



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

**Guidance on Good Practice for the
provision of services for Children and,
Younger People who Use or Misuse
Substances in Wales**

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Purpose of document

Substance misuse in children and young people presents a major public health challenge. The UK has some of the highest rates of young people aged 15-16 using or misusing substances in Europe. Currently there are rising trends in the use of alcohol (particularly by young women) and binge drinking has increased dramatically.

This document aims to assist planners and service providers in establishing effective services for young people in relation to substance misuse. Although evidence for the effectiveness of interventions in this area is limited there are emerging themes of good practice that can have a positive impact. This guidance addresses and highlights these and presents a framework for organisations and agencies that have responsibilities and an interest in this area.

The document is in four sections:

Section A - Summaries of Good Practice

Section B - Context

Section C - Programmes and interventions

Section D - Planning

The document has to be read in the context of previous good practice frameworks for substance issued by the Welsh Assembly Government particularly those for needle exchange, inpatient care and residential rehabilitation.

Similarly the framework needs to be considered in the context of strategies aimed at the health and welfare of children in Wales and relevant legislation some of which are highlighted below. This includes the Mental Capacity Act 2005.

The Framework has been produced by a sub group of the Welsh Assembly Substance Misuse Project Board and is based on work commissioned from the Welsh Institute of Health and Social Care in 2006.

Section A - Summaries of good practice

1 Overview

Section A highlights specific examples of good practice for providers in the five areas of:

- Delivering universal education
- Prescribing
- Needle Exchange
- Conducting Assessments
- Transition Planning.

These are key areas for service providers and the information below summarises what is currently considered to be good practice.

1.1 Practice point 1 - Delivering Effective universal education

The provision of high quality universal education is a key requisite of any systematic approach to the delivery of a strategy for substance misuse.

Delivering effective universal education programmes requires:

- implementation of a standard nationally-agreed approach that retains the flexibility to respond to diverse local conditions and to changing patterns of use and misuse;
- long-term, intensive programmes developed that offer integration between primary and secondary schools;
- programmes that are developmentally appropriate, sequential and contextually appropriate;
- teaching takes place within a standardised model of PSE as opposed to a situation in which PSE is subject to wide variation in delivery and often utilises non-specialised teaching staff;
- programmes employ a whole-school approach that incorporates messages on smoking, alcohol and drug education;
- health promotion is delivered in the context of there being active school policies on substances;
- local delivery is linked with strategies such as the national healthy schools programme; and
- information is available about services to which they might turn for more detailed information and advice and with which they can discuss any concerns that they might have.

1.2 Practice point 2 - Prescribing

We would advise clinicians to refer to the appropriate sections in the Drug Misuse and dependence UK guidelines 2007 on clinical management for specific points of practice.

Pharmacotherapies are available to treat a variety of substance misuse-related problems including:

- emergencies (e.g. after overdoses, fits, dehydration, hypothermia);
- detoxification and withdrawal syndromes (e.g. buprenorphine, benzodiazepines, chlormethiazole, lofexidine, methadone,);
- substitution (e.g., buprenorphine, bupropion, methadone, nicotine replacement);
- relapse prevention (e.g. acamprosate, naltrexone, pseudoephedrine);
- comorbid psychiatric disorders (e.g. anxiety, depression, ADHD);
- comorbid physical disorders (e.g. HIV, Hepatitis C, diabetes); and
- vitamin replacement.

Pharmacological treatments are usually reserved for patients who are dependent. They are available to treat withdrawal syndromes, to maintain abstinence, to prevent complications, and to treat psychological and physical disorders. Only buprenorphine is licensed for use by under 18 year olds, but nicotine replacement therapy can be prescribed for under 18 year olds if a medical practitioner deems it appropriate. This has very important implications for practitioners who are treating adolescents with substance misuse problems because most of their patients who require a prescribing service do so because they are dependent and this requires specialist intervention.

There is general consensus that treating adolescents by prescribing should be initiated by a specialist service and their treatment should usually be supervised and monitored by that service. While it is imperative that pharmacological treatment is administered safely, it is equally important to see it as one part of a phased treatment and management process.

Some specialist services prescribe for stabilisation, reduction and detoxification and try to avoid maintenance treatments. Titration and detoxification may also be provided for over 16 year olds by substance misuse services that are primarily intended for adults. There should be easy access to beds for the most complex cases; if not, crises may develop.

Pharmacotherapy for under 16 year olds requires considerable skill and the practitioners who supervises it must be well trained in addiction psychiatry. Planners and service providers should also recognise that these are high risk groups of young people who require very careful monitoring.

Supervised consumption

Supervised consumption of substances that are prescribed for young people is essential. Pharmacists should inform the specialist service involved if a young person does not pick up their medication even once. There should be a protocol

for the clinic if clients do not pick up their scripts daily (i.e. for how many days can they 'go without') before the script is stopped. The Drug Misuse and Dependency UK Guidelines suggest no more than 3 days but children and young people may have lower tolerance so services should take this into account and make appropriate clinical decisions.

1.3 Practice point 3 - Needle Exchange

When working within a harm minimisation framework, easy access to needles and syringes might be regarded as good practice in services for adults. The same is not necessarily so for young people owing to the different statutory and legal requirements for minors. Therefore:

- *Full assessment and informed consent are essential* and, where young people under 16 are involved, needle exchange should only be provided in the context of a care and treatment plan that is regularly reviewed.
- Injecting illicit substances is dangerous and every effort should be made to encourage clients to change their route of administration to a safer one, to engage with services as effectively as possible and to reduce or stop taking drugs.
- The principles of harm reduction should not be lost when dealing with younger drug users. However, additional harmful factors and their differing legal status must also be carefully considered.

The majority of younger people who use 'harder' drugs are aged over 16. However, there is a requirement to provide a limited volume of needle or syringe exchange services for under 16s. In such cases, services must ensure that staff are competent to deal with the following matters:

- recognise that the child's welfare is paramount in every activity;
- gain valid consent for the intervention;
- involve parents and carers;
- ensure the needle or syringe supply is part of a wider care plan;
- assess each young person's awareness of the risks of injecting and their ability to understand these risks;
- ensure each young person, family and carer is aware of the boundaries imposed by confidentiality and the service's duty in relation to child protection; and
- employ child protection procedures to ensure that children and young people are safeguarded when necessary.

In addition, services should ensure that needle exchange protocols are accepted by the local area child protection committee (ACPC) and local children safeguarding boards, when established.

Special considerations:

- needle exchange for young people must be delivered as part of a planned package of treatment;

- independent, anonymous provision is not good practice due to the legal status of young people;
- services must ensure that they are working within the fact and spirit of the Children Act 1989; this includes promoting child protection, taking a holistic approach to working with children and young people, and involving parents/carers, if possible;
- assessment for needle exchange must be comprehensive and holistic with the best interests of each young person being paramount; also, children's developmental needs, parental involvement and other environmental factors need to be taken into account;
- all needle exchange should be provided within a harm minimisation approach (i.e. advising on alternative routes of drug use, encouraging reduction in frequency of drug use, providing information on personal safety [for example not injecting alone, unsuitability of certain substances for injection]); and
- the staff member has to demonstrate that each young person has sufficient knowledge and understanding to inject drugs as safely as possible and it also needs to be established that providing clean injecting equipment lessens the potential risks to the young person.

1.4 Practice point 4 - Conducting Assessments

Assessment is crucial in all substance misuse scenarios but the process has a particular importance in the context of young people. Good practice suggests that:

- Each younger person should be made aware that, if they would prefer, they may see a different person than the one who is allocated to them by the service (e.g. some female clients may prefer to see a female member of staff).
- As information of a sensitive nature is often disclosed during assessment, it should take place in a private room.
- It is good practice to read and explain a statement about confidentiality, any points not understood must be clarified and each younger person should be assisted to ask questions. Staff must not assume that a younger person is literate.
- Usually, assessments must provide an opportunity for each young person to talk openly and without any additional pressures. If a younger person comes for an assessment with a friend or relative, the usefulness of the other person being present must be carefully considered.
- Whenever possible and in order to promote continuity of service, each assessment by the more specialised services for younger people should be completed by the worker who is likely to become the case manager or lead professional for that younger person.
- If a younger person appears to be intoxicated or not coherent enough to proceed, he or she should be asked to attend at a later date. If the younger person seems to be at risk of loss of consciousness, or has any other signs of overdose (including that derived from self-disclosure), the assessment must be stopped immediately and an ambulance called.

- If at any point, a staff member has serious concerns about the safety of a younger person or another person, from the information disclosed, they should share their concerns with the younger person and state clearly the reasons for their concern. It may be necessary to seek guidance from a colleague or manager. If this situation arises the young person should be made to feel as comfortable as possible and not made unduly anxious.

All staff members who have or may become aware of concerns about the welfare or safety of a child or children should know:

- when and how to make a referral to local authority children's social services;
- what services are available locally;
- how to gain access to them;
- what sources of further advice and expertise are available; and
- who to contact in what circumstances, and how.

(NB At an early stage, substance misuse staff should determine whether they need to involve Social Services. Staff should have received training to assist them to identify indicators that a child may be 'in need' or where there are child protection concerns and how to refer appropriately)

1.5 Practice point 5 - Transition Planning

The intervention element of the young people's strand of this guidance is founded on the hope that early intervention will reduce the need for young people to use services when they are adults. Good practice in relation to transition planning suggests:

- all young people receiving assessment care, and/or interventions for potential or actual substance misuse should have a transition care plan that is devised prior to their eighteenth birthday. This should identify any continuing needs and the organisations that are best able to meet those needs;
- in order to plan transition arrangements, providers of services for adults and for young people who are misusing substances should work together;
- transition workers could be based in services for adults, but also hold some sessions in substance misuse services for young people;
- a care co-ordinator, who we call the lead professional, should be identified in the care plan from within the lead agency and ensure there are robust links with all other appropriate professionals. In many cases, young people of 18 who require services in respect of their misuse of substances may also require interventions from other mainstream services, such as housing, education and primary care; and
- transitions of young people to services for adults may take place at different ages or developmental stages depending on the agencies involved and the expectations that fall on them (e.g. YOTs, Specialist CAMHS and services for children who are looked after may have different arrangements). Transition arrangements should ensure that these different arrangements are included in the clients care plan, where relevant.

Section B - Context

2 Overview

Substance misuse in children and young people presents a major public health challenge. The UK has some of the highest rates of young people aged 15-16 using or misusing substances in Europe. Currently there are rising trends in the use of alcohol (particularly by young women) and binge drinking has increased dramatically.

Improved outcomes for children in relation to substance misuse can only be delivered and sustained when key people and bodies work together to design and deliver more integrated services around the needs of children and young people.

Providing the range of education, prevention and treatment services for children and young people who misuse substances is a key component of safeguarding and promoting the health and wellbeing of children. Safeguarding children should not be seen as a separate activity from promoting their welfare and should be placed within the context of wider services for children in need therefore it is imperative that substance misuse services maintain good continuing collaboration with social services to promote the best interest of the children.

The Children Act, 2004, provides the legislative context for this framework establishing statutory Children and Young People's Partnerships and that are required to publish a Children and Young People's Plan (CYPP), setting out how they will work together to improve the well being of children and young people. This is the key statement of planning intent for children and young people to which all other plans, including those covering substance misuse services for children and young people, must have regard. The CYPP also provides a basis for the joint planning of services.

Safeguarding Children Working Together under the Children Act 2004 Statutory guidance issued by the Welsh Assembly Government in 2006 states that: All those who have contact with children and young people, including everybody who works with or has contact with children, parents, and other adults in contact with, or seeking contact with, children, should be able to recognise, and know how to act upon, evidence that a child's health or development is or may be being impaired and especially when they are suffering or at risk of suffering significant harm. Practitioners, foster carers, and managers should be mindful always of the welfare and safety of children - including unborn children and older children - in their work.

Universal Education services that inform and help younger people with handling the pressures to use substances should be available to every child and young person in Wales and their planning and delivery (following identified good practice) should be co-ordinated on a local basis at CSP level and included in the CYPP. *Safeguarding Children: Working Together under the Children Act 2004* Chapter 5 refers.

Universal education should be complemented by selective or targeted programmes aimed at specific at risk groups of children, young people or young adults. These should focus on attending to risk factors and raising resilience and should be co-ordinated on a local basis at CSP level.

Training should be available for all relevant professionals and advanced training is required by designated staffs that have responsibility for educating young people who attend their institutions/organisations about substances and substance misuse.

Individualised and planned programmes of assessment, intervention and care for certain identified children or young people who are misusing substances need to be available from specialist agencies. These programmes should include a wide range of interventions or 'treatments' for younger people (and for their families) including psychological therapies, pharmacological treatments and needle exchange.

Comprehensive specialised intervention services of this breadth should be delivered by creating single agencies or bringing together separate agencies to act as a single entity or by creating a network of more loosely related agencies.

A much smaller number of younger people are likely to require inpatient services or residential facilities such as therapeutic communities for psychosocial rehabilitation, halfway houses, group homes, and specialised foster care. These need to have clearly defined outcome success factors.

Assessment is the key process that initiates intervention and the way in which it is handled is often an important matter in determining whether younger people and their families continue to use the services they are offered.

Where there is more than a single agency involved, they should agree between them which is the lead agency in each case as this promotes clarity for clients and families. CSPS should also consider improving inter agency liaison between the specialist and generalist services by the creation of a substance misuse liaison or link worker service.

Involving parents and carers in services for younger substance users is not only essential for good practice, but may also improve the treatment outcomes that the service can achieve. An exception to this is when somebody believes that a child may be suffering, or may be at risk of suffering significant harm where such discussion and agreement-seeking to referring to social services could place a child at increased risk of harm.

CSP planning processes should ensure the good practice identified in this framework for universal education programmes, prescribing, needle exchange, assessment and handling transitions is put in place. The local CYPP provides a basis for the joint planning of service provision across statutory partners and voluntary providers.

2.1 Children Act 2004

The Children Act 2004 builds on and strengthens the framework set out in the Children Act 1989. There are a number of provisions in the 2004 Act which relate directly or indirectly to agencies' responsibilities to safeguard and promote the welfare of children. Sections 25, 26 and 28 require local authorities and their partners to co-operate to improve the wellbeing of children (including physical and mental health and emotional wellbeing) and to safeguard and promote their welfare.

- Section 25 establishes statutory Children and Young People's Partnerships and section 27 requires lead directors and members for children and young people's services, to lead cooperation in the strategic direction and development of services at all levels. The Welsh Assembly Government issued guidance "Stronger Partnership for Better Outcomes" on these functions in 2006.
- Section 26 of the 2004 Act requires each Partnership to publish a Children and Young People's Plan (CYPP), setting out how they will work together to improve the well being of children and young people. The CYPP is a 3 year strategic plan that will provide strategic vision, state the agreed priorities that will direct the work of all partners, set agreed joint targets and provide a basis for the joint planning of services. It is the key statement of planning intent for children and young people to which all other plans, including those covering substance misuse services for children and young people, must have regard. Further details can be found in guidance entitled Shared Planning for Better Outcomes, published on the AG website. First plans, covering 2008-11 are required to be adopted by 31 July 2008 and published by 30 September 2008.

2.2 Safeguarding children (section 28)

Safeguarding and promoting the welfare of children is about protecting children from abuse and neglect, preventing impairment of their health or development, and ensuring that they receive safe and effective care so as to enable them to have optimum life chances. Improved outcomes for children can only be delivered and sustained when key people and bodies work together to design and deliver more integrated services around the needs of children and young people.

Providing the range of education, prevention and treatment services for children and young people who misuse substances is a key component of safeguarding and promoting the welfare of children.

Service providers must ensure that their working practices comply with the statutory guidance, Safeguarding Children working together under the Children Act 2004, issued by the Welsh Assembly Government, October 2006. This guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children.

2.3 Planning

The Assembly Government wishes to see increased use of joint planning to provide services for children and young people. Section 25(6) of the 2004 Act gives the local authority and its main statutory partners the power to pool funding and share resources. Chapter 4 of guidance on local duties to cooperate - *Stronger Partnerships for Better Outcomes (WAG 2006)* - sets out the background for the development of such arrangements. Each CYPP provides a basis for joint planning locally. *Shared Planning for Better Outcomes (WAG 2007)*, reinforces the requirement to consider opportunities for use of pooled funding (paragraphs 12.24-12.26). Pooled funding can be particularly valuable in providing services for children and young people with complex needs who require packages of care from a number of agencies and partners, such as substance misuse services.

2.4 The National Service Framework for Children Young People and Maternity Services in Wales (NSF)

The National Service Framework for Children Young People and Maternity Services in Wales (NSF) 10-year strategy sets national standards to improve and reduce variation in service delivery for children and young people. It contains 21 cross cutting standards and 203 specific and measurable key actions, which put children, young people and their families at the core of services. The standards and key actions are based on the 42 articles of the UN Convention on the Rights of the Child and the Assembly Governments seven core aims for children and young people.

Key actions in the NSF universal to all children defines standards for the universal services which all children and young people in Wales should receive in order to achieve optimum health and well being.

Para: 2.46 states that CYPPs (under core aim 3) should cover key elements of local strategies, including substance misuse services. They will therefore underpin the delivery of a Local Substance Misuse Action Plan developed by the Community Safety Partnerships.

2.5 Child and adolescent mental health services

The aim of the Child and Adolescent Mental Health Services (CAMHS) strategy is to ensure that services are effective and efficient and which, above all, unite all professions in a determination to put the needs of children and young people at the heart of our approach to CAMHS in Wales.

It is aimed not just at health services, managers of healthcare services at all levels and health professionals, (such as child and adolescent psychiatrists, paediatricians, nurses and therapists) but also at staff and management of social services, education, youth justice agencies and the voluntary sector. All have a part to play and all are vital to the joint endeavour to tackle mental health problems which affect young people, their families and carers, and which contribute significantly to wider problems in society.

This strategy is issued as guidance against which services will be monitored and assessed.

2.6 Mental Capacity Act

The Mental Capacity Act is legislation that is enabling and supportive of people who lack capacity, not restricting or controlling of their lives. It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

2.7 Service user involvement

The development of substance misuse services requires particular attention to the views of service users. A specialist sub group consisting of key stakeholders and partners has produced service user involvement good practice guidance. This guidance was published in 2008 as a module of the Substance Misuse Treatment Framework (SMTF).

2.8 Children in need and their families

Children's needs and circumstances are varied and complex. Understanding what is happening in a child's life and whether he or she would benefit from services is a core professional activity for those working with children and families.

A child shall be taken to be in need if:

- a) he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled.

And "family" in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

All staff members who have or may become aware of concerns about the welfare or safety of a child or children should know:

- when and how to make a referral to local authority children's social services;
- what services are available locally;
- how to gain access to them;
- what sources of further advice and expertise are available; and
- who to contact in what circumstances, and how.

2.9 Referrals and sharing of information

At an early stage, substance misuse staff should determine whether they need to involve Social Services. Staff should have received training to assist them to identify indicators that a child may be 'in need' or where there are child protection concerns and how to refer appropriately.

Local authority children's social services, along with other agencies, have responsibilities towards all children whose health or development may be impaired without the provision of services, or who are disabled (defined in section 17 of the Children Act 1989 as children 'in need'). All agencies with such a responsibility should:

- agree with LSCB partners criteria with local services and professionals as to when it is appropriate to make a referral to local authority children's social services in respect of a child in need;
- have an agreed format for making a referral and sharing the information recorded.

If somebody believes that a child may be suffering, or may be at risk of suffering significant harm, then s/he should always refer his or her concerns as soon as possible to the local authority children's social services. In addition to social services, the police and the NSPCC have powers to intervene in these circumstances. While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to local authority children's social services **this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.**

Sharing of information about cases of concern will enable organisations to consider jointly how to proceed in the best interests of the child and to safeguard children more generally. Further guidance on inter-agency information sharing is given in *Safeguarding Children: Working together under the Children Act 2004* chapter 14.

Confidentiality

Many professionals are under a duty of confidentiality. This is important in maintaining confidence and participation in services and thereby helping to protect children's health and wellbeing. But, as relevant guidelines make clear, the duty of confidentiality is not absolute and may be breached where this is in the best interests of the child and in the wider public interest. *Safeguarding Children: Working together under the Children Act 2004* chapter 8 and chapter 14 refers.

When a younger person has been identified as possibly having needs that might arise, at least in part, from their use or misuse of substances, it is important that a comprehensive assessment of those and their other needs takes place. To this end:

- if a child is felt to be a child 'in need' (as defined in the Children Act 1989) a referral should be made to social services so that they can undertake an assessment of the child's needs. If they feel the child is in need they should co-ordinate a plan of support and intervention for that child (drawing on other services to meet specific needs such as the substance misuse service). The same process will apply if the child is in need of protection or looked after. In these cases Social Services will lead the overall co-ordination of the case.
- A specialist substance misuse assessment is to be carried out by substance misuse service providers to identify all the child's substance misuse needs. If social services are involved this will form an element of the overall plan for the child.

- If Social Services do not feel the child is a child 'in need' they may not become involved but the child may still have needs that can be met by other agencies for example the substance misuse services may continue an intervention plan for that child.
- The Common Assessment Framework (<http://www.cafwales.co.uk>) may be a way in which it might be possible to support more effective prevention and early intervention by helping to identify children who would benefit from additional services at a stage before referral to social services is required. It can also help workers and agencies to decide who would be best placed to provide these services. The Assembly Government is currently running pilot projects in Wales to test the effectiveness of an eCAF IT based system to ensure that CAF can work to its full potential. However, all local Children and Young People Partnerships and their constituent agencies will be establishing local arrangements that join up the planning and delivery of services. These should include other relevant Partnerships in the process as, for example, Community Safety Partnerships have responsibilities relating to substance misuse for which the CAF is relevant. The implementation of the CAF will assist this process by providing integration at the earliest stages of joint practitioner led intervention through to high-level strategic developments.

The specialist substance misuse assessment must include:

- the level of use of substances;
- the route of use;
- consideration of the possibility that younger people have or may become dependent on or addicted to substances;
- the meaning, consequences and complications for each younger person and their family of their pattern of substance use or misuse;
- physical and mental issues;
- risk factors - this will indicate whether the case needs to be referred to Social Services.

2.10 Assessment framework

The Framework for the Assessment of Children in Need and their Families (NAW, Home Office 2001) was developed to provide all those working with children and families with a systematic way of gathering, analysing and recording what is happening to children and young people within their families and wider community in which they live. The Assessment Framework is informed by theory, research findings and practice knowledge from a number of disciplines. This was used to identify the key elements that influenced the development of children, and which any assessment of their needs must consider:

- the child's developmental needs;
- the capacity of parents to respond to these needs and;
- the wider family and community within which the child lives.

The analysis of these domains and their relationship to one another provides professionals with an understanding of what are inevitably complex issues and interrelationships, clear professional judgements can then be made. These judgements include whether the child being assessed is in need, whether the child is suffering or likely to suffer significant harm, what actions should be taken and which services would best meet the needs of this particular child and family.

The needs of children cannot be met by one agency alone the assessment framework was developed to provide a common conceptual framework that could be used by all agencies.

It should be noted that where a child is accommodated in a health or education setting for longer than 3 months (or has been planned), a referral is made to social services to determine whether an holistic assessment is required under this Assessment Framework.

2.11 Looked After Children

Children who are accommodated by or in the care of local authorities are described as 'looked-after children'. They are one of the most vulnerable groups in society. The majority of children who remain in care are there because they have suffered abuse or neglect.

It is vital that all looked after children with problems arising from or related to substance misuse are identified early through their health assessment, reviews and care planning processes and receive appropriate interventions as a result.

Corporate parenting emphasises the collective responsibility of the local authority to act as a good parent to the children it looks after and the need for all agencies and professionals to contribute to achieving the best outcomes for looked after children. For looked after children the role of their day to day carers e.g. foster carers will be important in this context.

2.12 Suicide, attempted suicide and substance misuse

Services should be aware of the association between substance misuse and attempted and completed suicide. Research suggests a strong association with completed suicide after previous suicide attempts and that substance misusers were more likely than other suicide attempters to make repeat attempts. Disinhibition produced by alcohol intoxication probably facilitates suicidal ideas and often on impulse leads to thoughts being translated into action.

Young people who have multiple problems are those most at risk of suicide. Current research suggests that the strongest risk factors for suicide in young people are mental disorders, particularly, affective disorders, substance misuse and antisocial behaviours. Frequently suicidal behaviour in young people appears as a consequence of adverse life events in which multiple risk factors combine to increase the risk of suicidal behaviour.

It is important that services in contact with vulnerable young people risk assess the young person with appropriate advice and support given, including support to access specialist services.

This issue suicide prevention is addressed in more detail in the Welsh Assembly Government Suicide Prevention Action Plan.

2.13 Key components

This framework addresses the key components of a comprehensive response to the threats posed to children and younger people by a variety of substances. These components are:

- **Universal Early Education Programmes** - these convey accurate and balanced information about substances and their use and misuse to children and young people;
- **Targeted Programmes** - that enable children and young people to take part in discussions among themselves and with well-informed adults aimed at improving their understanding of how they can respond to the endemic presence of substances in our communities;
- **Interventions To Improve Potential** - these exist to prevent children, young people and young adults moving from use to misuse of substances by anticipating the impacts of risk/protective factors and increasing individuals' resilience;
- **Indicated Programmes (generally referred to as treatment)** - these are provided as individualised and planned programmes of assessment, intervention and care for certain identified children or young people who are misusing substances.

Good practice is referred to throughout Part B of the document and a number of more detailed appendices have been included for more detailed specific good practice in areas such as prescribing and assessment.

3. Scope of document

3.1 The client group

In this framework, terms used in relation to age are described below:

Children:	People who are aged from birth to the eve of their 11th birthday
Young people:	People who are aged from 11 to the eve of their 18th birthday
Young adults:	People who are between 18 years of age and the eve of their 25th birthday
Younger people:	A generic term referring to all people who are under 25 years of age that, therefore, encompasses children, young people and young adults

This framework covers these 4 groupings.

3.2 Substance covered by the framework

This framework covers the full range of substances that are misused in Wales including:

- illegal drugs such as heroin, cocaine, ecstasy, amphetamines, LSD, cannabis
- alcohol
- prescription-only medicines such as anabolic steroids and benzodiazepines
- over-the-counter medicines such as preparations containing codeine or ephedrine
- volatile substances such as aerosol propellants, butane, solvents, glues.

4. Patterns of substance use and misuse

4.1 Pathways

It is also difficult to identify with confidence particular pathways to substance misuse.

Although it seems likely that using substances is related to numerous risk factors (family background and the influence of drug-using peers are some of the most important), it is still impossible to predict with any certainty whether a young person will decide to initiate use, continue use, or maintain use sufficiently to develop dependence and/or associated problems.

Research confirms that, in general, there is a complex interplay between the factors in young peoples' lives that make them more likely to develop problems and the features that promote their resilience. For example, as the number of occasions rises on which each child or young person is exposed to disadvantage, stressful life events and other factors that increase risk, the greater are their chances of developing problems of a variety of types including substance misuse. Also, research in other areas relating to poor health suggests that the effects of risk factors and whether or not children have their needs met is usually mediated through their caregivers and the factors include:

- poverty and failure to meet children's material needs;
- problems with parenting practice;
- unsatisfactory attachment patterns and relationships;
- parental psychopathology; and
- failure of services to respond to the range of children's needs and to intervene preventatively in potentially resolvable circumstances (e.g. not providing adequate responses to bullying).

Together, the features cited are some of the hallmarks of social exclusion, a term that has largely displaced terms such as poverty and deprivation in describing the nature of contemporary patterns of socio-economic disadvantage. It is distinctive as a concept insofar as it emphasises multi-faceted, relational and dynamic nature of disadvantage.

4.2 At risk groups

On the basis of the risks and associations presented it is probable that children and young people are more at risk of using and missing substances if they have/are:

- learning problems;
- learning disabilities;
- persistent truants and young people who are excluded from school;
- younger people who are not in education, employment or training;
- younger people who live in deprived and the less affluent areas;
- mental health problems or mental disorders;

- physical ill health;
- teenage parents;
- children of parents who misuse substances;
- children and young people who are carers;
- children of parents with a mental disorder;
- involved with crime and younger people in contact with the criminal justice services;
- children looked after by local authorities;
- homeless younger people;
- subject to prostitution or sexual exploitation; and/or
- exposed to sexual abuse.

5. The four-tier strategic framework

The guidance contained in this document requires a substantial number of sectors, agencies, organisations and professions to come together to produce the comprehensive services that are required. In this context reference is made to the four-tier strategic planning concept which is based on the functions required of services in relation to the level or complexity of younger people's needs their opinions and the levels of specialisation of the services that they require.

The tiers are:

Tier 1:	Universal primary-level services
Tier 2:	Youth-oriented services
Tier 3:	Services provided by teams that specialise in treating young people who misuse substances
Tier 4:	Very specialised services for young people who misuse substances

The tiered concept is intended to be a flexible and dynamic strategic approach that provides a framework within which to conceptualise the functions of comprehensive services and relationships between their planners and providers and between the services both horizontally within tiers and vertically across tiers. It emphasises activities and functions rather than the disciplines of professionals or the identities of sectors and agencies and promotes integration between sectors, agencies and disciplines. It also maps broadly onto the categories adopted for describing comprehensive services in 2 above.

It is important to emphasise that many provider agencies can legitimately deliver services of more than one type and which fall into more than one tier.

Section C - programmes and interventions

6. Universal education services

6.1 Context

Education services that inform and help younger people with handling the pressures to use substances that they are likely to experience are required by all young people in Wales aged between 11 and 18 years. They remain central to the delivery of an effective response by all CSPs.

The primary intention of education programmes is to convey accurate and balanced information about substances and their use and misuse. They should be universally available and be given on a continuing and iterative basis that fits with the educational capacity of each child.

The development of an effective PSE curriculum and system as an adjunct to education about substances is essential to delivering programmes of this sort.

6.2 Access and objectives

Access to information about substances should be provided through the statutory education system and the relevant statutory and voluntary sector bodies. Additional facilities are required of the staff of agencies that are engaged in delivering services at all of the tiers. This is because education about substances and substance misuse is a part of most intervention and treatment regimes.

The approach taken should incorporate the following objectives:

- Increasing knowledge about substances including alcohol and tobacco.
- Providing an environment in which the norm is to remain drug and tobacco free and respect the sensible use of alcohol e.g. by becoming a health promoting school.
- reducing consumption and/or delaying the onset of first use.
- contributing to minimising harm caused to people who use or misuse substances.

6.3 Content characteristics

Educational materials should be defined by adherence to key principles. Young people have indicated that they require learning materials that are:

- factual;
- accurate; and
- non-judgmental.

The prime requirement of young people is for information in relation to use of substances and for detailed descriptions of effect and risk from the use of specific substances. They also need to be helped to develop values, attitudes and skills which will help them make decisions related to the use of substances.

Teachers, youth leaders, etc should make a critical evaluation of materials to ensure that they are not contradicting pupil's personal experiences or appear to be based on adults exaggerations. Learning materials should reflect the wishes of young people to be able to identify the different substances that are in circulation and routes to services for help. Thus, the content of their teaching should reflect both service patterns and provide details of points of contact.

6.4 Delivery and style

Good practice in programme delivery suggests methods should be:

- interactive;
- participative - motivating and confidence building;
- correcting of erroneous beliefs;
- able to provide alternative discursive opportunities to challenge peer beliefs while giving value to young peoples' opinions;
- relevant to young peoples' social realities; and
- innovative through employing a range of learning styles.

6.5 Agencies, personnel and venues

The following agencies have a role to play in designing and delivering education regarding substances and substance misuse:

- LEA PSE advisers;
- the police through the all Wales schools Programme;
- Welsh Network of Healthy School Schemes co-ordinators;
- voluntary sector substance use and misuse agencies (e.g. for more specialised advice on substances and information about other relevant services);
- local education authorities through initiatives to provide an adequate infrastructure within schools and youth centres that are compatible with delivering effective and acceptable education on substances and substance misuse.

Additionally, it may be helpful to involve other statutory agencies and organisations as and when that is seen as relevant (e.g. paramedics from the ambulance service and staff of HM Prison Service).

Schools are evidently important places for delivering education programmes and teaching staff have a significant role to play. However, the primary importance of schools as a venue is that they provide opportunities for a wide range of external agencies to provide expertise and specialism. The police and voluntary sector agencies bring expertise and perceived credibility that students do not necessarily ascribe to teaching staff. Teachers can support this expertise by providing a continuing education that underpins contributions made by visiting experts.

Additionally, the youth services, social services and other care agencies and community organisations are important secondary points of contact. These agencies may be the only points of contact for younger people who are most at risk including children who are excluded from school, looked after, and/or alienated from school. Services are required that support delivery of consistent messages across schools by ensuring that young people who are not in regular attendance at school do not fail to receive education about substances (e.g. the Get Sorted programme in Rhondda Cynon Taff). Creativity is required to ensure that these services are available.

This approach requires training and support for teachers and staff in services for young people on how to deliver education about substances and substance misuse and wider dissemination of curriculum-based materials that provide consistent messages.

Training should be available for all relevant professionals and advanced training is required by designated staff who have responsibility for educating young people who attend their institutions/organisations about substances and substance misuse.

Using people who have a history of substance misuse to deliver education programmes may be useful but programmes of this kind require monitoring to ensure their quality and consistency and training should be given to ex-users before they are used as educators.

Peer-led education offers potential advantages within a universal and comprehensive plan that links different approaches. This may have particular value with students who are difficult to reach and for 'hidden' groups. Peer-led education also offers advantages to the young people who train to be peer educators; it raises their knowledge, awareness and self-esteem.

Younger people should not be excluded from education programmes on account of any learning difficulties, problems or disabilities. Therefore, no programme should rely on written information or fail to be informed about the implications for education that stem from younger people's problems with reading. Care must be taken in designing presentation formats, their contents and effective aids.

Children who truant or are excluded from school are at much higher risk of substance use and misuse. No child or young person therefore should be denied access to a universal education service because they are out of or excluded from mainstream schooling for any reason. This calls for innovative community-based approaches to delivering a full universal education programme in which the roles, activities and messages transmitted by schools and other community agencies are well-coordinated.

Universal programmes should be available to every child and young person in Wales and their planning and delivery should be co-ordinated on a local basis at the levels of local authorities, local health boards and community safety partnerships.

7. Selective or targeted programmes

7.1 Definition

Selective or targeted programmes are those programmes that are aimed specifically at groups of children, young people or young adults whose profile of risk and resilience factors is considered to place them at greater risk of either using substances or moving from their use to misuse.

There are two broad types of selective or targeted programmes:

- those that focus on attending to risk factors and raising resilience. (These programmes anticipate the impacts of risk and protective factors by acting to enhance individuals' resilience and to tackle and reduce the factors in their lives that put them at greater risk of substance misuse by, for example, promoting their social inclusion or assessing them and arranging interventions for any associated problems or disorders);
- specific substance misuse prevention programmes.

Selective programmes may be delivered as stand alone interventions or they may be provided as developments from universal programmes. Good examples of programmes of this kind are school-based approaches to reducing bullying and its impact on certain groups of young people. The main intention of these types of selective programme is to reduce the risk run by, and to increase the resilience of, certain identified groups of children and young people. Similarly, some parenting programmes are offered to all as universal programmes while others may be more focused in response to the particular needs of children and young people and their families who are more at risk.

7.2 Services that provide more detailed information and advice on drugs and services

Targeted or selective services are required that provide similar functions as those that are universally available. Some agencies that offer information and advice may offer both universal and selective advisory services.

7.3 Prevention services

The main focus of services that offer prevention programmes is to delay or reduce the prospects of identified children, young people and young adults moving from using to misusing substances, or to decrease use and particularly, where relevant, to avoid them progressing to 'dependent use'. Broadly, these programmes should be one of two sorts:

- **primary prevention** - programmes that are intended to assist younger people who are using substances to resist or delay moving into misuse; and
- **secondary prevention** - programmes that are intended to reduce the level of misuse or harm in which a younger person is engaged (i.e. returning to use rather than misuse) or to assist identified younger people with returning to abstinence.

Many prevention services also include attention to reducing risk factors and building resilience. They are, therefore, compounds of the two broad types of selective or targeted programmes. For example, prevention packages may include social inclusion programmes that offer a range of sports and other activities. The particular intention is to ensure that children and young people stay engaged with the more specific or specialised components of the programme and are better able to re-engage with their families, education and the community without running the very same risks that contributed to them misusing substances.

Prevention services also require the capacity and capability to facilitate their clients' access to a wide range of community services. Again, the intention is to ensure that the younger people involved have access to core health, education, housing and family support services and that they also have prompt access to specialist substance misuse services for younger people when the result of the assessment is that they are required.

Generally the kinds of intervention provided by prevention services are early intervention services that are aimed at younger people who have used substances but to a low level of severity. Younger people whose needs have gone beyond these levels usually require the indicated services of specialised substance misuse treatment agencies.

8. Indicated programmes (including treatment)

8.1 Assessment

8.1.1 Definition

Assessment is the process that initiates intervention. The way in which it is handled is often an important matter in determining whether younger people and their families continue to use the services they are offered.

Assessment is a process rather than an event. Its general aim is that it should lead to well-integrated and well-targeted services being provided by the various sectors coming together to meet each younger people's individual education, work, developmental, social, relationship, recreation, healthcare and spiritual needs. The focused aim of assessment is to capture the extent to which substances have an impact on the health, care, education and wellbeing of each younger person who is being considered.

8.2 Definition

Indicated programmes are provided as individualised and planned programmes of assessment, intervention and care for certain identified children or young people who are misusing substances. These programmes include assessing the full range of each child's unique array of needs and providing responses to meet those needs with the intention of remedying current problems and restoring individuals to non-use of substances. Where that is not possible, indicated programmes are aimed at minimising the harm to the younger people and/or to others that may occur if they continue to misuse substances.

Often, indicated programmes will consist of a number of different components. The prospects of incomplete responses to indicated programmes and of relapse are greater if the background risk factors faced by each child, young person or young adult are not also tackled as a part of their programme.

Comprehensive indicated programmes should include interventions that are directed at assisting younger people with:

- the specific or direct effects of the substances that they are misusing;
- reducing factors in their lives that may be maintaining their use of substances;
- developing their resilience;
- healthcare needs that are associated with substance misuse; and
- meeting needs that are consequential on their misuse of substances or the secondary effects of becoming involved in lifestyles in which substance misuse is a part (including possible involvement in crime, poor housing and homelessness, unemployment and failure at school).

Once a person has been assessed as in need of indicated programmes of intervention, they may require the services of a specialised substance misuse treatment agency. However, a comprehensive response may involve not only specialised agencies. Some of the services required may include activities that

are included within the category of selective and targeted programmes but also the services of a variety of other agencies that may not think of themselves as dealing directly with substance use or misuse (e.g. schools, colleges, higher education institutions, employers and housing services) in delivering indicated programmes that are more likely to be effective.

Indicated programmes should be available to every child, young person and young adult in Wales on the basis of need.

Protocols should also be in place with other statutory services to ensure all children's needs are met. (*Safeguarding Children: Working together under the Children Act 2004 Chapter 8.19 refers*)

8.3 Specialised interventions

A wide range of interventions or 'treatments' should be made available for younger people who misuse substances and for their families. These include:

- psychological therapies offered in one-to-one, group or family settings, depending on the assessed indications
- pharmacological treatments that are targeted at the substance of misuse in the cases of dependent users (see Practice Point 2)
- pharmacological treatments that are targeted at co morbid mental disorders.

It is vital to engage and retain younger people in interventions of the kind that are provided by specialised substance misuse agencies because duration of treatment is linked to improved outcome. Intervention should encompass assessment, treatment episodes (however defined) and aftercare and follow through. Collaborative working with other agencies and professionals is a core component of effective interventions for younger people who misuse substances.

The components of specialised intervention services may be described as:

- pre-treatment services;
- community-outpatient-based interventions and treatment services;
- Inpatient treatment; and
- other residential services.

8.3.1 Pre-treatment services

Younger people who are assessed as requiring the services of a specialised substance misuse treatment agency may require, in addition to a full assessment and access to specialised interventions, the services that have already been described under the headings of universal and selective or targeted programmes. They include:

- primary prevention, health promotion and universal education services; and
- early intervention services that are aimed at younger people who have used substances but to a low level of severity.

These aspects of a comprehensive response provided by some specialised substance misuse agencies are called Pre-treatment Services.

8.3.2 Community based specialist interventions and treatment services

There are three levels of intensity of specialised intervention service that should be offered to younger people outside of an inpatient setting. They are:

- non-intensive outpatient provision (sometimes defined as less than 10 hours per week of attendance at an agency);
- intensive outpatient provision (sometimes defined as 10 to 20 hours per week of attendance at a service that is offering a structured programme); and
- day service intervention (which may be defined as more than 20 hours per week of attendance at a service that is offering a structured programme).

Specialised services will need to provide the following interventions:

- screening/specialised assessments;
- educational groups (e.g. on the effects of drugs);
- education services;
- self-help programmes;
- relapse prevention programmes;
- drug testing;
- detoxification, substance reduction and maintenance treatments;
- mental health services;
- group, family and individual therapy;
- recreational activities and peer socialisation programmes;
- links to specialist sexual health services;
- other specialised group interventions (e.g. cultural sensitivity; HIV, pregnancy and parenting; tobacco cessation; independent living skills; health and nutrition etc);
- emergency and out-of-hours services;
- home-based services, outreach services, liaison services;
- liaison substance misuse workers whose roles are to provide advice, signposting, training, consultation and co-working with other agencies and to those agencies that provide other service functions;
- Harm Minimisation e.g. needle exchange (See Practice Point 3).

8.3.3 Inpatient services

A much smaller number of younger people are likely to require inpatient services.

These services need to have clearly defined outcome success factors.

Three levels of provision for younger people who require residential services are identified:

- medically monitored services- for those younger people who have severe substance misuse disorders and who need 24-hour a day supervision and monitoring (usually over a 7 to 45 day stay);

- medically managed services - that offer round the clock medical and nursing services (e.g. by providing life support or secure services usually over a 7 to 45 day period for each younger person); and
- Medically directed intensive residential care - for younger people who have complex problems including co morbidity (may be for up to 6 months in each case).

The range of interventions offered in residential setting need to be the same as offered in community and day services with an increased emphasis on vocational services.

It is important to draw attention to Welsh Health Circular (2002) 125 which sets out the Welsh Assembly Government's policy on the age range patients treated by CAMHS. The Welsh Assembly Government's long term objective is that no child or young person should need to be treated in an adult facility.

NSF key action 2.8 states: 'When a child or young person requires admission to hospital or residential placement, either in or out of county:

- They are placed in settings which are most appropriate for their development as well as clinical needs;
- They are only admitted to adult settings in exceptional circumstances;
- When placed in adult settings, systems are in place to protect them from harm."

8.3.4 Residential services

The range of potential residential services includes:

- therapeutic communities for psychosocial rehabilitation (may be for up to 6 months);
- halfway houses;
- group homes; and
- Specialised foster care.

Few providers of specialist services are able to offer a full range.

However, access to services of these kinds is likely to require a national approach to planning and should include the capacity and capability to arrange admissions to these facilities if and when that is necessary.

NB Inpatient and residential settings may be more appropriate for younger people who:

- *have more serious disorders related to substance misuse together with significant comorbid problems;*
- *are at risk of significant withdrawal syndromes; and/or*
- *have failed to respond to community-based intensive or day interventions.*

8.4 Organisation of comprehensive specialised intervention services

Broadly, there are two potential models in which comprehensive specialised intervention services of this breadth are delivered:

- creating single agencies or bringing together separate agencies to act as a single entity;
- creating a network of more loosely related agencies.

In the former case, for example, an NHS-funded specialist service might come together with a voluntary sector agency to provide not only indicated but also a full range of selective or targeted programmes.

In either case, networks of relationships with a number of other statutory and voluntary sector agencies are required in order to create opportunities for planning and delivering broad, individualised, needs-led, comprehensive and well co-ordinated packages of assessment, intervention, treatment and care.

Therefore, Tier 3 is provided by multi-disciplinary teams of staff who are particularly trained and skilled for work with young people who misuse substances and/or have substance misuse syndromes. Work at this level often requires collaboration between child and adolescent mental health, addiction, education, paediatric, social and voluntary sector services and there are many organisational possibilities.

Approaches to ensuring this aggregation of knowledge and skills include:

- creating new teams within a single agency either by bringing elements of several agencies together or by seconding staff;
- drawing on a variety of agencies to gather the appropriate skills around particular younger people and the problems they present on a needs-led and case-managed basis (i.e. case and care management are used not only to deliver cross-agency action plans or care plans but also as a vehicle to bring agencies together at the strategic and operational levels);
- creating service networks or virtual teams. Together, the teams, whether within a single agency provided by several agencies working together or through virtual teams, should be able to assess and manage the complex needs of younger people who have more serious problems and disorders.

Staff from the services that provide specialist Tier 3 functions should be available to advise staff who deliver Tier 2 functions. Staff who deliver activities that fall into Tier 3 should be aware of the various local agencies and of the referral pathways to them.

8.5 Key issues for service delivery

8.5.1 Lead agency and lead professional

Integration and coordination require the agencies to subscribe to agreed models of care and/or case management, particularly when inter-agency planning is required. Provided by each of the others. This framework advocates the concept that, where there is more than a single agency involved, they should agree between

them which is the lead agency in each case as this promotes clarity for clients and families. When Social Services are involved because the child is deemed to be 'in need', on the child protection register, looked after or a care leaver Children's Services will co-ordinate the case.

To this, is added the concept of lead professional. This is the person from the lead agency who is responsible for managing each case and coordinating delivery of the care that the individual person requires. Local agencies should come together to agree mechanisms for care or case management.

8.5.2 Integrating services

Integrated services for children, young people and young adults are those that collaborate and are well coordinated both within and across agencies. Boundaries between departments, within services and agencies, and between agencies should not be allowed to become fault lines in the experiences of younger people and their families.

Good practice in integration suggests services should be:

- based on longer-term plans and sustained relationships between agencies;
- considered from the perspectives of their users;
- commissioned by the responsible authorities on a coordinated basis to avoid replication and gaps;
- based on awareness of the requirement of many younger people for their needs to be dealt with by a number of different agencies concurrently or sequentially, and according to agreed plans, timetables and distributions of responsibility between the agencies and sectors of care; and
- linked by good communication, care and case planning, and information sharing protocols that are underpinned by less formal means of encouraging professional contacts and relationships between staff.

8.5.3 Substance misuse liaison function (*Link workers*)

One approach to improving liaison between the specialist and generalist services is for the creation of substance misuse liaison or link workers. These staff should be highly skilled and experienced and are members of a Specialised Substance Misuse Service. Although most of their work may be conducted away from base and outside the physical premises of a specialised service, they are specialists.

Their roles are likely to include:

- providing advice to staff who deliver the functions of Tiers 1 and 2;
- advising on the contents of universal education and selective and targeted education programmes;
- providing advice on operation of the care pathway;
- providing planners with advice about substances and the services that are required;
- providing consultation to staff who deliver the functions of Tiers 1 and 2;

- providing teaching and training for the staff who deliver the functions of Tiers 1 and 2;
- linking across the agencies in an area to assist with resolving communication problems;
- acting as the lead professional for certain younger people who have complex problems and require well-coordinated care programmes.

8.5.4 Involving parents and carers

Involving parents and carers in services for younger substance users and securing their support is essential to ensure coherent and consistent messages are communicated. Families are primary influences and their active participation is likely to improve the treatment outcomes that the service can achieve.

Therefore, services should work in partnership with younger people and, if appropriate according to age and circumstances, with their parents, carers and other close family members to address substance-related problems and to provide services not only for the young people, but also for their families and friends.

Most parents and carers wish to be involved in decisions made about interventions and treatments and that their children receive. This framework recognises the valuable roles that parents/carers can play in assisting younger people who have problems arising from substance misuse. Services should actively encourage parental involvement within the boundaries of policy and existing statute and case law on consent and confidentiality. There may also be circumstances in which parental consent is mandatory.

While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to local authority children's social services this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.

8.5.5 Handling transitions

Services should be provided on the basis of need not on the criterion of age. Therefore, if a person aged 18 or over has needs that can best be met by a young person's service, then this is likely to be the most appropriate response as long as this course is not detrimental to the service being offered to other clients. The same could be the case for young people under 18 who require a service that is best provided by a service for adults. Planners should, therefore, allow flexibility when considering transitional arrangements although they must be aware of the regulatory requirements relating to children and any services requiring registration under the Care Standards Act 2000.

The following points should also be considered:

- the intervention element of the young people's strand of this framework is founded on the hope that early intervention will reduce the need for young people to use services when they are adults;
- all young people receiving assessment care, and/or interventions for potential or actual substance misuse should have a transition care plan that is devised prior to their eighteenth birthday. This should identify any

continuing needs and the organisations that are best able to meet those needs and include needs arising from substance misuse;

- in order to plan transition arrangements, providers of services for adults and for young people who are misusing substances should work together and with the other service providers that are involved;
- key substance misuse workers with transitional responsibilities could be based in services for adults, but also hold some sessions in substance misuse services for young people;
- a care co-ordinator, who we call the lead professional, should be identified in the care plan from within the lead agency which will be Social Services if the child is in receipt of services from Social Services departments. In many cases, young people of 18 who require services in respect of their misuse of substances may also require interventions from other mainstream services, such as housing, education and primary care; and
- transitions of young people to services for adults may take place at different ages or developmental stages depending on the agencies involved and the expectations that fall on them (e.g. YOTs, Specialist CAMHS and services for children who are looked after may have different arrangements). Transition arrangements should ensure that these different arrangements are included in the care plan, when they are relevant.

8.5.6 Actual and virtual teams

Agencies and the teams within them vary in structure and governance.

Delivery of improved service coordination and integration could be achieved by structural changes to the construction of teams. Otherwise, secondment across agencies might provide a mechanism by which specific expertise can be brought to existing services in order to build multi-disciplinary substance misuse teams that are capable of providing services in an area.

Another option is that of developing virtual teams or organisations in which professionals from a variety of agencies work together, often, in networks to deliver care programmes for particular individuals. Secondment and virtual or networked teams can be extremely useful and forward-looking mechanisms and result in:

- affording access to substance misuse services in mainstream or generic settings;
- taking opportunities to develop competency in substance-related matters of generic practitioners who work with children, young people or young adults;
- developing the functions offered by generic or mainstream agencies; and
- developing closer and better integrated working relationships between disciplines and agencies to minimise professional rivalry and duplication.

8.5.7 Child protection

Responding appropriately to potential and actual child protection concerns is vital, however challenging and problematic it is to apply in some instances.

Therefore, it is imperative that substance misuse services maintain good continuing

collaboration with social services. People who attend substance misuse services are not always regarded as having needs that are sufficient when they are compared with the problems faced by other young people that the social services encounter. Effective child protection services are especially important for young pregnant users of substances and there may be a number of young women in this situation in some areas.

Section D - planning

9. Purpose of section

This section describes a Welsh Assembly Government framework for organising planning Services for Children and Young People who Use or Misuse Substances throughout Wales.

It is recognised that the planning partnerships needed to maintain and develop the comprehensive pattern of substance misuse services required by young people requires close co-operation between health and social care planners. These planners require clarity about how responsibilities for planning services is to be allocated between the various sectors and a framework within which the planning authorities can come together to agree local, regional and national plans.

This section suggests bringing together the planning bodies into partnerships and uses the Four Tier Strategic Framework as a tool to describe this.

10. Background

Delivering the pattern of services that implement the agreed priorities set out in the local Children and Young Peoples Plan (CYPP) requires the local authorities and their partners to co-operate in the planning of services.

The Assembly Government wishes to see increased use of joint planning to provide services for children and young people. Section 25(6) of the 2004 Act gives the local authority and its main statutory partners the power to pool funding and share resources. Chapter 4 of guidance on local duties to cooperate - *Stronger Partnerships for Better Outcomes (WAG 2006)* - sets out the background for the development of such arrangements. Each CYPP provides a basis for joint planning locally. *Shared Planning for Better Outcomes (WAG 2007)*, reinforces the requirement to consider opportunities for use of pooled funding (paragraphs 2.24-2.26). Pooled funding can be particularly valuable in providing services for children and young people with complex needs who require packages of care from a number of agencies and partners, such as substance misuse services.

The Welsh Assembly Government has issued “Framework Guidance for Community Safety Partnerships to Commission Substance Misuse Services” which emphasises the importance of complementary approaches, namely:

- taking a strategic and systematic approach to planning services;
- promoting a joint approach between agencies within Community Safety Partnerships to plan services;
- jointly planning across CSP boundaries.

The Police Reform Act 2002 which came into force in Wales on 1st April 2003 requires responsible authorities in Wales to ensure that a Local Substance Misuse Action Plan is developed and implemented, the responsible authorities are the council for the area, chief officers of police, the police authority, the fire and rescue authority and the local health board. In deciding what to incorporate in their Local Substance Misuse Action Plans, responsible authorities should work in partnership with other members of Community Safety Partnerships.

Community Safety Partnerships (CSPs) should ensure that their plans reflect and inform the local CYPP. Through the participation of their members in the local Children and Young People’s Partnership, CSPs will contribute to the setting of shared priorities and be able to ensure that their work to commission substance misuse services is based on them. It is essential that both partnerships cooperate in the planning of substance misuse services for children and young people - see *Shared Planning for Better Outcomes* paragraphs 1.27 and 1.28.

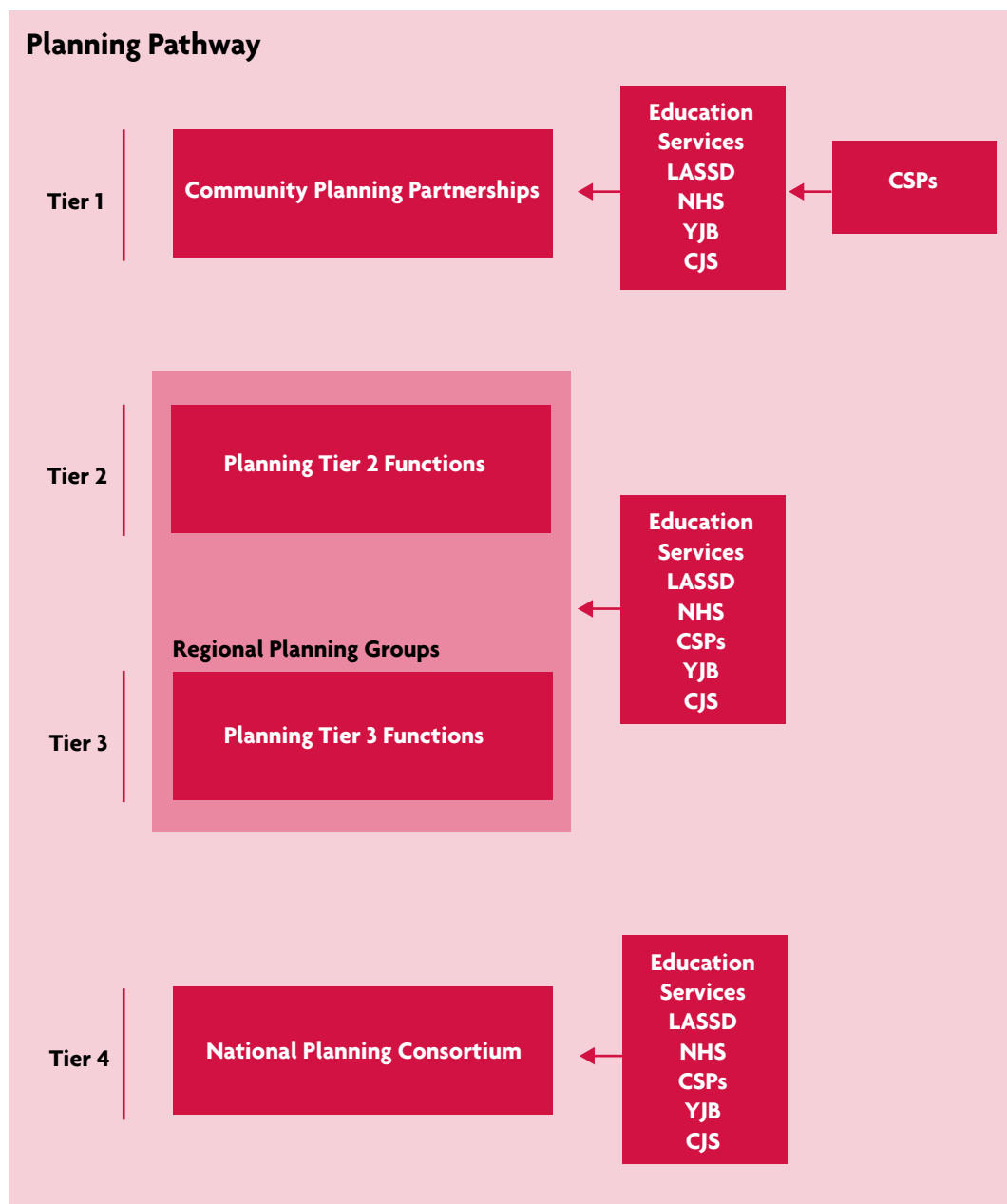
11. The suggested planning model

With regards to children and young people specifically some services, such as universal education, information, health promotion and initial screening and assessment services (in Tier 1), are required by all young people whereas the most specialised combinations of services (at Tier 4) are required by a very much smaller number of people. Access to the specialised service functions of Tier 3 is required by an intermediate number of young people.

Therefore, Tier 1 functions (and many of the functions of Tier 2) are required to be easily accessible in all communities. Tier 4 functions are such that they are likely to require planning by people who have very specialised knowledge. In between lie the specialist functions of Tier 3 which also require specialist knowledge.

Therefore, this framework proposes a layered framework for organising planning for these clients in Wales. Figure 7.1 summarises this approach.

Figure 7.1: A framework for planning



This model provides a framework for organising and allocating responsibilities for planning services in which the individual responsible authorities from across the sectors are required to come together in local, regional and national groupings. In this way, it is believed that expertise can be developed across the sectors to enable effective planning of the increasingly specialised and complex services at Tiers 3 and 4. More detail is given on this approach below.

11.1 Planning Tier 1

The planning of the functions of Tier 1 should be organised and conducted at Community Safety Partnership level. At present these planners come together in different partnerships. The planning of Children and Young People's services will require co-operation between Community Safety Partnerships and Children and Young People's Framework Partnerships in each area. A possible option for collaboration could be a Community Collaborative Planning Partnership through which each of the planners that holds statutory responsibility agrees to share the development and delivery of a jointly owned plan for Tier 1 and then to play their agreed part in planning the services that falls to their sector.

11.2 Planning Tiers 2 and 3

Effective planning of Tiers 2 and 3 functions requires the pooling of expertise and close co-operation between areas. There are models developing in Wales for regional planning of services. One example is the planning of the Drugs Intervention Programme based on the police authority areas another is the new regional system of CAMHS Planning Networks (Cans).

Responsible authorities could also come together to create regional planning groups in which representatives of each of the local planners or collaborative planning partnerships are brought together under the leadership one planning body could then be identified as the lead for the region. Participants could pool budgets and staff resources and jointly employ staff who are able to develop sufficient knowledge and expertise to effectively commission the functions of Tiers 2 and 3 in their region.

11.3 Planning Tier 4

The services required to deliver Tier 4 functions may be best commissioned at an all Wales level. The lead personnel from each of the regional planning groups could come together to constitute a national planning consortium that could be responsible for planning and managing the performance of agencies that provide the Tier 4 functions required by all the young people of Wales.

It is recognised that the various sectors have adopted different approaches to or models for planning. However the Welsh Assembly Government has published guidance to Community Safety Partnerships (Framework Guidance for Community Safety Partnerships to Commission Substance Misuse Services) and this guidance should be taken account of when planning services.

12. Good practice in planning

In 1996, the NHS Health and Drugs Advisory Services (HAS) published a thematic review on commissioning and providing services for children and young people who use and misuse substances¹. In 2001, the Health Advisory Service, a successor body to the HAS, reviewed the HAS review at the behest of the Cabinet Office. The first HAS report contains a substantial section on commissioning services for young people who use or misuse substances. The contents of that section were confirmed in the review of 2001. The principles of good practice in planning services for young people who use or misuse substances remain unchanged. They are summarised, with updating, below.

12.1 Strategy

It is essential that agencies that are responsible for planning services for children and young people base their approach on a jointly agreed strategic approach that is underpinned by the local CYPP. They should:

- Build, wherever possible, on existing machinery and previous strategy;
- Align their strategic plans with their broader strategies for both child and adolescent mental health services and for substance misuse services for adults;
- Include a balance of educational, preventative and intervention and treatment orientated approaches in their strategic framework;
- Ensure that their strategic plans are agreed and owned by all potential agencies that have planning responsibilities, thereby, recognising their interdependence in producing an effective system of services; and
- Identify and prioritise in their plans the high risk groups (e.g. intravenous drug users, pregnant drug users and users with a high risk of suicide).

12.2 Developing the knowledge-base

Planners of substance misuse services for children and young people must have sound knowledge of the requirements of children, young people and young adults who have problems arising from their use or misuse of substances and the effectiveness of potential interventions.

The information required to develop such a sound knowledge-base falls into a number of different categories. These include: the agreed definitions of use and misuse adopted by Welsh Assembly Government; the nature and extent of substance misuse in the area they cover; the nature, capabilities and capacities of the non-statutory and statutory service providers in their area; and the effectiveness of local services. Joint needs assessment and mapping of current provision are essential to underpin joint planning and should be carried out as part on the integrated process undertaken by the Children and Young People's Partnership in preparing their CYPP. The process will be supported by:

¹ The Substance of Young Needs, 1996, HMSO.

- Consultation with non-statutory alcohol and drug agencies on the numbers of their clients, their patterns of use and misuse, and the nature of services that they offer;
- Engagement with the services that are involved in smoking reduction;
- Information gathered from schools, social services departments, the youth justice services and YOT, the probation service and the police;
- Consultation with community organisations, including any that work with different ethnic communities;
- Understanding the various definitions of use and misuse adopted by local agencies and recognising if they are different from the Welsh Assembly Government definitions in order to estimate the ways in which these definitions effect the processes of needs assessment and their perceptions of people who require services;
- Awareness of the clinical and social effectiveness of particular services and methods of education, prevention and intervention that are available locally as well as nationally; and
- Reviewing literature from organisations such as Alcohol Concern and the Standing Conference on Drug Abuse (SCODA) and academic institutions with an interest in the topic areas.

12.3 Responsiveness to the local population

Planners should be responsive to the needs of their local population to develop an effective climate when developing their plans and services. They should be aware of the following key points:

- The baseline of public understanding and empathy may be low in this field; Planners may choose to invest in public education initiatives to counter this;
- There may be a difference of views between young people and their carers and each voice must be recognised;
- Carers' (usually parents') needs should be met in addition to those of their children;
- The role of the media is significant in this field; its contribution can be unhelpful by, for example, stigmatising individuals organisations, schools or localities; or it can be helpful by aiding public education;
- Building contacts with different ethnic groups is essential in working towards trusting relationships with the accepted leaders of the different cultural groups and planners must be aware of the dangers of racial or cultural stereotyping; and
- The population of young people who may benefit from services may be transient, especially in inner-city areas, and people who are at high risk may require liaison across geographical boundaries if services are to be targeted effectively on very vulnerable young people.

12.4 Partnerships with providers of services

Developing services for young people with problems arising from their use or misuse of substances depends on the maturity of relationships between the various planners and between the planners and the providers of services. The following issues are significant in this process:

- There is a wide variety of providers in the field and this may result in individual services having contacts with the same individuals whether they know it or not.
- There are many services to which young people who are misusing substances may turn to in emergencies or for more routine care. Steps must be taken to ensure that poor contacts between services or lack of familiarity of professionals with substance misuse does not jeopardise the care of individuals or reduce service quality.
- Many providers are in the non-statutory sector. The organisational culture of these agencies is different to that of the statutory sector. Planners must understand these differences in order to maximise the contribution of the voluntary sector.
- It is likely that different provider agencies offer different elements of the services required by young people who use or misuse substances. Planners should lead by creating a climate in which all providers operate together in the interests of young people through effective co-ordination of their contributions for a comprehensive service.
- Appropriate information sharing is enabled by mutual organisational relationships. Providers of services should not be burdened by requests for information for which they may not be able to see the relevance.

12.5 Effective collaboration

The local Children and Young People's Partnership can support cooperation among commissioning authorities, other planners and organisations. Cooperation will promote consistent policies providing integrated education, prevention and intervention services for young people. The following should be noted:

- This field is particularly appropriate for joint planning. Key planners are local health boards, social services departments, education departments, housing departments, Community Safety Partnerships, probation services, and the Youth Offending Service. Voluntary sector providers also have a part to play and can contribute resources to pooled funding arrangements.
- Any plan for education and prevention will, of necessity, require effective planning and service provider alliances that involve health, social and education services, the youth services, the leisure services, housing departments, the prison service, the Youth Justice Board, Youth Offending Teams and Community Safety Partnerships.

12.6 Effectiveness through contracting or service level agreements

Commissioning agencies should agree effective contracts or service level agreements with the organisations that provide services. These should include details on the monitoring and performance management processes. This means that:

- Contracts or service level agreements with non-statutory providers should be based in a robust framework maximise the contribution of these providers (that is, they should be longer-term agreements, which contain negotiated and realistic performance management procedures);
- Wherever possible, contracts or service level agreements should be based on mainstream funding;
- Contract should detail not only the direct service needs of individuals but also the needs of staff for training, advice and consultancy and research;
- Planners should collaborate on contracting for specialised services at Tiers 2 and 3;
- Within the context of the low baseline of the dedicated services at Tiers 3 and 4, it is important that planners establish contracts/service level agreements that recognise the roles of services not specifically dedicated to meeting the needs of young people who misuse substances but which may be appropriately used for this purpose. Between them they should devise and offer an effective system of quality control that is capable of sustaining high-cost low-volume, highly specialised services;
- Agreements should follow a purposeful structure that states the intended roles of provider and commissioner offering clarity about jointly agreed inputs, outputs and outcomes.

12.7 Organisational fitness/commissioner self assessment

In order to develop an effective planning approach to the services required by young people who misuse substances, the commissioning authorities must have the appropriate organisational capability. In this respect, planners may find it helpful to undertake a self assessment based on the following questions.

- Who in the authority/organisation has any knowledge of this field?
- Is the organisation aware of its responsibilities as set out in the framework?
- How large is the organisational divide between services for young people who smoke tobacco, use or misuse alcohol and use or misuse drugs?
- How senior are the people who have planning responsibilities of service in this field and what ownership do the authorities have for young people in need?
- Does the authority show or respond to leadership in addressing the needs of young people who use or misuse substances?
- Are any services for young people who use or misuse substances lost in the organisational structure of current providers?

- Is the agency clear as to whether it is planning education and health promotion services, prevention services and/or specialist assessment and intervention services?
- Can the agency identify the resources that it is investing, either directly or indirectly, in services for young people who use or misuse substances?

12.8 Performance management

Planning involves performance management as well as determining which services are to be delivered and by whom.

The most obvious role in this sphere relates to the measures taken by planners to identify whether or not the performance and quality of the agencies that provide services is adequate.

However, it is important to emphasise that the quality of performance of provider agencies is not only related to their own capacity, capabilities and quality, but is affected substantially by the quality of performance of the planners. Experience shows that the scope, quality and volume of services delivered to the public are related to the nature of the services that have been commissioned and the resources that planners have made available to their providers.

Therefore, performance management can be related not only to the activities of providers of services but also to the principles of good planning that are summarised in this section.

12.9 An improvement cycle for services for young people who use or misuse substances

Planners are primarily responsible for the main developments and changes called for in this framework. Children and Young People's Partnerships and Community Safety Partnerships share common membership and should work together to ensure that their separate and shared plans drive forward the required service developments in the four tiers of service across a wide range of activities (i.e. in education, youth work, housing, social services, health services, and employment settings). This should lead to appreciation of the successes and the gaps in mounting services in Wales. This information, taken together with this framework, should lead the planners to identify annual improvement cycles or plans for services for young people who use or misuse substances or are at risk of doing so.

12.10 Standards and standard setting

Planners may wish to engage in conversations with their providers with a view to exploring whether a network should be set up to establish developmental standards for substance misuse services for young people that reflect Welsh policy and the principles of good practice. Information derived from such a service is likely to be helpful in ensuring that an incremental approach is taken to developing the quality of the services. The values, principles, aims and objectives provided in this framework also provides a baseline for developing local standards against which services might be expected by their planners to develop.

One such service is already available: Quality in Alcohol and Drugs Services (QUADS). 'Organizational Standards for Alcohol and Drug Treatment Services'² is a helpful document.

² Drugscope, 1999.