Recreational needs:** finding opportunities to fill free time and alternatives to drinking

How needs were met:

Henry did not want to stop drinking altogether but wanted more control and to be safer. A care plan was drawn up that was negotiated with Henry. He was given several sessions on harm reduction with the view of understanding how he could drink more safely. Goals were set so that lowered his alcohol intake. Henry was encouraged to keep a drink diary which linked events and feelings to his alcohol use. As he started to understand this, he was able to be more in control and react to feelings in a different way, with out resorting to heavy drinking. Triggers were identified – emotional as well as social events such as birthdays and football matches and he was helped in making alternative arrangements to lessen the amount he would have drunk.

There was liaison with YISP regarding appointments kept and his anxieties around being jobless and he was helped into employment. He was then seen out of normal hours as he had a job.

Henry is now drinking weaker lager and fewer times in the week. He is still seen fortnightly as he is vulnerable and he is working on how to prevent relapse into heavy drinking as well as continued harm reduction and advocacy.

APPENDIX 1

TERMINOLOGY

KEY TERM	DEFINITION
Children, adolescents and young people	<p>The term `children' refers to all those individuals who are under the age of 18, in accordance with the Children Act 1989 and the United Nations Convention on the Rights of the Child (1989).</p> <p>Substance use should be considered for all young people, but those older than 18 may require a different approach, which should take account of their adult status.</p> <p>The Young People's Substance Misuse Plan covers activity for children and young people 19 and under. The inclusion of 19 year olds is for transition arrangements between young people's and adult services.</p>
Vulnerable young people	<p>Substance use and misuse is described by HAS (2001) as not being uniformly distributed amongst young people. Lloyd (1998) identified vulnerable groups as; 'looked after' children, the homeless, young offenders, sexually exploited children, truants or school excludes, young people with mental health or behavioural problems, and those in families where there is substance misuse. The Hampshire, Children and Families Service has a statement of vulnerable groups which are described in section 4.3.</p>
Children 'in Need'	<p>A child is deemed to be in Need if;</p> <ul style="list-style-type: none"> • S/he is unlikely to maintain or achieve, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority. • his/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services; or, • s/he is disabled
Child Protection	<p>(Sec. 17/10) Children Act 1989.</p> <p>A child is defined as being subject of significant harm where there is ill treatment or impairment of health or development:</p> <ul style="list-style-type: none"> • 'Ill-treatment' includes sexual and emotional abuse as well as physical abuse • 'Health' includes physical and mental health. • 'Development' includes physical, intellectual, emotional, social and behavioural development.

	<ul style="list-style-type: none"> •‘Significant Harm’ turns on the question of the harm suffered by a child in respect of its health and development compared with the health and development reasonably expected of another child. (Sec. 31(10) Child Act 1989).
Drug	The term ‘drug’ is used to refer to any psychotropic substance, which includes illegal drugs, alcohol, illicit prescription drugs, volatile substances and tobacco (HAS 2001).
Drug Taking	Drug taking is the consumption of any legal or illegal drug. (SCODA/Children’s Legal Centre 1999).
Substance	Young people’s drug taking is often inextricably linked to the consumption of alcohol and tobacco. Therefore the term substance refers to both drugs (see above) and alcohol.
Substance Use	Substance use is drug taking which requires a lower level intervention than treatment. Harm may still occur through substance use, whether through intoxication, illegality or health problems, even though it may not be immediately apparent. Substance use requires the appropriate provision of interventions such as education advice and information, and prevention work to reduce the potential for harm.
Substance Misuse	Substance taking which harms health or social functioning is described as substance misuse. It may cause dependency (physical or psychological) or drug taking which is part of a wider spectrum of problematic or harmful behaviour (HAS 1996). Substance misuse will require treatment.
Binge drinking	Binge drinking has no set definitions but refers to the drinking of relatively large amounts of alcohol in any one session. Large in the context differs with each person but would include drinking to get drunk (or less inhibited) or drinking significantly over recommended sensible levels (for those over 18 years this is sometimes suggested as being a binge with 8-10 units or more for a male and 6-7 units or more for a female). For younger people the number of units could be much smaller. (DrugScope 2003).
Harm reduction	Is a term that covers activities and services that acknowledge the continued drug misuse of individuals, but seek to minimise the harm that such behaviour causes (Tackling Drugs to Build a Better Britain, 1998).
Information	In this document, the term ‘information’ refers to verbal and written statements that present facts (in so far as they have been established or are commonly understood at the time), without opinion or interpretation.

Advice	The term 'advice' is used to refer to a brief consultation to provide someone with appropriate and accurate information, and give suggestions about how to act on that information. This may include: offering a view of the situation or problem faced by the young person; advocating a particular course of action; or presenting a range of options and possible consequences.
Low threshold interventions	This refers to providing a contact point for young people, which may be minimal and will not be care planned. The purpose of such interventions is to gain the trust of a young person and to provide education and advice. Under no circumstances should this relationship develop further into the provision of treatment, for example counselling or needle exchange, without first completing an assessment and consent being gained.
Counselling	'Counselling' is the principled use of a relationship to provide someone with the opportunity to work towards living in a more satisfying and resourceful way. Although counselling skills may be used in a variety of informal settings, in this document 'counselling' is defined as a specific structured intervention carried out by a person who has a demonstrable competence in counselling.
Brief Interventions	Within the broad range of literature, the terms "brief" and "minimal" interventions cover a range from one five-minute interaction to several 45 minute sessions. Alcohol Concern (2001) state that brief interventions can range from 5-10 minutes of information and advice given to an excessive drinker to 2-3 sessions of Motivational Interviewing or counselling.
Treatment	<p>Treatment is defined as an intervention which is intended to remedy an identified problem or condition in relation to an individual's physical, behavioural, and psychological well being. Treating a young person for substance misuse will require a full assessment and the treatment will be delivered within a plan, according to the agreed procedures for case management (SCODA/Children's Legal Centre 1999).</p> <p>In addition it is important that services are aware, have adequate policies and that staff are trained in relation to the Data Protection Act (1998) and the Freedom of Information Act (2000). It is important that staff and volunteers working with children, young people, parents and carers are familiar with issues related to obtaining, storing and disclosing data regards substance use.</p>

APPENDIX 2

SUMMARY OF POTENTIAL IMPACT OF PARENTAL SUBSTANCE USE

Age (years)	Health	Education and cognitive ability	Relationship and identity	Emotional and behavioural development
0-2	<p>Withdrawal syndromes</p> <p>Poor hygiene</p> <p>Sub-optimal diet</p> <p>Routine health checks missed</p> <p>Incomplete immunisation</p> <p>Safety risk due to neglect</p>	<p>Lack of stimulation due to parental preoccupation with substances and own problems</p>	<p>Problematic attachments to main care giver</p> <p>Separation from biological parent(s)</p>	<p>Emotional insecurity due to unstable parental behaviour and absences</p> <p>Hyperactivity, inattention, impulsivity and aggression more common</p>
3-4	<p>Medical and dental checks missed</p> <p>Poor diet</p> <p>Physical danger due to inadequate supervision</p> <p>Physical violence more common</p>	<p>Lack of stimulation</p> <p>Irregular or no attendance at pre-school</p>	<p>Poor attachment to parents</p> <p>May be required to take on excessive responsibility for others</p>	<p>Hyperactivity, inattention, impulsivity, aggression, depression and anxiety more common</p> <p>Continued fear of separation</p> <p>Inappropriate learned responses due to witnessing e.g. violence, theft, adult sex</p>
5-9	<p>School medicals missed</p> <p>Dental checks missed</p>	<p>Poor school attendance</p> <p>Preparation and concentration due to parental problems and unstable home situation</p>	<p>Restricted friendships</p> <p>May be required to take excessive responsibility for parent(s) or siblings</p>	<p>More antisocial acts by boys, depression, anxiety by girls</p>
10-14	<p>Little parental support in puberty</p> <p>Early smoking, drinking and substance use more likely</p>	<p>Continued poor academic performance e.g. if looking after parents or siblings</p> <p>Higher risk of school exclusion</p>	<p>Restricted friendships</p> <p>Poor self image and low self esteem</p>	<p>Emotional disturbance, conduct disorders, e.g. bullying, sexual abuse all more common</p> <p>Higher risk of offending and criminality</p>
15+	<p>Increased risk of problem alcohol and substance use, pregnancy or sexually transmitted diseases</p>	<p>Lack of educational attainment may affect long term chances</p>	<p>Lack of suitable role model</p>	<p>Greater risk of self-blame, guilt increased suicide risk.</p>

APPENDIX 3

THE FOUR PARAMETERS

From Scoda & the Children's Legal Centre (1999)

The four parameters can be used to determine whether confidential information given by a young person should be disclosed to social services or the police because of concerns that a child may be 'suffering, or at risk of suffering, significant harm' as a direct result of their substance using behaviour.

1. THE AGE & MATURITY OF THE CHILD/YOUNG PERSON

As a general rule, the younger the child, the more problematic it is to guarantee or maintain confidentiality. There is no age limit in law below which a child cannot enter a confidential relationship, but given the problem of establishing competence, and therefore capacity, to consent, it is difficult to envisage children being offered confidential treatment for substance misuse without parental consent or parental involvement, much under the age of 13. Indeed, it is possible that a failure to inform parents that child is misusing substances could lead to a possible negligence action if the substance service or agency failed to take sufficient action to protect the child from harm as result of that substance misuse.

2. THE DEGREE OF SERIOUSNESS OF SUBSTANCE USE

The more serious the substance misuse, the more likely it is that disclosure of confidential information to other agencies will have to be considered. In deciding whether or not to disclose, the service must take into account the level of substance use and the risks involved. The supply source of the young person's substances may also be important particularly if the young person in question is open to exploitation.

3. WHETHER HARM OR RISK IS CONTINUING OR INCREASING

Harm from substance use needs to be considered in relation to past, present and potential future behaviour. If there is a clear risk to the child or young person arising from present behaviour or evidence of escalated risk to an unacceptable level, it is important that a service takes steps to ensure the future safety of the child or young person.

4. GENERAL CONTEXT IN WHICH SUBSTANCE TAKING IS SET

Where a child or young person has multiple problems, it is likely that other agencies or professionals will need to be involved to resolve these problems or reduce the vulnerability and risk to the child or young person.

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